

INTENSIVE CARE

ARCHITECTURE AND DESIGN IN HEALTHCARE ENG

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bureau
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voor
architectuur

INTENSIVE CARE: ARCHITECTURE AND DESIGN IN HEALTHCARE

Bureau Europa, platform for architecture and design, presents Intensive Care: Architecture and Design in Healthcare. This exhibition explores the healthcare challenges that await us in the 21st century from different perspectives and design disciplines.

In the 19th and early 20th century, architects and urban designers played an influential role in the fight against infectious diseases, such as cholera and tuberculosis. They contributed to a 'hygiene wave' through their designs for the construction of water sewage systems and inner-city green spaces. In this exhibition, healthcare innovations and the spatial translation thereof are historically traced one-on-one.

What healthcare challenges await us in the 21st century? This exhibition surveys what we actually consider care, for ourselves and our community, and in which environments care is applied. The prosperity of western welfare states has led to a demographic peak, implicating a multiplicity of economic and ethical issues – psychological social issues, such as loneliness and depression, and ethical social issues, such as prioritising life quality over life duration. We examine the impact, enabled by technology, of new ways of organising healthcare, from the rise of 'the quantified self' to preventative health care, and from the migration of diseases to privatisation in the pharmaceutical industry.

For the coming year, Bureau Europa is focusing on how healthcare is managed, both as social issue and a spatial undertaking. Indeed, Limburg is the care region of the Netherlands.

My grateful thanks go to all the designers, architects, and artists involved in this project;

Melanie Bonajo ◀ Special Projects ◀ Oliver Sutherland ◀ Social Label ◀ Novartis ◀ Pavlok ◀ Revital Cohen en Tuur van Balen ◀ Behavioral Technology Group ◀ Deane Simpson with Studio Joost Grootens ◀ dr. Ike Kamphof en dr. Ruud Hendriks of Maastricht University ◀ Molenaar&Bol&VanDillen Architecten ◀ Natsuki Hayashi ◀ Social Label ◀ Chris Kabel ◀ Tom Loois ◀ VANDERSALM architectuur ◀ Piet van Veen with Architectenbureau Mulder van Tussenbroek ◀ Ernst van der Hoeven with Bart Gorter ◀ Geert Mul ◀ OMA ◀ Alexa Karolinski Ingo Niermann ◀ Qineto ◀ Bonnema Architecten merged with De Zwarte Hond ◀ OJO/Office Jarrik Ouburg, Studio Samira Boon en Luuc Sonke ◀ Paulien Bremmer Architecture + Urbanism and OJO/Office Jarrik Ouburg ◀ Thought Collider ◀ Frank Kolkman ◀ Pinar&Viola ◀ Fuseproject ◀ Vincent Thornhill and Erik Vlemmix ◀ Albergo Rosa ◀ Circus Engelbregt and others.

Saskia van Stein

Director Bureau Europa, platform for architecture and design

April 2017

♥ VINCENT THORNHILL & ERIK VAN VLEMMIX, Universe of Care – 04

WHAT IS HEALTH? – 06

- ♥ ALEXA KAROLINSKI & INGO NIERMANN, Army of Love
- ♥ ALBERGO ROSA, Table Tableaux or The Act of Letting a Person Into Your Home?
- ♥ SOCIAL LABEL, Various works
- ♥ CHRIS KABEL, Blue Sky Lamp
- ♥ GEERT MUL, Natureally
- ♥ FINNISH STATE, Finnish Baby Box
- ♥ BEHAVIORAL TECHNOLOGY GROUP, Pavlok
- ♥ VARIOUS MASKS
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DEMOCRATISATION: THE PATIENT AS ACTOR – 12

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- ♥ OMA (Office for Metropolitan Architecture), Maggie's Center
- ♥ VANDERSALM ARCHITECTUUR, Chemo Garden
- ♥ ERNST VAN DER HOEVEN WITH BART GORTER, Warp Woof Weft
- ♥ PIET VAN VEEN WITH MULDER TUSSENBROEK ARCHITECTEN, Xenia Hospice
- ♥ DEANE SIMPSON & STUDIO JOOST GROOTENS, Young Old: Urban Utopias of an Aging Society
- ♥ OJO/JARRIK OUBURG WITH STUDIO SAMIRA BOON AND LUUC SONKE, Paravent
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- ♥ FRANK KOLKMAN, Design for Flies
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- ♥ MARTIN SHKRELI
- ♥ NATSUKI HAYASHI, Visor Hood/Couple Hood
- ♥ MELANIE BONAJO, Progress vs Regress

FLOORPLAN – 36

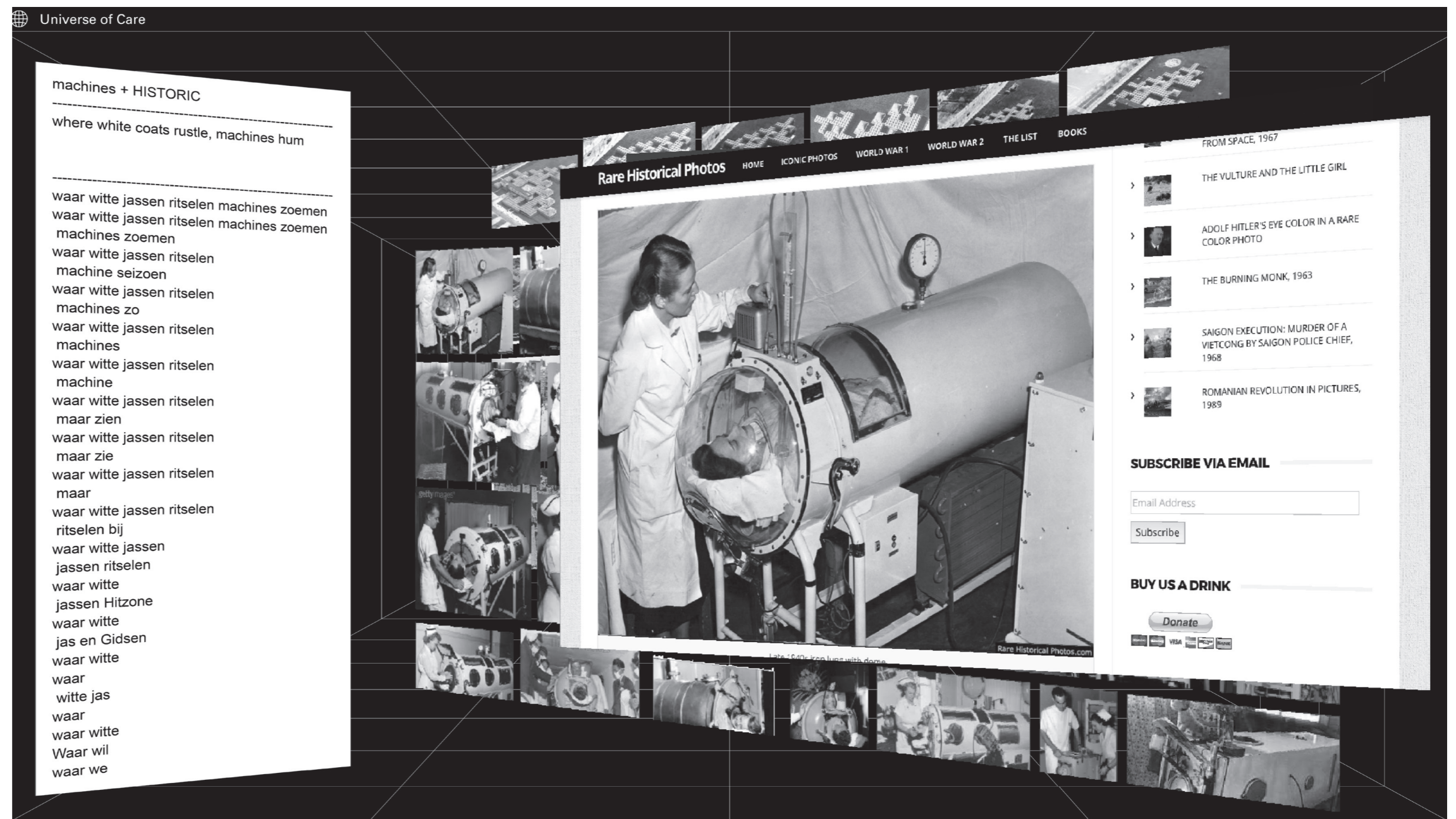
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THE UNIVERSE OF CARE

A dome-like environment, or perhaps a hive, where white coats rustle, machines hum, and feet pad softly along pastel corridors. Plants are strategically placed and vistas to the greenery outside unfold left and right. The light is carefully set to a transparent, atmospheric glow. There are halls with cleverly arranged seating areas, recreational rooms, dreamy dorms, and private spaces. The people speak softly, kindly, knowledgeably; they know what they are doing – they are the magicians, the machines, and the performers in this theatre, and you are their object of tacit consent. Intently, they look at you, in you, through you; and you look with them. You are in the universe of care.

You might consider leaving, after all, you feel fine; all bodily functions are in order, your mind is sharp: you look for the exit. You find other corridors, maybe less comforting in design but clean and bright nonetheless. You walk outside through a doorway, but it resembles the inside: well-kempt shrubs, lawns extending into the distance, strategically placed benches. You can still hear the drone of machines, the soft-spoken voices, the quiet cacophony of a social system, a machine-like milieu, and an economy at work. Your life is at stake; it is prolonged and scrutinised as you wander through an endless maze. You cannot leave the universe of care.

In the Northern European context, one spends their entire life as part of this universe, taking on different roles and occupying various positions. But from the moment you are conceived, you are here – as a care provider, a caretaker, and a healthcare user; as a participant in a healthcare programme; as a consumer of medicine to heal or to control your body; as a future elderly person with a stake in the aesthetics of being old; as a taxpayer or an investor in the healthcare industry, both lucrative and precarious; as a consumer of the healthcare machine's smaller or larger crumbs; as a participant in the economy, in the machinery; as part of the omnipresent ceaseless humming – always here, in the universe of care.



♥ 1 — UNIVERSE OF CARE
Vincent Thornhill en Erik Vlemmix
Text: Philippine Hoegen
Duration: alternating English 4 minutes,
Dutch 4,5 minutes
2017

What is the definition of health? In 1948, the World Health Organization (WHO) formulated it as follows: 'Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.' * Nevertheless, it is common in the medical world to define health on the basis of diseases and disorders. Someone who is unwell is not healthy; and whoever is not healthy, must be cured. This explains the strong focus on treatment and medication in the medical profession and society as a whole. This applies to physical healthcare and also mental healthcare, where drugs and therapies now represent the highest impact on costs.

WHAT IS HEALTH?



♥ 2 —ALEXA KAROLINSKI & INGO NIERMANN
Army of Love
Duration: 40 minutes
2016



♥ 3 — ALBERGO ROSA
Table Tableaux or The Act of Letting a
Person Into Your Home
2016

Individually, we all like to keep control of our health. Health is measurable, so we preventively check our bodies regularly via primary and occupational healthcare and – if we have the money – with expensive body scans at German health institutes.♥
 At home, we monitor our health using tests, heart rate monitors, and blood pressure gadgets. We take extra vitamins, wear pedometers, and exercise to keep our bodies healthy.

But are the vast majority of people who suffer from a medical condition – from the small and insignificant to the major and far-reaching – actually unhealthy? Other factors are not as important for our wellbeing and our health, such as spirituality, social contacts, hobbies, exercise, intellectual development, and one's capacity for self-determination.



♥ 4 — SOCIAL LABEL
 Various works



©photo : www.renevanderhulst.nl, art-direction : petra janssen, studio boot



♥ 6 — GEERT MUL
 Natureally
 2016



♥ 5 — CHRIS KABEL
 Blue Sky Lamp
 2014

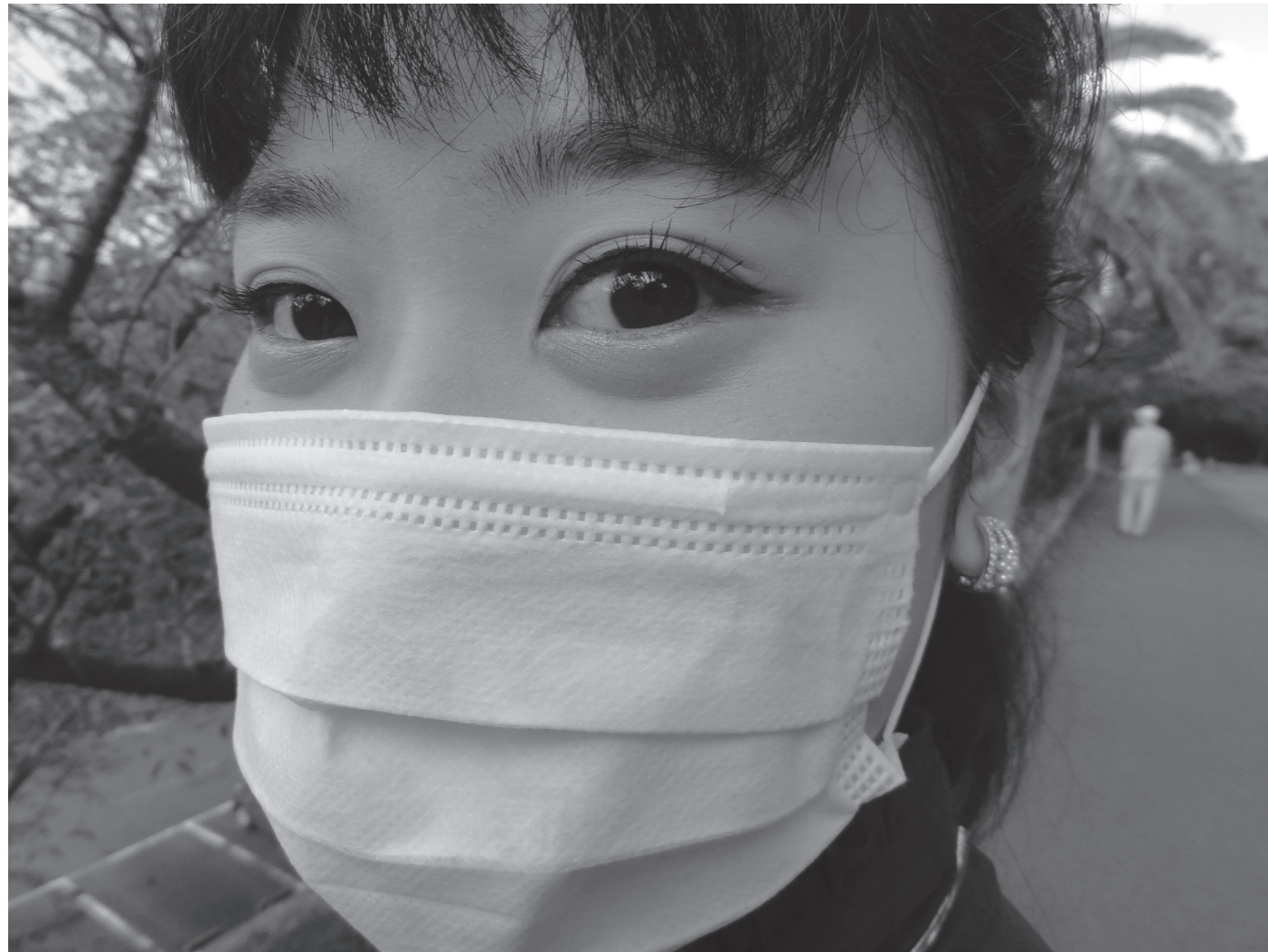
♥ 7 — FINNISH STATE
 Finnish Baby Box
 1938 – ongoing



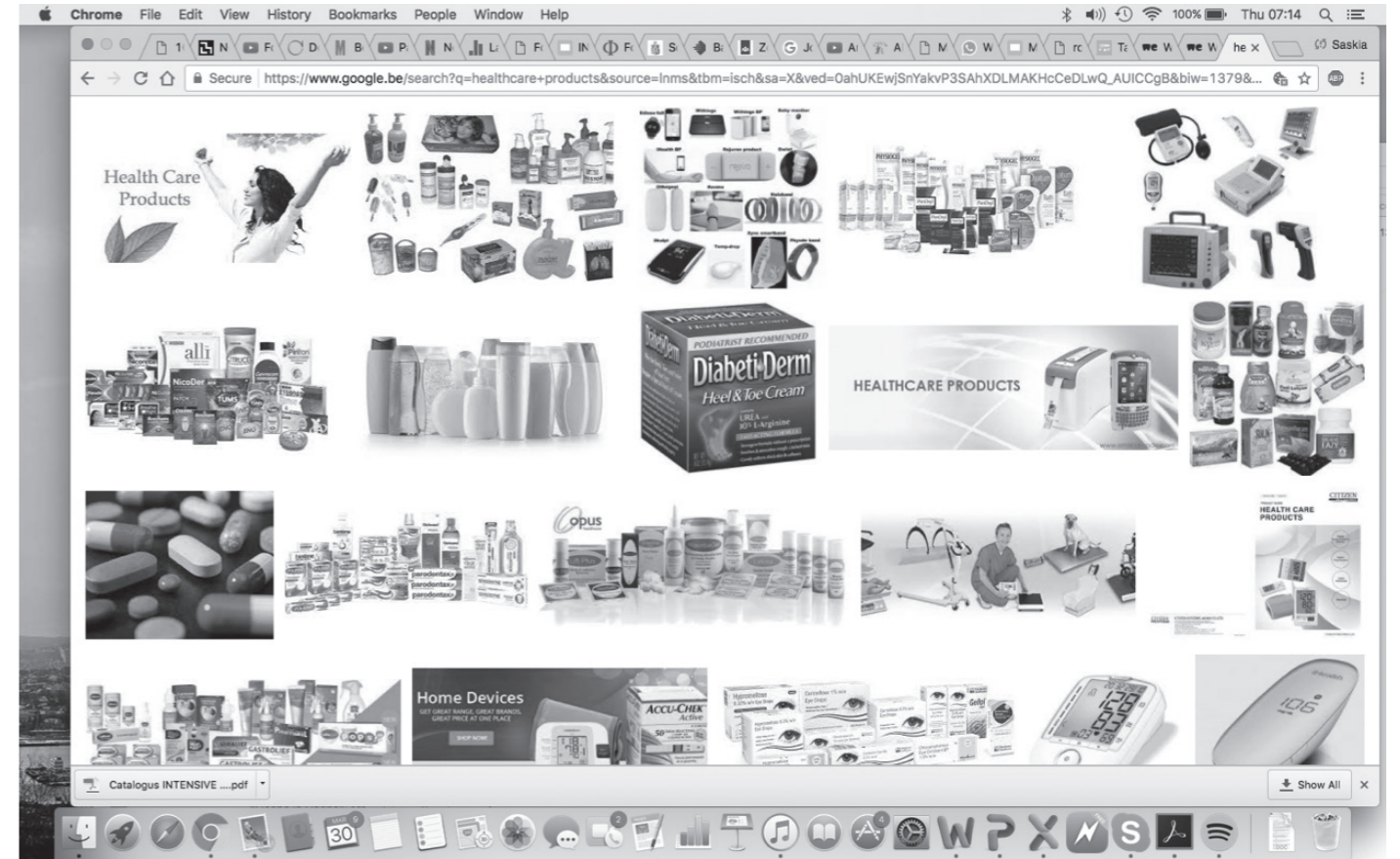


♥ 8 — BEHAVIORAL TECHNOLOGY GROUP
Pavlok
2014

There are, nonetheless, alternative definitions for health. In Australian Aboriginal culture, health is not only the individual's physical health; it is the entire community's social, emotional, and cultural wellbeing.* Similarly, there are alternatives in the Western world. One example is the principle of Positive Health, developed by the physician and researcher Machteld Huber: 'Health is the agency to adapt and implement your own circumstances in light of life's social, physical and emotional challenges.'



♥ 9A — VARIOUS MASKS
2017



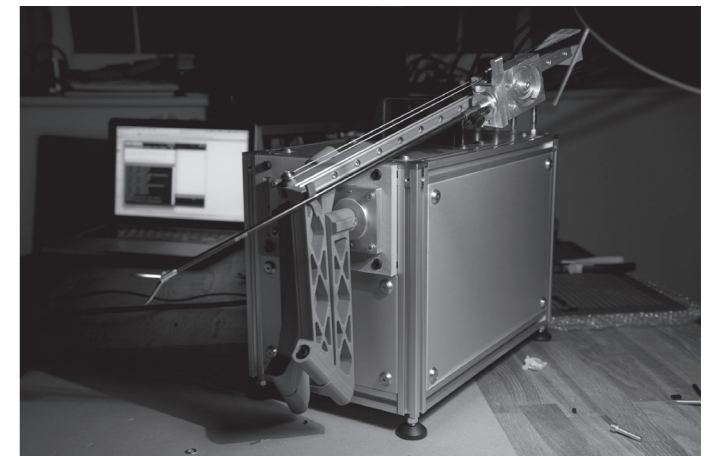
♥ 9B — DIY HEALTH DIAGNOSTICS
Various products and services
2017

Relations in the world of care are shifting.♥ Formerly, the doctor, nurse, and patient were in a hierarchical relationship. Patients relied on the doctors' expertise and accepted their authority in the same way he or she agreed to the authority of a police officer, notary, or judge. The nurse determined how the patient's care unfolded.



♥ "OpenSurgery installation shot: OK Offenes Kulturhaus, Center for Contemporary Art, Linz / AT, 2016. Photo: Otto Saxinger"

♥ 10 — FRANK KOLKMAN
Open Surgery
2015

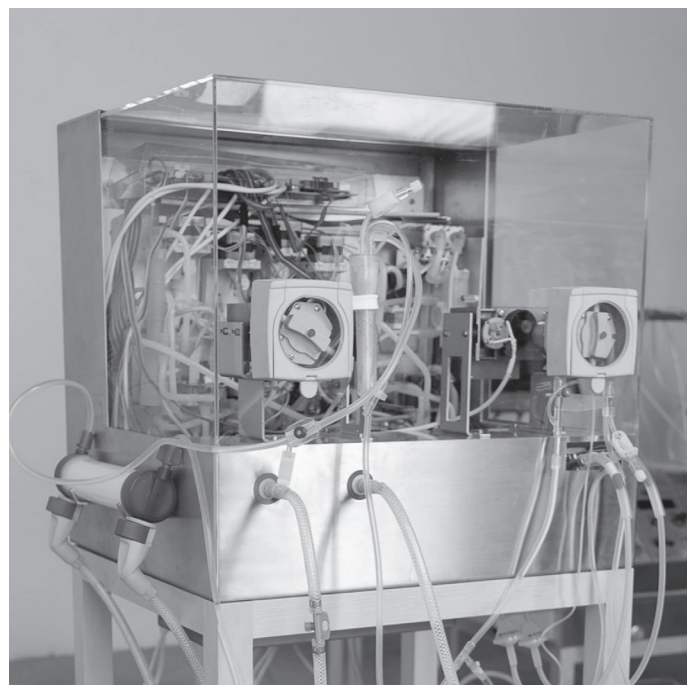


DEMOCRATISATION: THE PATIENT AS ACTOR

♥ Prof. Mr J. Legemaate, Nieuwe verhoudingen in de spreekkamer: juridische aspecten. Achtergrondstudie RVZ-advies, Amsterdam 2013 (www.raadrvs.nl/uploads/docs/Achtergrondstudie_Nieuwe_verhoudingen_in_de_spreekkamer.pdf)

Increasing self-determination characterises our era. We are taking control of all areas of our lives, not least our health. Information technology makes available huge amounts of knowledge and data previously exclusive to medical professionals. Doctors and nurses continue to be experts in the care process, but the position and role of the care recipient are changing. In the Netherlands, second opinions are covered by health insurance, and the patient can choose from specialised care at home and abroad. Market forces also play an increasingly important role. Sometimes the patient independently looks for different approaches, in alternative circuits or networks, forums, or peer patient groups. This can lead to experimental methods, which are sometimes ineffective or even harmful, but sometimes, these quests can contribute to the development of new therapies.

Healthcare end-users are becoming more demanding. They actively shape the care process, making it their own responsibility. Who offers the best care for the best price? The care recipient is thus increasingly developing into a care consumer in a complex world of legislation and competing insurers, manufacturers, and professionals.⁹ Does the healthcare consumer's freedom of choice equate to the emancipation of the individual? Or is it a disguised saving from the patient making their care programme in a way similar to an IKEA cupboard – without the help of professionals? In an open market of healthcare, is the end-user's active attitude actually born out of necessity?



♥ 11 — REVITAL COHEN EN TUUR VAN BALEN
 The PostHuman Condition
 Duration: 5.30 minutes
 2008



In healthcare, like other domains, the influence of technological acceleration is discernible. Previously, doctors cut the body open to see the problem first-hand and, at best, to directly remedy it. What followed was a long and sometimes risky recovery. Nowadays, minimally invasive surgery is more common. Laparoscopic surgery involves introducing instruments and a camera into the body through small insertions. This type of operation is applied to knee surgery, cardiac and vascular surgery, appendix operations, and nowadays, even for kidney removal. Progress is also being made in the medical application of nanotechnology, tiny robots that repair the damage in the body or adjust a bodily function.♥



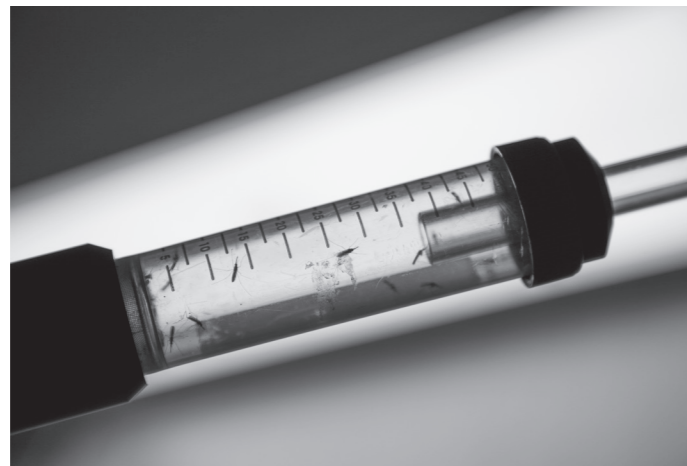
♥ 12 — CIRCUS ENGELBREGT
MedicijnFabriek
2016

TECHNOLOGICAL ACCELERATION IN HEALTHCARE

♥ For instance: nl.wikipedia.org/wiki/Minimaal-invasieve_chirurgie
♥ www.rivm.nl/Onderwerpen/N/Nanotechnologie/Medische_toepassingen



♥ foto credits: NASA Global Climate Change Projections



Photography by Gyalpo Batstra

We are increasingly seeing medical care via an interface. Surgeons remotely control surgery robots,[♥] and doctors analyse medical research results or assist with case histories, allowing for greater efficiency of costly labour, time, and knowledge.[♥] The benefits for the care recipient are commonly emphasised: travel is mitigated and the best care is available at the push of a button. But how does this distance affect healthcare and aspects thereof that are not measurable or publishable? Is there room for intuition; the famous ‘gut feeling’ that informs the decision of healthcare professionals?

Technology plays a significant role in health care regarding sustainability and efficiency. Advanced waste management and recycling facilitate the work of healthcare professionals and mitigate environmental harm. Healthcare robotics and domotics (smart technology for the individual and home) provide new opportunities for the old and people with disabilities. An increasing range of care robots is flooding the market. They are patient and always deployable, ideal for the time-consuming care of the elderly and children, the manufacturers’ websites boast.[♥] But how does it feel to be cared for by a robot once it has been introduced and that nice, young professional, who came to explain its use over a coffee, has left? Do the qualities underlying robots and domotics reside in what they achieve for the patient or for the industry?

♥ Photography by Gert Jan van Rooij



♥ 13 — THOUGHT COLLIDER
The Institute for the Design of Tropical Disease,
Rain Rain Go Away!
2015 – ongoing



IT TAKES A VILLAGE

‘The more integrated we are into our community life by networks of friendship, with participation in social events and membership of religious and civic associations, the less likely we are to experience colds, heart attacks, strokes, cancer, depression and premature death.’ — David Fleming, Lean Logic, a dictionary for the future and how to survive it, USA 2016, p.426

Research shows that wellbeing and personal happiness make a significant contribution to our welfare, even in the physical sense. It is medically proven that attributes such as social contact, a social safety net, and incentive to engage in activities, exercises, healthy diet, and spirituality appear to make a significant contribution to our health.

IT TAKES A VILLAGE



♥ 31 — SPECIAL PROJECTS
NEW OLD Exchange
2017



There has been much research that focuses on the health effects of loneliness. John Cacioppo, Professor of Neuroscience at the University of Chicago, found that chronic loneliness is associated with high levels of the stress hormone cortisol, increased blood pressure, and an increased risk of cardiovascular disease. The immune system in lonely people works worse because their white blood cells are less efficient. Other studies indicate that lonely people are more immobile, have health problems more often, and die earlier.♥



♥ 32 — OLIVER SUTHERLAND
They Think They Can Fix You
2012



♥ 33 — FUSEPROJECTS
Superflex Aura Powered Suit
2016

If we choose a broader definition and describe health as the interplay between psychological, physical, and social factors, this impacts on the way we organise our healthcare and finances. It also calls for a greater involvement of society as a whole and the maintenance and restoration of the social DNA. The healthcare system could develop from a system that solves medical problems, to one that avoids these problems as much as possible. If the creation of a 'town square' helps to combat loneliness and strengthen social networks, and thus contribute to the health of citizens, is this still part of healthcare? Who plans, funds, and maintains such a facility? If sexual services contribute to the welfare of the elderly or people with disabilities, should health insurance cover this?

♥ 34A — IKE KAMPHOF & RUUD HENDRIKS
Make-Believe Matters. The moral Role Things Play in
Dementia Care
2017



♥ 34B — ODE TRADING-
ODE
2017

♥ 35 — QINETO
Qbi
2014



Healthcare used to be primarily focused on large institutions in the urban outskirts, where patients sometimes stayed for long periods. Patients stayed on hospital wards, where a strict regime prevailed: fixed visiting hours and regimented waking-, shower-, and meal times, with everyone eating the same meal. Over the last decade, however, the hospital sector has been changing. Notably, the patient is increasingly viewed as an individual with dignity and autonomy, as seen in the growing number of single rooms, thus respecting the patient's privacy and allowing them to control attributes such as air conditioning and lighting. The food is increasingly a la carte. More attention is given to the notion of a 'healing environment' by integrating gardens and green areas into hospital design. In 1980, Roger Ulrich was the first scientist to study the effects of nature on patient wellbeing and recovery.[♥] Nowadays, such ideas are widespread.

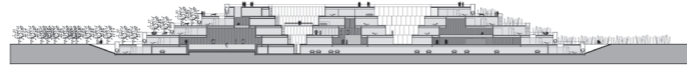


♥ 14 — TOM LOOIS
Triple C Philosophy
2016



♥ 15 — BONNEMA ARCHITECTEN MERGED WITH
DE ZWARTE HOND
Zuyderland
2008

[♥] Roger S. Ulrich, 'View Through a Window May Influence Recovery from Surgery', *Science*, New Series, Volume 224, Issue 4647 (April 27, 1984), pp. 420–421



♥ 16 — OJO/OFFICE JARRIK OUBURG AND PAULIEN BREMMER ARCHITECTS
Landscape Hospital Inside Out
2009



♥ 17 — OMA
Maggie's Center – Gartnavel, Glasgow
2007–2011

The duration of stay in hospitals, clinics, and institutions has, over time, been minimised. Many people prefer staying at home rather than in a hospital. Healthcare costs less in-house than via an institution, which benefits insurers. Networks of friends and relatives deliver free care, and the patient is responsible for procuring additional home-care requirements. A shift is unfolding in the care domain. The house is adapted to the medical needs of its resident and becomes similar to a care facility, whereas health institutions are becoming increasingly like hotels or resorts.



♥ 18 — VANDERSALM ARCHITECTUUR
Chemo Garden, Hilversum
2014



♥ 19 — ERNST VAN DER HOEVEN
WITH BART GORTER
Warp Woof Weft
2016

Until 2008, the Dutch government paid for hospital building in the Netherlands.♥ Nowadays, seven per cent of revenue generated from medical treatments funds new facilities. Real innovations in spatial design for healthcare are often at the initiative of healthcare professionals. They know the practice and where the gaps in care are. If they conclude a different method or approach is needed, it requires a lot of inventiveness and persistence to push this through and realise new buildings and facilities. An example is the initiative of oncologist Peter van den Berg, who initiated the Chemo Garden, a pavilion where patients can receive chemotherapy in an outdoor setting.♥



♥ 20 — JACQUELINE BOUTS WITH PIET VAN VEEN AND MULDER VAN TUSSENBROEK ARCHITECTEN
Xenia Youth Hospice, Leiden
2014



♥ 21 — DEANE SIMPSON WITH STUDIO JOOST GROOTENS
Young Old: Urban Utopias of an Aging Society, Lars Müller Publishers
2015



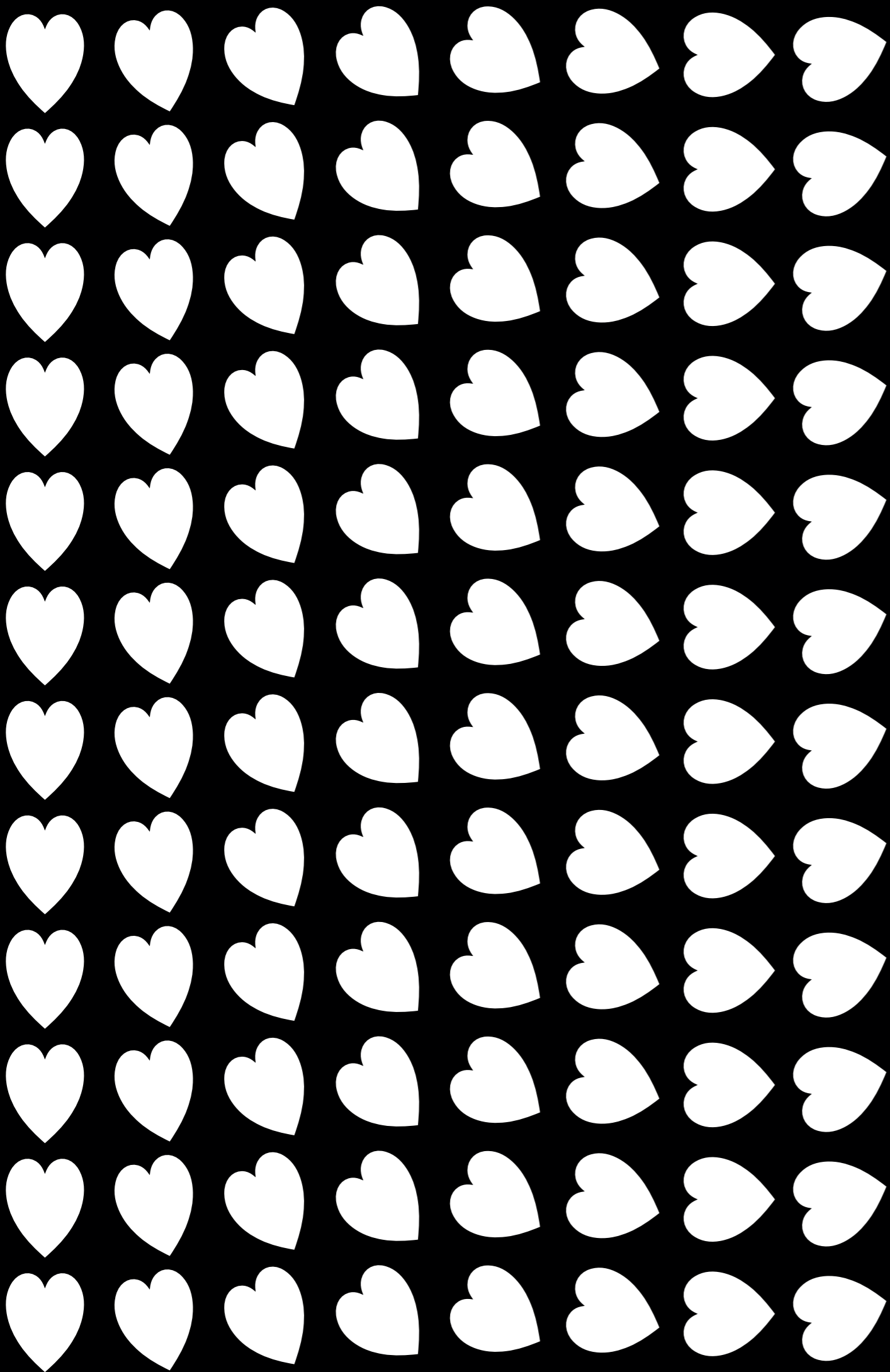
♥ 22 — OJO/OFFICE JARRIK OUBURG WITH STUDIO SAMIRA BOON AND LUUC SONKE
Paravent
2016



♥ 23 — MOLENAAR&BOL&VANDILLEN ARCHITECTEN
De Hogeweyk, Weesp
2009

The condition of our health and diseases provide income for health insurers and the pharmaceutical industry. The production of drugs is a lucrative industry, where investment in research and development is recouped through patents. A good market is especially determined by the size of the target group able to afford the medication. Therefore, we see more developments in the field of treatments for erectile dysfunction than malaria. The pharmaceutical industry's lucrateness is evident from its profit margins; often above twenty per cent.[♥] In 2015, Martin Shkreli, an American entrepreneur and hedge fund founder, bought the rights to the AIDS drug Daraprim, raising its per-pill price from \$13.50 to \$750 – a 5500 per cent increase.[♥] The question arises as to what a human life is worth in economic terms, or in other words, how much can we profit from the illness of a fellow human being?

DISEASE, MARKET FORCES AND POWER



♥ 24 — FRANK KOLKMAN
Design for flies
2016

♥ 25 — PINAR&VIOLA
Healing Prints
2017



♥ M. Ten Katen and T. Vaessen, 'Bos bepleit winstplafond voor farmaconcerns', Het Financieele Dagblad, 20 January 2017, p.1, and: L. Kok, J. Van der Voort, De farmaceutische industrie in het maatschappelijke debat. Een feitelijke beschrijving van de markt voor innovatieve geneesmiddelen in Nederland, SEO economic research, Amsterdam 2014 and www.decorspondent.nl/1066/waarom-medicijnen-zo-duur-zijn/93513571866-384c472c
♥ www.nytimes.com/2015/09/21/business/a-huge-overnight-increase-in-a-drugs-price-raises-protests.html?_r=0

The healthcare system only comes into force when something goes wrong with someone. That is the moment treating and prescribing medications can earn money. Research by the European Commission shows that drug companies in Europe spend €15.6 billion on marketing, nearly €2.3 billion more than what they spend on research and development.[♥] The current healthcare system provides no incentives for the prevention of medical problems. The causes of diseases and disorders are often beyond the limits of the healthcare system and thus outside the scope of healthcare professionals and insurance companies. Population targeted funding could be a solution or alternative model of funding. In it, funding is based on an area's expected care requirement, not the actual care provided. Indeed, we already know this system from GPs, who are paid per patient and not per treatment.[♥] The population-based model makes it attractive to work with prevention and wellness.



♥ 27 — NOVARTIS
Campus Basel
2001 – ongoing



♥ 26 — FOUR THIEVES VINEGAR
Free Medicine for Everyone
2012 – ongoing



♥ 28 — MARTIN SHKRELI
2015

♥ www.decorrespondent.nl/1066/waarom-medicijnen-zo-duur-zijn/93513571866
♥ Veldacademie, 'Financier de wijken, niet de zieken (Otto Trienekens en Pieter Graaff in gesprek met prof. Dr. Derk Loorbach)' Hedy d'Anconaprijs voor excellente zorgarchitectuur 2016, Rotterdam 2016, pp. 32–39



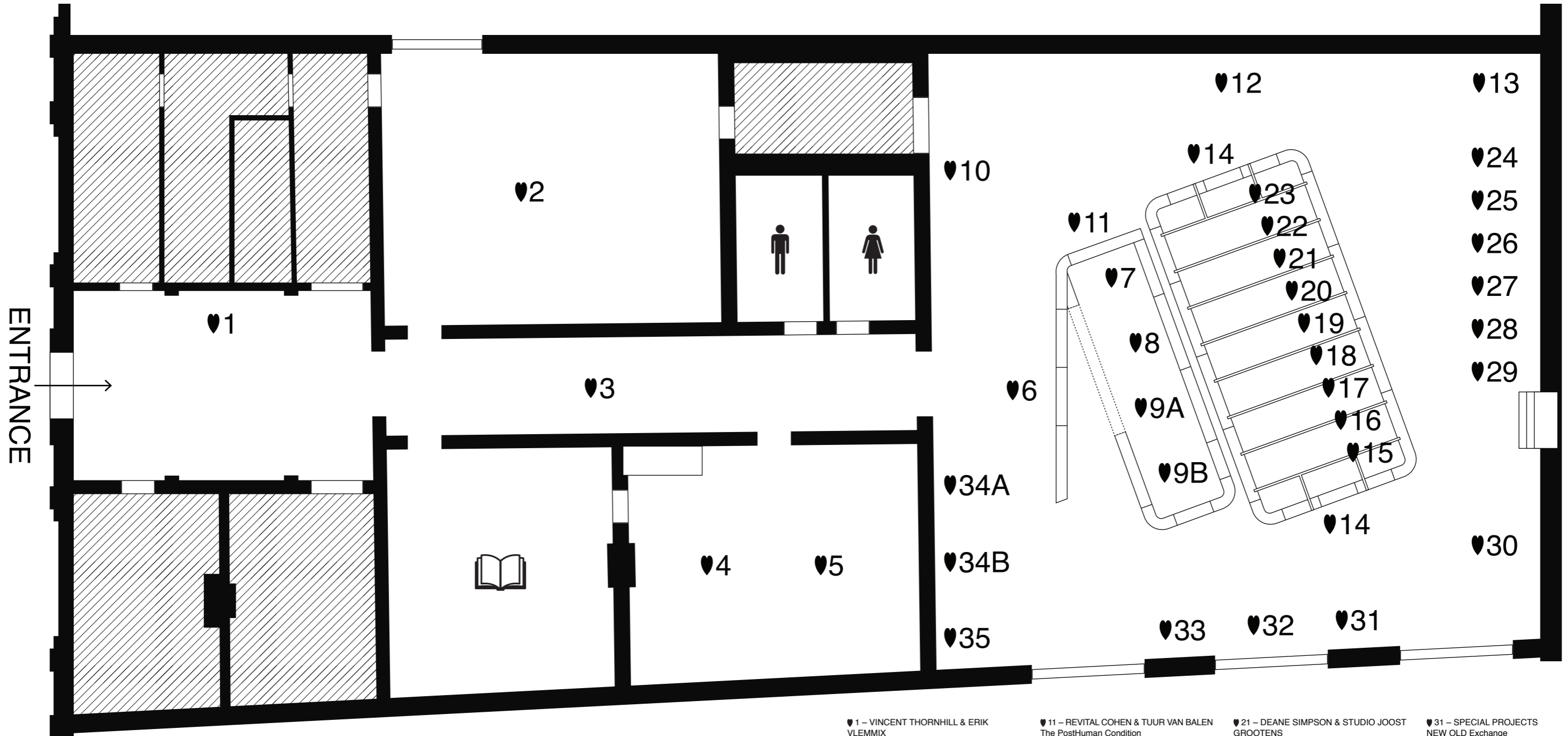
♥ 29 — NATSUKI HAYASHI
Visor Hood/Couple Hood
2016

The Dutch have an annual minimum personal risk on their health insurance of €385. Research indicates people sometimes do not seek medical help because they cannot afford it. What do they do in such cases? Exchange knowledge and experiences on internet forums; try home, garden, and kitchen remedies; buy drugs online? In the US state of Vermont, the free market in healthcare goes hand in hand with that of drugs. In 2014, doctors in Vermont wrote more than 500,000 prescriptions for opiate pain relief for a population of 600,000 inhabitants. This leads to widespread addiction, and for some precedes a transition from 'prescription' to 'non-prescription' drugs. Self-medication with heroin is cheaper, and you do not have to see the doctor.



♥ 30 — MELANIE BONAJO
Progress vs Regress
Duration: 54 minuts, 37 seconds
2016





♥ 1 – VINCENT THORNHILL & ERIK VLEMMIX
Universe of Care

♥ 2 – ALEXA KAROLINSKI & INGO NIERMANN
Army of Love

♥ 3 – ALBERGO ROSA
TABLE TABLEAUX or The Act of Letting a Person Into Your Home

♥ 4 – SOCIAL LABEL
Various Works

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They Think They Can Fix You

♥ 33 – FUSEPROJECTS
Aura Power Suit

♥ 34A – IKE KAMPHOF & RUUD HENDRIKS
Dementia Installation

♥ 34B – ODE TRADING
ODE

♥ 35 – QINETO
Obi

♥ WHY ARE MEDICINES EXPENSIVE?

Innovation is expensive; a new drug’s research and development costs are secured through a patent, usually paid back over a twenty-year period. There has been much recent criticism of the (global) patent system because once the patent period expires, its resale usually causes the medicine’s price to rise.

There is also discussion about the investment of public funds, such as investment in research at medical centres, that translate into private profits for pharmaceutical companies.

Many of the drugs now coming onto the market make money but give nothing back in return. Rather than innovation, the focus is on reproducing medicines with a guaranteed market for chronic illnesses, such as depression or diabetes*.

* Source: Geneesmiddelenbulletin 2014

♥ 24 – DESIGN FOR FLIES
Frank Kolkman
2016

Research on fruit flies accelerates research of rare diseases

Designs for Flies introduces new possibilities for research into rare diseases. It is often not profitable for pharmaceutical companies to develop medications for a small group. This is an economic problem that can prevent the healing of certain patients. This toolkit enables patients to participate in the investigation of their illness. Fruit flies have 73% of the same DNA as humans. Fruit flies can be used as ‘guinea pigs’ to carry out large-scale tests by adapting them to the personal characteristics of the patient.

Designer Frank Kolkman is collaborating with renowned scientific institutes on a promising prototype. He involves the patient in the study, thus emancipating them, which benefits all parties involved. Design for Flies opens up specific research fields and accelerates research methods and earning models.

www.frankkolkman.nl

In close collaboration with Kyoto Institute of Technology, Professor Julia Cassim at the Kyoto Design Lab (D-Lab), and Professor Masamitsu Yamaguchi at the Faculty of Applied Biology/Center for Advanced Insect Research (CAIR).

♥ 25 – PINAR&VIOLA
Healing Prints
2017

Be a billboard for image making to catalyse social and planetary justice

Just as fashion designers launch collections showcasing the near-future of clothing trends, the designers Pinar&Viola annually launch a collection showcasing the near-future of contemporary image making. Pinar&Viola devote their practice to social and planetary justice. The underlying conceptual idea dictates the medium on which these provocative or controversial images are shown. They digitally craft collections, which are then printed on textile, garments, and tableware.

Pinar&Viola’s Healing Prints is a collection of rebellious visuals fabricated into fashion statements. Each garment is a chance to spread the contemporary message of the healing prints, mixing high fashion aesthetics and digital couture. The collection represents different sub-topics, including Mother Earth, Sexual Healing, Healing from Capitalism, Power to the Earth, Silence, and The Emancipation of Flowers.

www.pinar-viola.com

♥ 26 – FOUR THIEVES VINEGAR
Free Medicine for Everyone
2012 – heden

Open-source healthcare: hacking medicine for home labs

The main reasons for the lack of access to medicines are price, legality, and lack of infrastructure. Hepatitis B/C drugs, such as Sovaldi, can cost \$80,000 per course of

treatment, which is beyond the reach of most people. Mifepristone and Misoprostol are unavailable in many places where abortion is illegal. Antiretroviral HIV treatments, even when provided free, are not getting to remote locations in third-world countries.

To get around these problems, Four Thieves Vinegar Collective is developing a way to manufacture one’s own medication using an open-source automated lab reactor built from off-the-shelf parts. This could save hundreds of thousands of lives. The collective publishes Home-lab designs and synthesis programs online. This open-source system will also have a users forum, thus contributing to the system’s development; and, like other open-source projects, it becomes self-sustaining over time.

www.fourthievesvinegar.org

♥ 27 – NOVARTIS CAMPUS BASEL
Ongoing

A former chemical production plant, the Novartis campus in Basel – headquarters of the international chemical research company – is being transformed into a state-of-the-art research, development, and management site by the company.

The campus was initiated by Novartis founding father Daniel L. Vasella and is based on a 2001 master plan created by architect and urban planner Vittorio Magnago Lampugnani, with buildings designed by renowned architects from around the world. The campus will develop into a modern workplace, geared to communication’, with each unique structure ‘created to meet the specific requirements of the building’s users.’ Novartis also has campuses in Shanghai, China; East Hanover, New Jersey; and Cambridge, Massachusetts. Novartis is the world’s fourth largest pharmaceutical company, with revenue in excess of \$49 billion in 2015*

- Diener + Diener (with Gerold Wiederin and Helmut Federle)
- Peter Märkli
- Kazuyo Sejima + Ryue Nishizawa: SANAA
- Marco Serra
- Adolf Krischanitz
- Studio di Architettura
- José Rafael Moneo Vallés
- Frank O. Gehry
- Tadao Ando
- Fumihko Maki
- David Chipperfield
- Yoshio Taniguchi
- Eduardo Souto de Moura
- Álvaro Siza
- Jacques Herzog & Pierre de Meuron
- Juan Navarro Baldeweg
- Rem Koolhaas

*Source: SEC filings & annual report

♥ 28 – MARTIN SHKRELI
2015

From extreme profit maker to Big Pharma whistleblower

Martin Shkreli is an American entrepreneur and director of several pharmaceutical and financial companies with aggressive acquisition policies, also called hedge funds. In September 2015, Shkreli was widely criticised when his company, Turing Pharmaceuticals, bought the production rights for Daraprim medication, increasing its price by 5,556%, from \$13.50 to \$750 per pill. A symbol of unparalleled greed, the FBI arrested him on suspicion of fraud, and he became known as ‘America’s most hated man’.

Shkreli defends himself by saying his motive was no different than that of Big Pharma companies, namely profit. He recently launched a website that scrutinises pharmaceutical companies’ actions and profit margins.

www.pharmaskeltons.com/

♥ ILLNESS AS METAPHOR
Susan Sontag
1978

Despite her doctors’ advice, Susan Sontag (1933–2004) chose long-term treatment for her breast cancer, ultimately overcoming the illness, after which she wrote her polemic *Illness as Metaphor*. In her critique of the romanticism associated with diseases such as tuberculosis and cancer, she refutes the

notion that there are psychological causes for these fatal diseases.

Sontag demonstrates the historical myths that have developed around these diseases: tuberculosis had to do with an artistic sensibility, cancer with suppressing emotions. Since both illnesses are synonymous with dying, suffering from tuberculosis or cancer was seen both as significant and as a death sentence. From the outset, the patient felt doomed and even responsible for their illness. Demoralised, the patient no longer seeks the best possible care. Doctors even feel encumbered mentioning the dreaded ‘cancer’ word for fear of breaking taboos and taking away the patient’s lust for life.

In this critical work, Sontag argues against the tendency of falling victim to fear and shame and argues that each patient, as she once did herself, must look, full of life, for the best treatment. Indeed, cancer need not be a death sentence.

*Source: Susan Sontag, *Illness as Metaphor* (1978).

♥ POSITIVE HEALTH
Machteld Huber, fysicsian and director
Insti-tute for Positive Health

The World Health Organisation defines health as ‘a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.’ This sounds beautiful, but this definition seems to inadvertently stimulate medicalization. Nearly no-one experiences a continuous state of complete wellbeing.

As a variation on the narrow, biomedical interpretation of health, Machteld Huber presents the alternative concept of Postive Health. The basis consists of indicators in six main dimensions: bodily functions, mental functioning and experience, the spiritual-existential dimension, quality of life, social participation and daily functioning. In addition 32 aspects have been articulated.

It is visualized as a spiderweb-diagram with six axes. With this diagram the patient can asses his own functioning in the various dimensions. It offers an instrument to review where improvements are desired according to his personal needs. Then he can take steps – with or without help – to improve his own situation in this field. Positive Health appeals to what is essential for the individual patient to feel well. It focuses on the person.

♥ 29 – NATSUKI HAYASHI
Visor Hood/Couple Hood
2016

Not wanting to promote suicide, the project addresses rather than condemns a societal need

Efforts, mainly by NGO’s, to change government policies on human euthanasia have had little effect so far. As of June 2016, human euthanasia is legal in the Netherlands, Belgium, Colombia, and Luxembourg. Assisted suicide is legal in Switzerland, Germany, Japan, Canada, and in seven states of the USA.

The Couple Hood is a speculative design project to assist in a peaceful suicide for couples, which uses a plastic hood and helium gas. Stress related to the prospect of one’s death and the fear of being left behind results in some elderly couples choosing to die together. Without wanting to promote or romanticise the idea of double suicide, the project addresses rather than condemns a societal need.

The Visor Hood is designed for individual use. Once a person resolves to end their life, it is hard to find a doctor who will help. The person can take sleeping medication and wear the plastic hood for a peaceful transition. The Visor Hood is designed so that a space between the face and the bag remains, eliminating the discomfort of the bag sticking to the mouth.

www.natsukihayashi.com

♥ 30 – MELANIE BONAJO
Progress vs Regress
Duration: 54 minutes, 37 seconds
2016

How does technological progress influence generational and social relations?

Melanie Bonajo is a photographer, filmmaker, and performance artist. In her work, she searches for spirituality in an ultra-capitalistic world and opposes the traditional separation of man, nature, and technology.

Progress vs Regress is a film about how products, prototypical for technological innovation, are changing social relations. Through the lens of those over seventy, the film investigates how the myth of progress continues to affect attitudes towards labour, money, time, and (inter) human emotions. How does our preoccupation with material culture affect our emotional responses?

www.melaniebonajo.com

♥ 31 – SPECIAL PROJECTS
NEW OLD Exchange
2017

Participatory design experiences that challenge the stigmas and stereotypes of ageing

Exchange is a living installation, enabling people to learn about ageing by spending time with older people. Through dialogue, it aims to fight the stigma and prejudice associated with ageing.

The installation emulates a garden’s inviting, comforting environment and encourages informal conversations with seniors by sitting down with them and posing open-ended, personal questions.

What is the most valuable thing you have learned so far? What has made you the happiest in life? What is your biggest regret? How have you changed? Is it true that people don’t grow up?

The custom-built table and the entire top surface is made from giant sheets of paper – stacked on top of each other like the pages of an oversized notebook – and encourages participants to write down their questions before asking them. The table functions as an analogue bridge between generations and is a living archive, which can be reviewed by other visitors to spark new conversations.

www.specialprojects.studio

Commissioned by the Design Museum in London.

♥ 32 – OLIVER SUTHERLAND
They Think They Can Fix You
Videoloop
2012

Does looking at waltzing plants make us feel better?

Oliver Sutherland’s work often examines the language of digital production, focusing on the relationship between content, tool, and the user.

They Think They Can Fix You presents a tableau of foreboding household plants, slowly moving in unison. The movements of a performer are remapped onto virtual objects using data taken from a motion capture studio. By translating simple human actions through the virtual objects, the work begins to question both our relationship to synthesized objects and agency in digital production.

www.oliversutherland.co.uk

♥ 33 – FUSEPROJECT
Superflex Aura Powered Suit
2016

A suit augmenting muscle power and giving that extra push

In designing for an ageing population, home care through completing tasks, welfare modules, and accommodating a lack of mobility is the standard approach, but it results in a more sedentary life. While these efforts to address activities of daily living (ADLs) are important, they fail to address the biggest challenge: mobility outside the home. What if technology and design could support outdoor mobility to engage with it physically, socially, and emotionally?

Superflex tackles this question with the Aura Powered Suit – innovative wearable technology that reacts to the body’s natural movements, adding muscle power to natu-

rally complement the user’s strength when getting up, sitting down, or staying upright.

www.fuseproject.com

♥ 34A – DR. IKE KAMPHOF EN DR. RUUD HENDRIKS (FACULTY OF ARTS AND SOCIAL SCIENCES, DEPARTMENT OF PHILOSOPHY, MAASTRICHT UNIVERSITY)
Make-Believe Matters. The Moral Role Things Play in Dementia Care
2017

When do projects support or undermine people with dementia?

People with dementia are particularly vulnerable to a loss of confidence in their social and physical environment. Many institutions for people with dementia seek new ways, things, and technologies to improve care. Nostalgic door posters and other forms of dementia-friendly design can help people with dementia feel at home, social robots can keep them company, games and virtual reality installations offer the patient pleasant experiences, and electronic doors and fake bus stops help prevent wandering. But many of these solutions have an aspect of visual or material ‘make-believe’.

Based on fieldwork in healthcare practice, this installation by Dr Ike Kamphof and Dr Ruud Hendrik (University of Maastricht) investigates the ethical question of when does using make-believe manipulate and deceive and when does it support people with dementia? The project develops a teaching module to help caregivers and designers answer this question relative to each situation.

♥ 34B – ODE TRADING
ODE
2017

A fragrance-release system designed to stimulate appetite among people with dementia

Ode is a fragrance-release system designed to stimulate appetite among people with dementia. In dementia, the sense of smell and taste often reduces, so meals becomes dull and unappealing, leading to the loss of weight. People with dementia may experience problems associated with malnutrition, such as dehydration, delirium, and muscle wastage, resulting in social isolation.

Alongside visual and aural prompts, food aromas help prepare you for eating by stimulating the parasympathetic nervous system. This subconscious system – known as the cephalic phase of digestion – signals your salivary glands and stomach to start secreting gastric juices in anticipation of food. Gastric juices then feedback to make us hungrier, creating a cycle of readiness.

www.myode.org

♥ 35 – QINETO
QBI
2017

The interaction between humans and machines as a rehabilitation method

Qineto develops interactive care products for rehabilitation and the elderly. They designs products at the interface of gaming and physiotherapy, contributing to a more active lifestyle among seniors and accelerating post-surgery recovery. Qineto’s Qbi is a ‘robotic ball’ controlled, via a built-in infrared camera, by the user’s body movements. To improve balance and coordination, the Qbi rehabilitation programmes gets seniors to make specific body movements by playing games with the robot ball. During QBI’s development, Qineto worked closely with health professionals and several Dutch health organisations, including Envida, Meander, and Cicero, where the ball’s capabilities were extensively tested and optimised in development periods with clients, physiotherapists, movement specialists, and activity therapists.

www.qineto.com

COLOPHON

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