

Streetwise Planning

Rx for a Downtown Hospital

Michael Underhill



The central business district in Houston continues to enjoy the benefits of private investment while many cities are being drained of vitality. Downtown Houston has grown rapidly in density in the last decade and continues to grow today. But it is doing so without developing an urban intelligibility. The justly celebrated building boom is concentrated on private and corporate works, rarely benefitting public spaces. Houston's downtown streets and related open spaces have little form or sense of place.

Even such an automobile-oriented, dispersed city as Houston should have more pedestrian amenities downtown—trees, benches, plazas, places to congregate. The streets themselves have an important social role to play in the city's life. Ignoring that role has contributed to Houston's problems.

Downtown Houston, more than the centers of other American cities, is perceived as a place to avoid except while working. The streets are seen as congested and inconvenient to move through by day, deserted and crime-ridden by night. Economic interests, developer dreams and institutional needs pressure the city for larger and larger parcels of land for development—land without restriction on its use. The resulting building forms—tunnels, bridges and air-rights buildings that cover public streets, and combinations of city blocks into super blocks—threaten what urban form there is and make the streets even more inhospitable.

Jane Jacobs, in her well-known book, *The Death and Life of Great American Cities*, provides an excellent argument against super-blocks. Downtowns, Jacobs says, need small blocks and more streets scaled and appointed so that pedestrians can inhabit and occasionally lay claim to them. Once inhabited, she argues, public space appears and *becomes* safer, more useful and more enjoy-

able. Houston's context challenges the urban designer to turn the grid of streets into meaningful public territory, and to work with the existing urban structure as a framework for growth. It is certainly important to encourage large scale development in the central business district, but arguably the CBD has to be made more hospitable to its citizens in order to make that development possible.

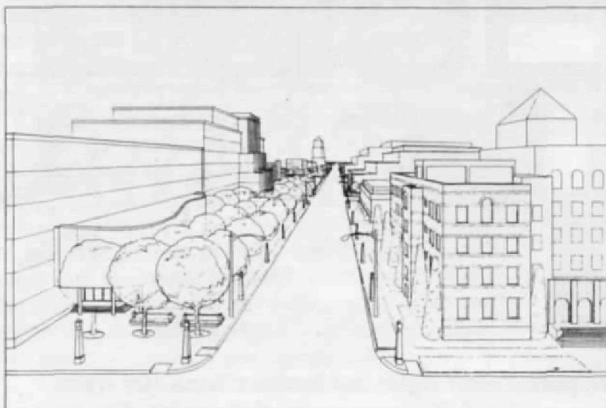
We must attend to the urban fabric we already have and nurture our streets as public spaces. Yet, American urban designers seem fascinated of late by the idea of European city form and recent publications such as Rob Krier's *Urban Space*. They work with figure/ground studies depicting urban situations in which public spaces are defined by carefully shaped facades of otherwise anonymous contiguous buildings. This approach has merit—one literally shapes the fronts of buildings as if they were the walls of an outdoor room. But such a model of urban form is alien to most American cities, particularly to Houston. Our urban fabric has grown up as a collection of objects in space served by a grid of streets. The object/buildings are built by independent owners over a period of time, rather than as elements of a grand design. Indeed, Houston's entrepreneurs have historically bridled at the suggestion of a plan that would impinge upon their freedom of action. Therefore, urban designers in Houston must find a way to make streets habitable without destroying the streets' function as an armature for the incremental addition of buildings.

First while with the Rice Center and later as an independent urban designer, I have been working on such a problem for the administration of St. Joseph Hospital. St. Joseph Hospital is a growing downtown institution, established by the Congregation of Sisters of Charity of the Incarnate Word in 1887. They built the first building in 1905 in what is now the Southern corner of downtown

Houston. In 1958, after the hospital had expanded, the administration was offered a nine-acre tract in the Texas Medical Center. After long and serious deliberation, however, the Sisters decided to remain downtown to better serve the community. The hospital expanded in the 1960's and 1970's, with the addition of five major buildings and the up-dating of most patient care and laboratory facilities. Today the hospital is housed in a collection of buildings covering four entire blocks and parts of three more blocks. There are some 13 buildings, built at different times by different architects. Six buildings are connected by an air-rights building and two enclosed bridges that cross over city streets. Like the rest of the city, the hospital will grow incrementally in the future, in ways that cannot be predicted exactly.

Hospital facilities have become increasingly complex as medical science improves. Anyone designing a hospital can easily become preoccupied with internal function to the exclusion of exterior and contextual concerns. At St. Joseph, the incremental growth of the 1960's and 1970's occurred without an adequate master plan, and the hospital administration found itself confronting growing problems of isolation and the fear of crime, both for employees and the hospital's users. Several city streets serve the multi block complex, and these streets, like others in downtown Houston, are not very hospitable.

The hospital administration commissioned a study of the problem by the Rice Center. Entitled "Image Analysis and Site Planning Research", the study was completed in 1981, and included a survey that revealed people reacted most negatively to things outside the buildings in the St. Joseph complex—access, parking, security, lighting, sidewalks, street furnishings, doorways, etc. It was plain from the survey that organization of access, parking and entry to hospital facilities should be improved to prevent

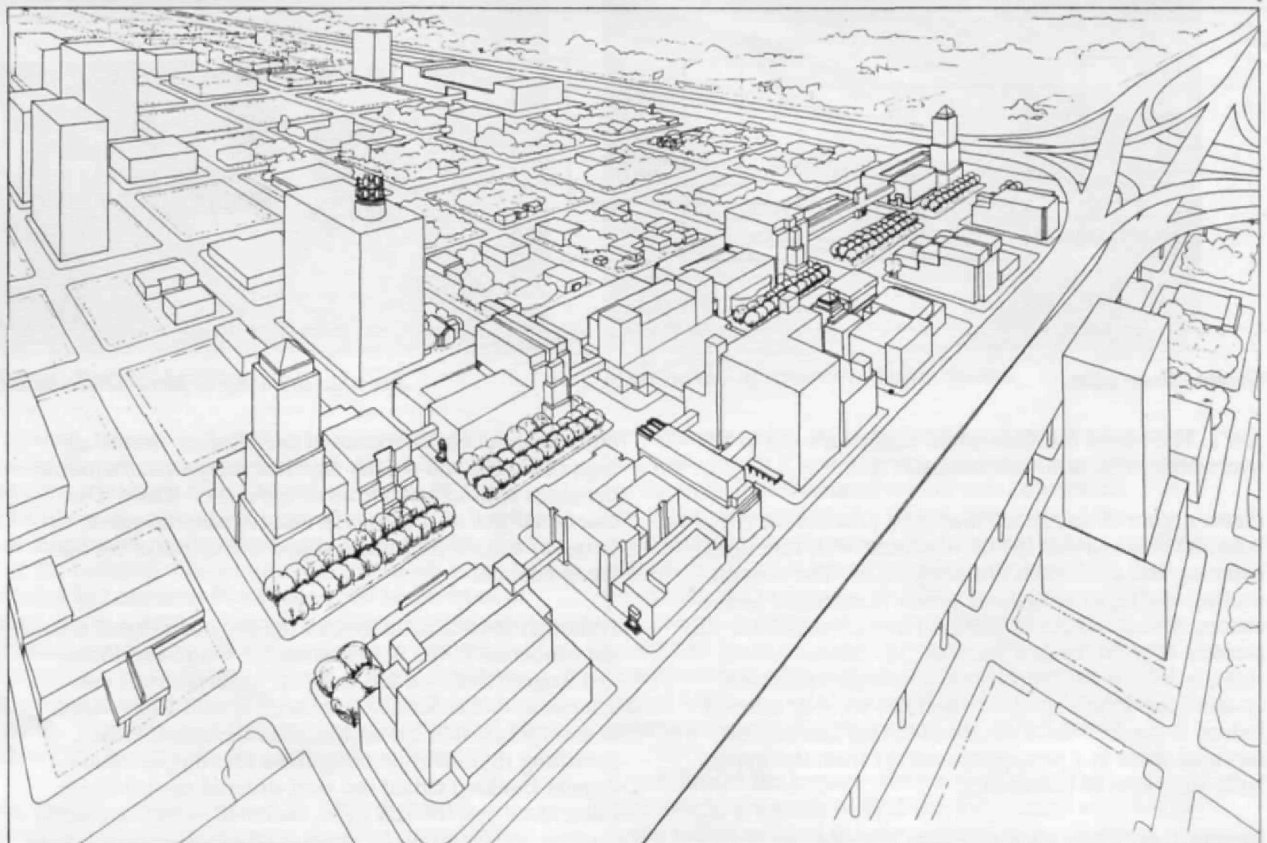


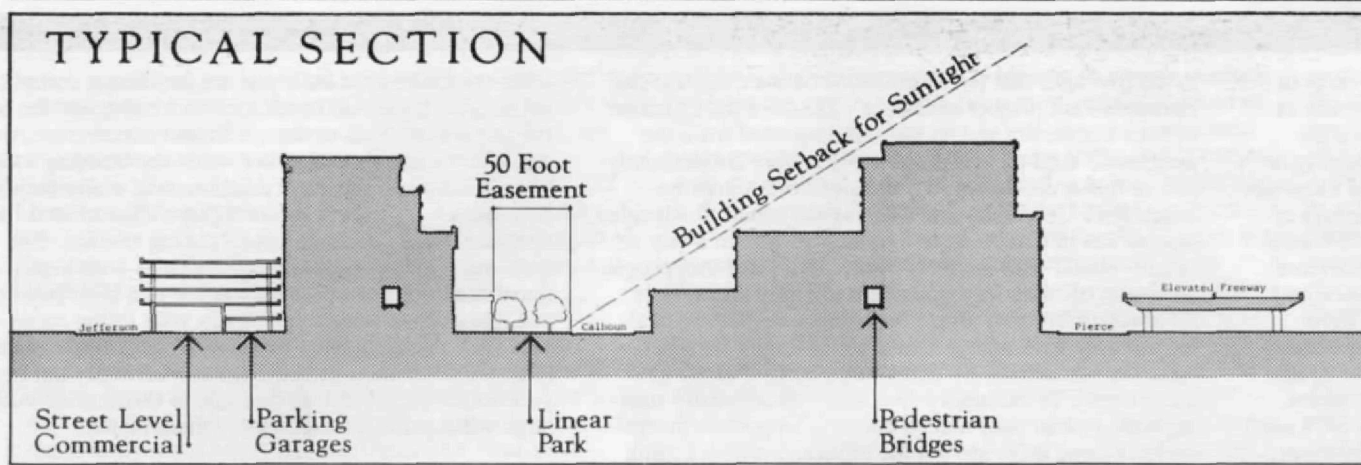
Top of page: Entrance to the Women's Building (formerly the Maternity and Children's Building) designed by I. E. Loveless, an architect from Beverly Hills, California, in 1936.

Above: View of the proposed central spine. At Crawford Street looking southeast along Calhoun Street.

Right: Bird's-eye view of the proposal showing a 12 block district formed around a central spine.

Below: Two typical views along Calhoun Street at St. Joseph. The tower that guarded a staff parking lot has been removed since the Rice Center study.





the erosion of the hospital's public image.

I was asked to develop a site plan that would (1) coordinate buildings for easy orientation and access by hospital users, (2) provide for incremental growth, and (3) give the complex an identity within the urban context and a positive visual image.

For an urban designer working in Houston's context, the obvious answer is to respect the existing grid, improve the public streets, and then use this framework to organize old and new hospital buildings for access and legibility. To test the feasibility of this idea, we undertook two activities. Analytical diagrams of existing conditions were prepared for study: site availability, building stock, growth projections, vehicular access, parking, pedestrian circulation, vegetation, lighting, building facades, building entrances, building massing and urban form. Simultaneously we discussed six abstract organizational models with the hospital's administrators. Each model pictured an alternative concept of form for the complex and its relation to the urban context. We tried to uncover program implications inherent in each abstraction, and to understand the image each would convey. The following goal was quickly established: to form a well defined complex of buildings over a rectangular 12 block area with clear edges and an attractive, open central spine. The central spine will be Calhoun Avenue, transformed into a tree lined boulevard which can provide pedestrian accommodations, orient hospital users, and stand as a memorable place within the city fabric.

The components of the plan that evolved:

1. Seek to exchange or purchase land in order to control a compact group of 12 urban blocks—two blocks wide by six blocks long.

2. Establish the central street of the complex—Calhoun Avenue—as a linear park by:

- a) respecting a 50 foot easement along the northern side of the street, and
- b) arranging a raked building setback along the south side of the street for sunlight, and
- c) planting a double row of trees along the street with appropriate treatment of the ground surface for pedestrians.

3. Improve sidewalks and street corners of the five cross streets in the complex with special paving, lighting, benches, and other appropriate street furniture.

4. Line the northern edge of the complex with parking garages that form a clear system of access and parking and a readable edge for the complex. The first floor of these garages should be converted to commercial use when the adjacent neighborhood changes so that the edge does not become a boundary.

5. Limit construction over public streets. Organize thin bridges (not broad air-rights buildings) parallel to Calhoun. This will provide necessary accessibility while further defining Calhoun as a central spine.

6. Locate landmark towers at the ends of the central spine.

7. Organize building entrances, especially public entrances, on or near Calhoun. Avoid building entrances that face Pierce or Jefferson—streets parallel to the central street. And keep service access off the central street.

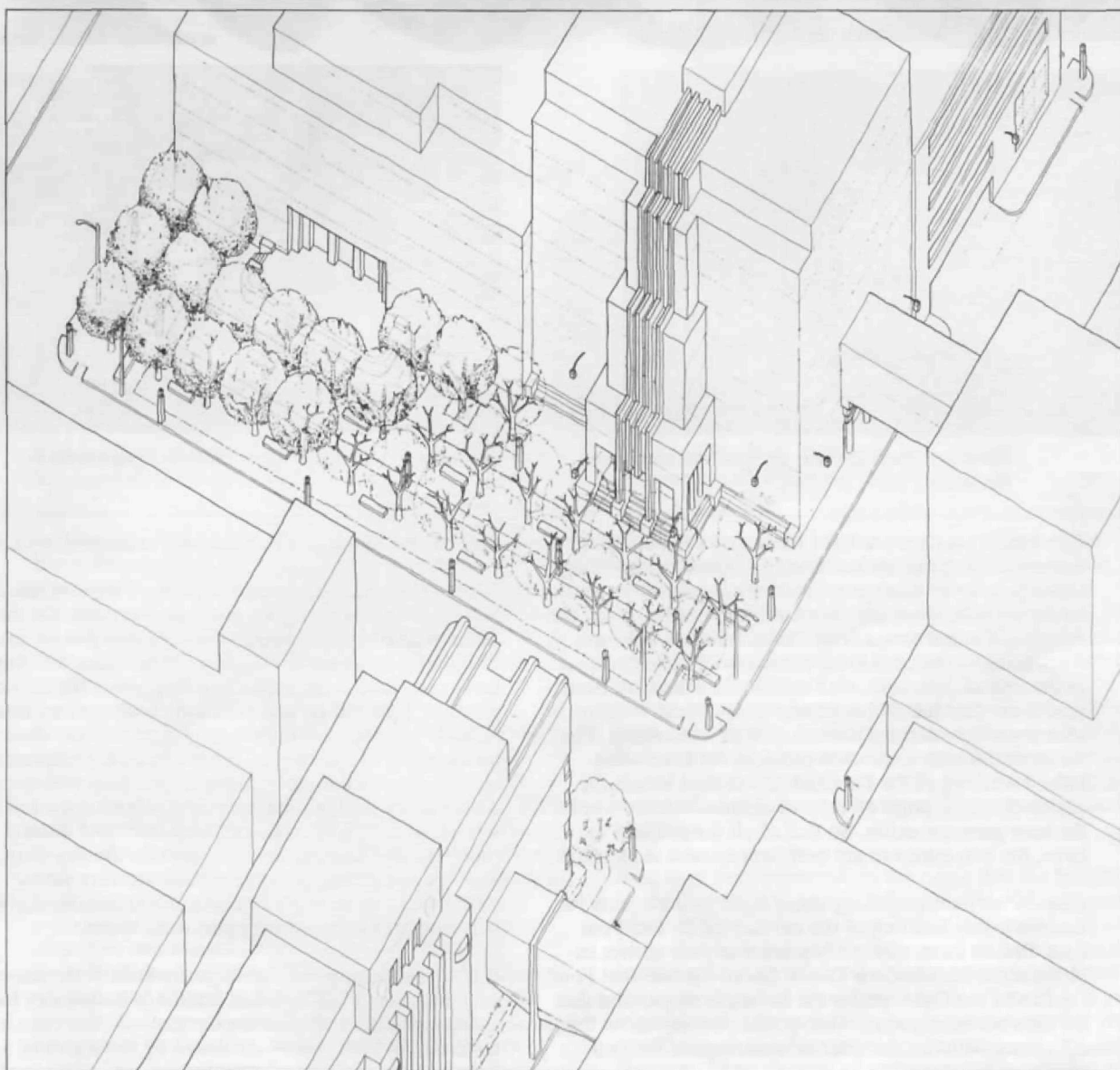
8. Place all central, public, or other special buildings or facilities (for example: a cafeteria, daycare center, or chapel) in the center of the complex along the linear park.

colors and materials (buff, yellow, pink, red; stone, stucco, brick). One mirrored-glass or metallic building would ruin this effect. Building entrances are also important. The hospital's newer main entry unfortunately resembles its service entries. Entrances to the older buildings represent a more dignified approach for hospital users.

These observations will form a component of the plan as architectural guidelines. To implement the urban components of the plan I hope to prepare documents that illustrate potential results together with a handbook of explanations and suggestions for future hospital architects. The plan is a set of ideas rather than a fixed stylistic view for St. Joseph. Variety in building design and unknown future programmatic needs will serve to enhance rather than spoil the plan. Incremental growth will be a natural component since the plan is based on the use of existing urban structure.

In conclusion, if the administration of St. Joseph implements these site planning ideas, the hospital will read as a special district and will be an integral part of the urban fabric. Houston citizens travelling through downtown will know when they have entered the hospital complex, but will not feel they are trespassing. The complex will read more as a zone than a compound. Certain downtown streets will acquire a strong public image while better serving the hospital. The urban grid can organize movement within the complex and provide for future growth. St. Joseph will have improved the central business district making a public gesture equal to their decision in 1958 to remain downtown. The plan is really nothing more than an extension of the symbiotic relationship between public and private interests that urbanism represents.

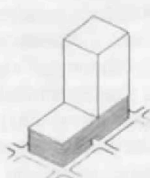
The people surveyed in the Rice Center study said that the physical appearance of St. Joseph was an existing asset. Analysis demonstrated that a major component of the hospital's appearance is the regular use of certain



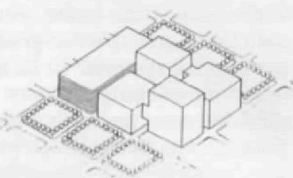
Top of page: Cross section through the central spine.

Above: Entrances to the Main Building at St. Joseph, the primary public entrance above and the service and emergency entrance below.

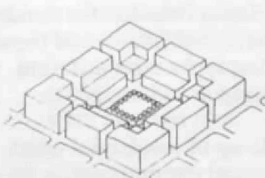
Below: Four of the six alternative abstract organization models we considered. The tower and boundary park schemes have a defensive image. The central park scheme is difficult to adapt to St. Joseph's present configuration. Our proposal is a variation on the linear park scheme.



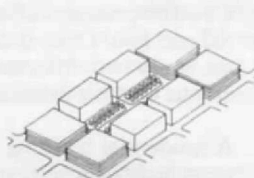
Tower



Boundary Park



Central Park



Linear Park