

THE ART OF HEALING

A century ago or more, healthcare in America was an urban-planning exercise. Most infectious diseases were environmental—tuberculosis, cholera, yellow fever—and so treatments were as well: Cleaning the water and air of sewage and “miasma,” improving ventilation and overcrowding, protecting people from the cold and damp. At the time, “public health was mainly concerned with sanitary reform and affiliated more closely with engineering than with medicine,” according to sociologist Paul Starr in his book *The Social Transformation of American Medicine*. The emphasis on public health meshed nicely with social reform movements of the time, focused on improving housing, sanitation, and working conditions in the nation’s increasingly crowded cities.

Then the science of bacteriology took hold at the end of the 19th century, and healthcare became increasingly medicalized and specialized, shifting from a shared social problem to one of personal responsibility. More emphasis was placed on personal hygiene and vaccinations, and then on surgery and drugs, and less on environmental hazards. Over time, the disciplines of medicine and public health grew far apart.

This issue of *ArchitectureBoston* brings them together again.

As we examined both the best new designs for medical facilities and the healthiest built environments overall, we consistently saw a return to the fundamentals of public health. Access to fresh air, natural light, nontoxic materials, and safe, verdant public spaces that invite exercise and social contact—these are the touchstones of wellness, and keeping them front of mind is the formula for an architecture that heals.

In the process, as several of our writers note, beautiful, innovative building and landscape design can happen. Trees, Gary Hilderbrand reminds us on page 29, are not only oxygenating, shade-giving, spirit-lifting carbon collectors but also structures that “define urban space like nothing else in our design arsenal.” Daylighting, writes Brent D. Ryan in the same section, doesn’t just boost mood and energy levels and save energy, but opens possibilities for new architectural forms and technologies.

Appreciation of the link between a healthy society and good design is growing; the click of recognition

is almost audible now. Even the US Surgeon General is on board. This summer, Vivek Murthy issued a “national prescription” for walking, noting that one out of every two US adults is afflicted with a chronic disease, such as diabetes or high blood pressure, that can be controlled through this simple, cost-free activity. Murthy’s Rx? More sidewalks, better zoning, enhanced public transportation, attractive and functional street furniture, and design decisions that make it easier to move. For a sedentary office worker who needs to get his heart pumping, a clean, well-lighted stairway can make all the difference.

Notably, Murthy did not put all the burden on the individual; his call to action recruits elected officials, school and parks departments, and what he called “the community design sector.” Planning through a health lens is a social activity that requires a diverse array of viewpoints and a willingness to think holistically. A recent University of California, Berkeley, study found that children living in dense, mixed-use neighborhoods had activity levels 46 percent higher than those of kids in traditional postwar suburban neighborhoods. Still, the health gains of urban density can easily be wiped away if the parks and playgrounds aren’t safe. When homicide by firearm is the second-leading cause of death for people aged 15–24, you know that violence is a definite health hazard.

From city streets to world-class hospital rooms, our built environment needs a thorough checkup to discover what’s making us sick and a return to the shared values and responsibilities of the public health era. In the 21st century, safe sidewalks may be the new indoor plumbing.

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This issue of *ArchitectureBoston* is dedicated to the memory of Sho-Ping Chin FAIA, principal at Payette and a beloved member of the magazine’s editorial board. She cared deeply about excellence and equity in healthcare design and certainly would have been a part of this issue. And, in fact, she is. ■

Renée Loth
Editor



Photo: Bert Steiger