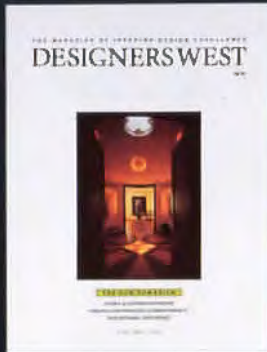


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5 / 6
Health-Care Design
1993



Health Central **30**
HKS Inc. of Dallas designed this bright, animated hospital-office complex (just up the road from DisneyWorld in nearby Orlando, Fla.) to bridge the physical gap between doctors' offices and hospital patients. *by Joel Warren Barna*

Growing Room **34**
The Joint Venture of The Bower Downing Partnership + Laurie Smith Design Associates, both of Austin, designed a clear, welcoming space for the expanded Emergency Center at Brackenridge Hospital in Austin. *by Joel Warren Barna*

Community Care **38**
Brinkley Sargent Architects of Dallas designed the first of a series of community-based health-care centers for Dallas's Parkland Memorial Hospital. *by Johanna Rowe*

Cutting Edge **42**
Watkins Carter Hamilton Architects of Houston designed the Hermann Nutrition and Human Performance Center, a new medical-facility type. *by Joel Warren Barna*

On the cover: The hospital-office complex called Health Central in Ocoee, Fla., was designed by HKS Inc. of Dallas. Cover photograph by Michael Lowry, Orlando, Fla.	Editor's note	5
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Texas Architect (ISSN: 0040-4179) is published seven times per year (bimonthly and in April) by the Texas Society of Architects, 114 West Seventh, Suite 1400, Austin, Texas 78701. TSA is the official Texas state organization of the American Institute of Architects (David Lancaster, Executive Vice President). Copyright 1993 by the Texas Society of Architects.

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Second-class postage paid at Austin, Texas, and additional mailing offices. **Postmaster:** Send address changes to *Texas Architect*, 114 West Seventh, Suite 1400, Austin, Texas 78701. Phone: (512) 478-7386.

Subscription price is \$16 per year for TSA members, \$21 for nonmembers with addresses in the continental U.S. (nonmembers do not receive the *Practice Annual*). Reproduction of editorial content without written permission is prohibited. Use of names and images of products and services in either editorial or advertising does not constitute an endorsement by TSA or AIA, nor does comment necessarily reflect an official opinion of either organization. *Texas Architect* is indexed by the Avery Index of Architectural Periodicals, available in major libraries.

Options for Health Care

I HAD HOPED in this issue to be able to publish part two of "Philip Johnson's Texas Connections," the conclusion of the profile of Texas' favorite carpetbagger architect written by Frank Welch, FAIA. Unfortunately, lack of space intervened. For all those who have written or called to inquire: The next installment will run in our July/August issue, come hell or high water.

MY INTEREST in the cycles of public policy and private choice related to health care goes back 10 years, to when I was working as a researcher for an office in the Texas House of Representatives (it's now known as the House Research Organization). I wrote about the Texas Health Facilities Commission, charged with issuing permits for the construction of new hospitals and clinics, which was undergoing Sunset review, and would soon be going out of existence. Clearly, the attempt to use governmental regulatory power to hold down health-care costs (then increasing at a rate almost twice the rate of general inflation) had failed. Since that time, free-market mechanisms are supposed to have been in place, so that competition among providers should have begun taming the spiral of health-care costs. Unfortunately, this has not been the case. Health-care costs, for the past five years, have been increasing at a rate *three* times faster than the general rate of inflation—14 percent last year. It should be clear by now that the market cannot rely on patients to control costs, since patients cannot use price information to make rational judgments about health-care needs. Instead, it is providers who make the important choices, driven by the threat of lawsuits that stimulate a hunger for more and more expensive technology—with, these days, insurers as a countervailing force entering more and more intrusively into the process. Patients, in the current economic and regulatory climate, in which they were supposed to be empowered, have less choice than ever. Unfortunately, again, the options available to federal and private health-care reformers promise only to limit those choices. Nevertheless, if the American economy is to keep from being gobbled up by its health-care system, those options must be found and acted on.

Joel Warren Barna

UPCOMING ISSUES:

We invite submissions to *TEXAS ARCHITECT* for all our upcoming issues. Scheduled issue themes for the remainder of 1993 and early 1994 include

SEP/OCT (deadline 1 Jun)

"Annual Review of Texas Architecture"

NOV/DEC (deadline 1 Aug)

"New Churches for a New Decade"

JAN/FEB '94 (deadline 1 Oct)

"The Way Things Ought To Be:

Successful Design Collaborations"

MAR/APR '94 (deadline 15 Dec)

"Design Trends in New Texas Housing"

We also need stories about new architectural projects, interiors, historic preservation, urban design, zoning, mass transit and highway development, competitions, and education for our **NEWS** and **SURVEY** sections. In addition, we are looking for stories about innovations in technique and management for our **SMALL PRACTICE ISSUES** section.

If you can help us with any of these topics, please call *TEXAS ARCHITECT* at 512/478-7386. **JWB**

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Letters

Of Competitions and Brokers

THANKS for such cogent reporting on the important issue of competitions and brokers (*TA* Jan/Feb 1993). So often when I read an article on a subject of which I have detailed first-hand knowledge, I find that the author's view of events, and issue differs from mine. Having participated in a number of architectural selections where the owner is guided by a third party, I felt you did an excellent job of focusing on the pros (having a first-time owner guided by those with more experience) as well as the cons of this emerging trend.

While my experience with formal competitions is limited, I again found your analysis to match my experience. While there may be pros and cons associated with brokers, I'm hard pressed to think of any benefits in selecting an architect via competition, given how most are run. As such, I applaud *Texas Architect's* new policy in this area.

I find most owners are interested in using brokers and competitions to select architects because they lack any ability to differentiate firms. In that context, it's not surprising that fees get a lot of attention—they can be differentiated. If our profession is going to advocate qualifications-based selection, and we should, then we need to be prepared to present our qualifications in ways that can be differentiated. Generally we don't.

You concluded with the example of a firm who questioned having been asked to make presentations and proposals to a potential client. While I can share the architect's disappointment at not having been selected (we too were unsuccessful in the case you cited), I cannot see any reason to resent being asked to present detailed qualifications early in the process rather than later. This is what qualifications-based selection is all about. Until those in the profession can do a better job of differentiating themselves to those outside the profession, then brokers and competitions will see to it for us . . . and fees will be the preeminent selection criterion.

Duncan T. Fulton, AIA
Good Fulton & Farrell
Dallas

I READ with obvious interest your article "Competitions and Brokers" (*TA* Jan/Feb 1993). Inasmuch as The Staubach Company was mentioned prominently in the article, I found it curious that you neglected to contact our firm for comment on the process you were describing. Consequently, I thought you might allow me to provide some additional information, which clarifies our role.

I am in agreement with the bulk of your article: More communication between owner and architect is better; architecture has allowed itself to become somewhat "commoditized" for some types of work; relationships are changing; there are new players in the process. Many of your points are well taken, and we all need to work together to find solutions.

However, while I cannot speak for our competitors in the real estate industry, I feel that additional facts are needed to paint a complete picture of how and why The Staubach Company is involved with our clients in the selection of architects and interior designers and in other project-management activities.

First, there seemed to be an unaddressed question in the article that begged for an answer: Why are third parties involved in helping clients select an architect and in otherwise managing their projects? Speaking for our organization, I can assure you that it is because our clients have *asked* for help. Many of them are relocating from another city or have not gone through the process in years. Often, if they ever had a project-management staff, it is now decimated or no longer exists. An administrative assistant or other person, already with full-time responsibilities, is asked to oversee the project. [This person], bombarded with service providers, needs help in going through an organized selection process.

Second, it is not our *intent* to interfere with communication between architects and clients. On the contrary, we encourage the client to make as much time available as possible in selecting a design firm, reminding them that they will be working with them for a long time and living with their solution for years. Unfortunately, despite our urging, many clients resist participating as fully as you or I might prefer. We work hard to help them and the architects come to an understanding of the client's needs.

Third, real estate firms have gotten a lot of credit for driving architectural fees down during a construction-real estate-architecture depression, a national recessionary economy, and much corporate adversity. I can assure you that *our fees* have been driven down, and there is no intermediary in our selection process. Corporate America has simply gotten tighter, tougher, and smarter, and it affects us all. We encourage a client to look for qualifications and value. Our clients are generally *much* more fee-conscious in negotiating architectural agreements than we are.

We agree that unpaid competitions are an in-

appropriate way to select design professionals. To my knowledge, The Staubach Company has never been involved in a full-blown design competition, but on two occasions a client requested a limited exercise as a means of evaluating the creativity and thought processes of firms. On both occasions, we voiced to our clients the very concerns in your article. Very little work was requested, and most firms provided more than asked.

Assisting our clients in selecting architects and interior designers is one of the toughest tasks we face. There are many qualified firms, and, try as we may, we can never make all competing firms happy. Through all this, we are committed to serve our client. We respect and appreciate the architectural and interior design communities. Often, though, what is right to a client or one firm is wrong to another client or another firm.

I am an architect and very proud to be part of the profession. I feel like I have a sincere empathy with the problems facing the profession. Unfortunately, architects are no longer perceived as the "master builders" of years past, controlling every aspect of a project. We have not been unified and have allowed the public to forget, or never know, the value an architect brings to a project.

When a void exists, it will be filled.

Architecture is not alone as a profession living through a changing environment. Many of our corporate clients are fighting to stay profitable, looking for ways to economize and to make their organizations more efficient. We must all change and flex to meet their needs.

Thanks for an interesting article, and for allowing me to express my views. The more we can all communicate and understand each other's needs and problems, the better we can all serve our clients. Keep up the good work.

Tommy M. Parrett, AIA
Vice President, The Staubach Company
Dallas

Welch on Johnson, Part I

THE Philip Johnson piece (*TA* Jan/Feb 1993) is a fascinating weave of observations and anecdotes made valuable to us because they're filtered through the sensibilities of Frank Welch, FAIA, one of Texas' finest architects. I know many colleagues share my belief that his occasional articles in *Texas Architect* are among the fringe benefits of being a Texas architect.

Max Levy, AIA
Max Levy, Architect
Dallas

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39th Annual TSA Design Awards Competition Rules

Celebrating its 39th year, the newly expanded TSA Design Awards Program seeks to recognize outstanding architectural projects by architects who practice in Texas and to promote public interest in architectural excellence. In the past, winning projects have been selected from every region of the state, as well as from other countries and states. Winners have come from one-person offices and large firms and have ranged from simple one-room buildings to elaborate high-rise offices. This year all architects who are registered in Texas are invited to submit one or more entries for consideration by this year's jury. Out-of-state architects must enter Texas projects. Judging will take place June 11-12 at the TSA Office in Austin. Winners and their clients will be honored by a special announcement party at the TSA Annual Meeting, September 16-18, in Fort Worth. Winning projects will be publicized statewide and featured in the September/October 1993 issue of *Texas Architect* magazine.

ELIGIBILITY

Any new project in General Design (including adaptive use and urban design), Interior Architecture, or Restoration may be entered. Construction must have been completed after January 1, 1987, to be eligible. Individuals or firms whose primary office is located in Texas may enter any number of projects anywhere in the world. Texas-registered architects located out of state may enter any number of Texas projects.

Entries must be submitted by an architect who was registered with the Texas Board of Architectural Examiners at the time the project was executed. Where responsibility for a project is shared, the design architect must be a registered Texas architect and all participants who substantially contributed to the work must be credited.

Projects must be submitted in the name of the firm that executed the commission. If that firm has been dissolved or its name has been changed, an individual or successor firm may enter projects in the name of the firm in effect at the time the project was executed. Multiple entries of the same project by successor individuals or firms will not be accepted. For multi-building projects, the architect submitting the project (or portion thereof) must designate authorship of each portion of the project.

JUDGING

A jury composed of Joseph Esherick of Esherick Homsey Dodge and Davis, San Francisco; Juan Palomar of Lopez Cotilla, Guadalajara, Mexico, and Andrea Leers of Leers, Weinzapfel Associates, Boston will pick the winners. Project authorship will remain concealed throughout jury deliberations. Awards may be given in three categories: General Design (including adaptive use and urban design), Interior Architecture, and Restoration. The list of project types

on the entry form is only an aid to the jury and does not imply that a winner will be chosen from each project type. TSA reserves the right to disqualify entries not submitted in accordance with these rules.

DEADLINE

The fee, entry form, text, and slide submission must arrive at the Texas Society of Architects (Address: 114 W. 7th St., #1400, Austin, Texas 78701, 512/478-7386) in the same container and at the same time, BY 5:00 P.M., FRIDAY, MAY 21, 1993. LATE ENTRIES WILL NOT BE ACCEPTED.

AWARDS

Architects and clients of winning projects will be honored at the TSA Annual Meeting in Fort Worth, September 16-18.

For publicity purposes, architects of winning projects must submit six copies of an 8"x10" black-and-white glossy photograph of one view of the winning project. Publicity photographs must be received at the TSA offices by July 15.

For publication, *Texas Architect* magazine will require original images—not duplicates—of each winning project. The original slides and transparencies will be returned after the magazine has been printed. In addition, the entrant of each winning project will be required to pay a \$250 publication fee to defray the cost of four-color separations.

RETURN OF ENTRIES

Entries will be mailed individually to all entrants by UPS Ground or U.S. Mail. If you wish to have your carousel returned by other means, please attach instructions and an account number or check for additional cost.

ENTRY PACKAGE

CHECKLIST. Each entry package must contain the following items, which must all be mailed or delivered to the TSA office in the same container on or before May 21, 1993:

- (1) a boxed slide carousel with slides,
- (2) one-page data sheet,
- (3) a completed and signed entry form, in an envelope taped to the outside of the carousel box,
- (4) the appropriate registration fee(s) in the envelope with the entry form or, for multiple entries, in any one of the envelopes.

SLIDES. Entrants must submit slides in a working 80-slot Kodak Carousel tray for each project, in which the slides are in proper order and position. Any number of slides may be entered; a total of 20, including the slides below, is a recommended maximum.

The first slide of each entry must be a title slide, with the following information: project type (see entry

form); project size, in gross square feet; and project location.

Following the title slide, each entry must include:

- (A) One slide of a site plan or aerial photograph with a graphic scale and compass points (interior architecture projects are exempt from this requirement).
- (B) At least one slide showing the plan of the project. For a multi-story building, include only those slides necessary to describe the building arrangement and envelope. Sections and other drawings are optional. If included, section location must be marked on the appropriate plans.
- (C) One text slide containing a brief description of the project, including the program requirements and solution.
- (D) For restorations and adaptive-use projects, at least one slide describing conditions before the current work started.

DATA SHEET. Each entry must include an image and written text describing the project, with the program requirements and solution, on one side of a letter-size sheet of white paper. The image—a representative photograph or drawing—must be no larger than 5" x 7". The data sheet must be folded and placed inside the slide-carousel box. DO NOT WRITE YOUR NAME OR THE FIRM'S NAME ON THIS TEXT SHEET.

ENTRY FORM. An entry form is on pp. 19-20. Copies of the form should be used for multiple entries. Place the entry form(s) in an envelope with the fee(s) and tape the envelope to the outside of the carousel box.

FEE. TSA MEMBERS: Include a registration check for \$100 for the first project, \$90 for the second, and \$80 for the third and further projects submitted by a TSA member;

NON-TSA MEMBERS: Include a registration check for \$180 for the first project, \$160 for the second, and \$140 for the third and further projects submitted by a non-TSA member. Place the check in an envelope with the entry form and tape it to the outside of the carousel box. Make checks or money orders payable to TSA. NO ENTRY FEES WILL BE REFUNDED.

MORE INFORMATION

For additional information on rules, fees, and other matters, call Ray Don Tilley at TSA, 512/478-7386, or fax 512/478-0528.

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News

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HOUSTON Zoning may soon be a reality in Houston, but not without controversy.

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Eight winners named 24

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Lawyer Steve Stewart reminds architects about the duties of liability-insurance carriers.

A Zone of Their Own

HOUSTON A round of public hearings in March was the final step in the two-year process of bringing zoning to Houston. Only minor revisions are possible at this point and the Houston City Council is expected to approve the ordinance this summer.

Numerous attempts have been made in the last 75 years to implement zoning in Houston. All were defeated by coalitions of property owners and developers who believed that such regulation restricted their property rights and the ability of the real estate market to profitably respond to economic trends. A decade of recession has slowed development, however, and people have had time to realize that the *laissez-faire* past did not create the best of environments for the present.

Home owners and civic groups provided the political pressure to initiate the current process. Their objective was to control or prevent undesirable land uses near their neighborhoods. In January 1991, the City Council unanimously approved an ordinance to begin comprehensive *planning* and zoning, but the pressure from the neighborhood and civic groups was on and planning was delayed until some time after zoning could be installed.

The Planning and Development Department staffed up, hired consultants, and set up a

Proposed Zoning Categories

R1	Residential, Single-Family Detached
R4	Residential, Single-Family (up to 4 units on a lot)
R8	Residential, Residential Only (up to 8 units on a lot)
RO	Residential Only (no limit on number of units)
MAC	Major Activity Center (e.g., downtown, the Galleria, the Medical Center)
O	Open (all uses permitted)
UN	Urban Neighborhood (existing mixed-use area with a residential character and scale)
I	Industrial
PUD	Planned Unit Development
SD	Special Districts (universities, museums, etc.)
L&H	Landmark and Historic Overlay districts

citizen volunteer Planning and Zoning Commission to review the work in progress. Funding for the consultants was inadequate, however, so the final document and maps now under

For Art's Sake

AUSTIN State legislators introduced bills this spring that would change the way the Texas Commission on the Arts (TCA) is funded. Jim Tittle, TSA president and TCA vice-chairman, believes the legislation is something Texas architects should support. "Texas ranks next to last among the 55 states and territories in funding for the arts," Tittle says, explaining why he has encouraged TSA to support the funding legislation.

That legislation would, for a period of five years, dedicate 50 cents for every 1,000 cigarettes sold in the state—about 1 cent per pack—to the TCA. Those revenues are estimated to be about \$11–\$14 million per year. The money would be allocated to the Texas Cultural Trust Fund, also established by the proposed legislation. The long-term goal is to build a trust fund of \$200 million including both revenue from the cigarette tax and matching contributions from corporations and private foundations, says George Cisneros of the

TCA. Once such a fund is established, the commission would be supported by the interest it would generate.

Currently, the TCA is funded through appropriations made during each biennial legislative session. The appropriation for the current biennium was \$7.6 million. "Every two years it's the same fight to keep the appropriations we need," Tittle says. Removing the agency's funding from the legislative battleground would ensure funding for the arts regardless of legislative or economic issues, he adds.

The funding change would create a healthier environment for the arts in Texas, says TCA Executive Director John Paul Batiste, and would allow the commission to do more than react to crises as they develop. "We will be able to incubate innovative opportunities for the arts in this state," he says, in the process nurturing individual artists in a more profound way. Batiste believes the funding bill stands a good chance of being approved, and he looks forward to a changed climate for the arts in Texas.

Susan Williamson

consideration were prepared in-house at P&D.

At the time, then-Mayor Kathy Whitmire and zoning's proponents claimed they were looking for "Houston-style" zoning, a goal that was never clearly defined. The opportunity was certainly at hand to investigate a prime example of the millennial American city and to create a vision for its future. The problem, according to proponents of planning, is that zoning alone cannot imagine nor fashion that kind of vision. Zoning alone will not affect crime, traffic, pollution, or the other big picture problems that planning is designed to address, they say.

The zoning proposal that has been developed may indeed be "Houston-style," for its much-touted apparent simplicity is unique. Twelve types of zoning districts have been set up to categorize all 600 square miles of Houston. Opponents say that the mapping simply documents what is already in place, thus fossilizing the status quo. There are only four residential zones, for example, compared with Austin, which has 12, and Dallas with 17. What at first seems to be a refreshing change from the usual bureaucratic prolixity may actually invite problems, however. The regulations for a single-family house, the *raison d'être* for the whole exercise, require uniform setbacks—whether for a 30x70 lot in Denver Harbor, a 50x120 lot in

Montrose, a 75x100 lot in Sharpstown, or a half-acre in River Oaks. These uniform rules disregard the complex mix that Houston has evolved in favor of a low-density suburban ideal.

Surprisingly, organized and informed criticism of the ordinance has not developed with enough voice to slow down the hurried process. Concern about the lack of planning, which proponents say would give some reason and direction to the zoning process, has been ignored, as has been the advice of Houston's architects who have experience with zoning in other cities. Supporters claim that zoning will make land use predictable and will foster development, because investors will be confident about surrounding land uses. But it is possible that restrictions on land uses imposed by zoning may actually limit growth; those limitations and the increased bureaucracy may raise the cost of what does get built.

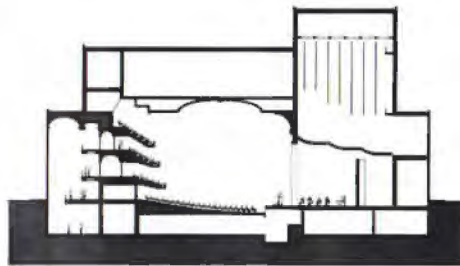
Petitions are now circulating that will likely force a referendum that could result in repeal of the zoning ordinance, perhaps by as early as this fall. In the meantime, the uncertainty will continue as the implications of the proposed regulations soak in. *Gerald Moorhead, FALA*

Architect Gerald Moorhead, FALA, of Houston, is a TA contributing editor.

Downtown Performance

FORT WORTH Ed Bass has moved again to reshape downtown Fort Worth, this time by providing the financial catalyst for construction of a performing arts center. The Sid W. Richardson Foundation will contribute \$18 million to an arts-center fund, Bass announced in late March. In addition, Bass's father, Perry R. Bass, will donate the 40,000-square-foot downtown site, currently a parking lot, on which the multi-use center will be built. The Anne Burnett and Charles Tandy Foundation has pledged an additional \$10 million. Current estimates, according to the *Fort Worth Star-Telegram*, call for the total cost to be \$50 million, including a \$5 million operating endowment; the remaining \$22 million is to be raised through public donations, Bass said. No public money is to be used for the project.

The proposed 1,800-seat hall will be designed by David M. Schwarz Architectural Services of Washington, D.C., teamed with



Section of proposed performing-arts hall

Calloway Johnson Moore of Winston-Salem, N.C. The architects will work from a program developed three years ago for a proposed arts center in the city's cultural district west of downtown. That plan, which involved extensive modifications to the historic Will Rogers Auditorium, was developed by Calloway Johnson Moore in conjunction with the arts groups that would use the facility; the plan was abandoned when voters defeated the \$20-million bond proposal that would have funded the project.

"Downtown Performance," continued on page 18

OF NOTE

Contribution to Knowledge

TEXAS ARCHITECT editor Joel Warren Barna's book, **THE SEE-THROUGH YEARS: CREATION AND DESTRUCTION IN TEXAS ARCHITECTURE 1981-1991**

(1992, Rice University Press), in March received the Friends of the Dallas Public Library Award from the Texas Institute of Letters. The award is presented each

year to the book by a Texan or about Texas that makes the most significant contribution to knowledge. In December, **NEW YORK TIMES** architecture critic Herbert Muschamp chose **THE SEE-THROUGH YEARS** as the architecture book of the year.



UH captures awards

A University of Houston architecture professor and four of his students took top honors in the international 1992 Autodesk Images Awards. The winners were, in the faculty/graduate student category, Assistant Professor Keith Sylvester; Christopher Heikkila; and David Larrew; and, in the undergraduate category, Larry Watkins and Abdul Ghaffar Muhamad Sharif.

Two UH assistant professors, Rafael Longoria and Patrick Peters, received one of two national design awards from the Association of Collegiate Schools of Architecture for their design of the Cliff Inn Tower, a 36,000-square-foot hotel addition in El Paso.

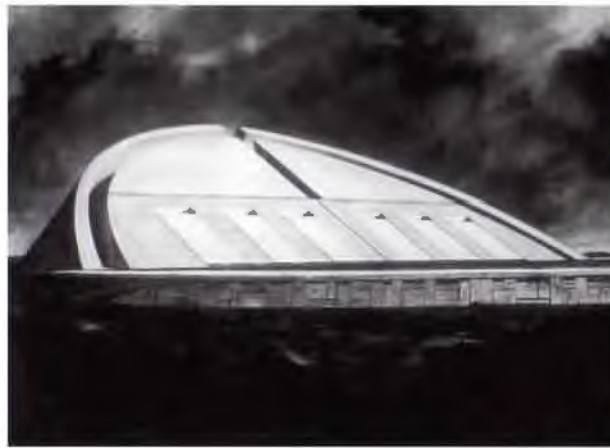
A Hopeful Trend

Housing inventories continue to fall across Texas, according to the Real Estate Center at Texas A&M. The number of existing homes for sale in November was down more than 7.5 percent from a year earlier and 21 of 26 Texas markets had fewer homes for sale in 1992 than in 1991. In November, Texas had a 8.4-month supply of unsold, existing homes, compared to a 9.2-month supply nationally.

Architectural Art

DALLAS Eight winners were named in the 18th annual Ken Roberts Memorial Delineation Competition, sponsored by the Dallas Chapter/AIA. The jurors for this year's delineation competition were Richard Clark, Deborah Natsios, and Bart Forbes.

The jurors selected a piece by Gregory George Haggmann of Good, Fulton & Farrell as winner of the Beaux Arts award and a work by



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Winners in this year's Ken Roberts Memorial competition, sponsored by the Dallas Chapter/AIA, included (above) Beaux Arts-award winner Gregory George

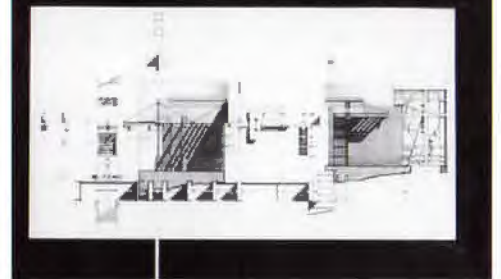
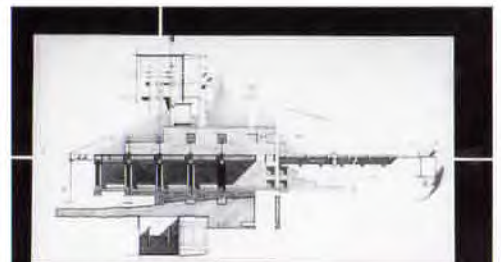
Haggmann; (above right) honor-award winner Hoang Van Dang; (right) Wiley Award winner Fred Ortiz; and (below right) honor-award winner R.B. Ferrier, FAIA.

Fred Ortiz of Brinkley Sargent as winner of the Wiley award. Ortiz also received a citation in the professional category.

In addition to the two top prizes, honor awards were presented in both professional and student categories. R.B. Ferrier, FAIA, received the professional honor award while Hoang Van Dang of the University of Texas at Arlington won in the student division.

A merit award in the professional category went to Barry Hughes of RTKL and a student merit award was presented to Mohd Kusa of the University of Texas at Arlington. A citation award in the professional category went to Rod L. Booze of Collins/Reisenbichler.

A total of 44 pieces, including the winners, were selected by the jurors to be exhibited, first at the Federal Reserve Bank of Dallas and later at the Dallas Chapter/AIA office. *SW*



"Downtown Performance," continued from page 17

Schwarz was not involved in the 1990 plan, but the rest of the team from that effort, including a number of consultants, remains intact, he says. In order to maintain a schedule that calls for completion of the facility by October 1997, Schwarz says that the architects plan to use as much of the 1990 program as possible. The fact that the new plan calls for a downtown site is a bonus, Schwarz says. "We view our mission as making downtowns places where people are comfortable and where they want to be, not places where they're overwhelmed by huge, scaleless boxes."

The new arts hall will be located in the block bounded by Fourth, Calhoun, Fifth, and Commerce streets, two blocks south of the Basses' City Center complex and three blocks west of Ed Bass's Sundance West development.

In recent years, Schwarz, who says he now lives in Fort Worth, has worked on a number of projects in the city, many coming either directly from the Basses or through their influence: the Cook-Fort Worth Children's Medical Center, Sundance West, the Fort Worth Public Library, and the Sanger Lofts conversion. Schwarz also designed the new Texas Rangers stadium. *SW*

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- Supplier of building or interior furnishing products
- Other allied to the field

Please specify:

If you are a registered architect, in which state(s) are you registered?

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Title/Position

Firm/School

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This card expires May 31, 1995. TEXAS ARCHITECT March/April 1995 Issue

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To Enter the 39th Annual TSA Design Awards

Complete one form per entry. Incomplete forms or incorrect information may result in disqualification.

Write your firm's name on the outside of an envelope. Place the completed entry form(s) inside the envelope along with a check in the amount of \$100 for the first project entered by a TSA member, \$90 for the second, and \$80 for the third and further entries; or \$180 for the first project entered by a non-TSA member, \$160 for the second, and \$140 for the third and further entries.

Tap the envelope to the outside of the carousel of slides entered and send the entire package to: Texas Society of Architects, 114 W. 7th St., #1400, Austin, Texas 78701. For information call Ray Don Tilley at 512/478-7386.

39th Annual TSA Design Awards Entry Form

Project Credits

Please provide the information requested on both sides of this form and read carefully the competition rules before preparing your entry(ies). Please print clearly in ink.

Entrant's Name

Title/Position

Firm Name(s)

Mail Address

City/State/Zip

Telephone

Fax

TBAE Registration Number

Owner (at project completion)

Architect (list firm name, team members)

Consultants (landscape, structural, MEP, etc.)

Gen. Contractor

Photographer

Competition entry deadline: May 21, 1995. Use photocopies of this form if necessary.

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Project type Commercial Urban Design
 Institutional Other (specify below)
 Residential _____

I certify that the information provided on this entry form is correct; that the submitted work was done by the parties credited; that I am authorized to represent those credited; that I am an architect registered with TBAE; and that I have obtained permission to publish the project from both the owner and the photographer. I understand that any entry that fails to meet these requirements is subject to disqualification.

Signature _____

Date _____

Fee **TSA MEMBER:** \$100 for first project, \$90 for second project, \$80 for third and further projects
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This is entry # of _____ total entries.



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"Drawing Into The 90s"

A juried competition will survey the role of "drawing" in contemporary art, from the traditional pen and ink on paper to the new diversity of works conceived in this medium over the last two decades. Projects selected will be exhibited at Laguna Gloria Art Museum in Austin from Aug. 14 to Sept. 12. Open to all artists living in the U.S. Texas Fine Arts Association (512/453-5312), slide deadline: MAY 28

1994 SOUTHERN LIVING Home Awards

Six categories of residential design will be recognized, including remodeling, preservation/restoration, and new residential development. Work must have been completed since Jan. 1, 1990. Winners will be featured in SOUTHERN LIVING. The Southern Home Awards (800/366-4712, ext. 6359), deadline: MAY 31

World Congress of Architects

The 125th annual convention of the American Institute of Architects will coincide this year with the XVIII Congress of the International Union of Architects; the meeting, which will include AIA Expo93, will be held in Chicago. The international gathering will focus on the delicate balance between the natural and built environments. World Congress of Architects (202/626-7395), JUNE 18-21

"A Second Look"

An exhibition of work by women photographers from the collections of the Harry Ransom Humanities Research Center will include work by Berenice Abbott, Julia Margaret Cameron, Louise Dahl-Wolfe, Gertrude Kaesebier, Ida Kar, Joyce Neimanas, and Doris Ulmann. Harry Ransom Humanities Research Center, Austin (512/471-8944), through JULY 25

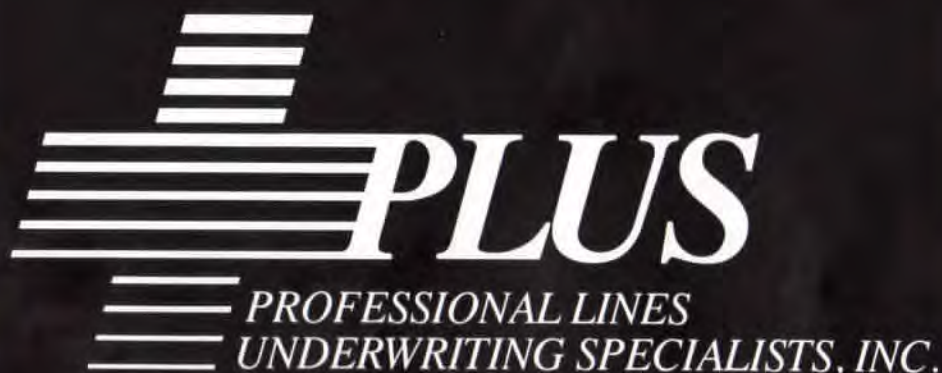
"Degas to Matisse"

The Wertheim collection of impressionist and post-impressionist art from the Harvard University Art Museums features 33 paintings, sculptures, and drawings by such artists as Cezanne, Degas, Gauguin, Manet, Matisse, Monet, Picasso, Renoir, and van Gogh. Kimball Art Museum, Fort Worth (817/332-8451), JUNE 5-AUG. 22

"Max Ernst: Dada and Surrealism"

The exhibition will include 180 works dating from 1912 to 1927 focusing on Ernst's avant-garde Dada activities in Cologne and Paris, whose cultural and psychological overtones foreshadowed the dream imagery of surrealism. The Menil Collection, Houston (713/525-9400), MAY 27-AUG. 29

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Under Pressure

DALLAS A lawsuit brought by an inmate of the Harris County Jail led the Texas Department of Criminal Justice (TDCJ) to adopt an unusually accelerated schedule when it needed to build some new state prisons. TDCJ hired Hellmuth, Obata and Kassabaum of Dallas to design and produce construction documents for a prototype prison unit; the catch was that the work had to be completed within nine weeks.



Site plan of prototype Alberti state-prison unit designed by HOK



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In recent years, state-prison overcrowding has led to arrangements between the state and various counties to allow inmates convicted of state crimes to serve their time in county jails. However, a lawsuit filed by such an inmate housed in the Harris County Jail resulted in a ruling against the state: The state would have to provide more prison beds, and fast.

The HOK team—more than 100 architects, engineers, and support staff—started work on Dec. 14 of last year and worked straight through the holiday season. "We only took off two days, Christmas and Super Sunday," says project manager Jesse Williams. "And we wouldn't have taken off for the Super Bowl if Dallas hadn't been playing." The design was completed and production documents were delivered to TDCJ officials in mid-February.

The program for the prototype Alberti unit—named for the plaintiff in the court case—was for a 2,000-bed prison including administrative, education, and support services. Costs were to be held to \$14,000 per bed, and construction could not take more than eight months. HOK's design includes ten major buildings, two small entrance buildings, and four guard towers.

In order to save time during construction, the buildings are arranged compactly to minimize the land involved. All of the buildings are pre-engineered metal structures of identical span and bay spacing. The prototype facility includes about 366,000 square feet of building area.

Five of the 2,000-bed Alberti units are to be built at a cost of approximately \$125 million. HOK did the site adaptation work for the units in Abilene, Palestine, and Huntsville, while Phillip Swager Associates of Dallas will do site adaptation for the two units to be located in Beeville.

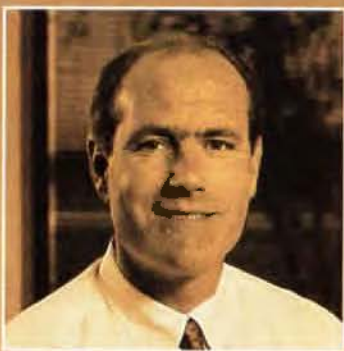
Both Larry Fickel, TDCJ's assistant director of construction, and HOK's Williams say the project proceeded extremely smoothly despite the unusual schedule constraints. And both say the keys to that success were simple: cooperation and teamwork. SH

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Eight winners named

HOUSTON The eight winners in the 1993 AIA Houston design-awards competition ranged from single-family residential projects to a large-scale urban plan. The winning projects, including six honor award winners, were selected by jurors Amy Weinstein; Ralph Johnson; and Gary Cunningham, FAIA, from among 72 entries.

Honor awards in the category of architecture went to four projects: the Bennett House + Studio in Houston by Val Glitsch, AIA; the Children's Museum of Houston by Jackson & Ryan Architects, Inc., with Venturi, Scott Brown & Associates; the Stern House in Hous-



Above left: Bennett House + Studio, by Val Glitsch, AIA

Above right: Stern House, by William F. Stern, AIA

Left: detail from the Buffalo Bayou East Sector Redevelopment Plan by John Rogers Architects

ton by William E. Stern, AIA; and the Federal Reserve Bank of Dallas by Sikes Jennings Kelly & Brewer and Kohn Pederson Fox Associates, with John S. Chase, FAIA, Architect, Inc.

An honor award in interior architecture was presented to Gensler and Associates/Architects for its work on the offices of the Taylor Smith Advertising Agency in Houston.

An honor award in urban planning went to John Rogers Architects for its Buffalo Bayou East Sector Redevelopment Plan.

CRSS Architects, Inc., received two merit awards in interior architecture. The first was for the Volkswagen Retail Environment Design Installation and the second was for the CRSS corporate offices in Houston.

In addition, the Jesse H. Jones Hall for the Performing Arts in Houston, designed by Caudill Rowlett Scott (now CRSS Architects, Inc.) and completed in 1966, was selected as the winner of the chapter's 25-year award. To be eligible, a building must be at least 25 years old, be in good condition, and still be used for its original purposes. *SW*



Middle left: Taylor Smith offices, by Gensler and Associates



Above right: Children's Museum by Jackson & Ryan Architects

Above left: Federal Reserve Bank by Sikes Jennings Kelly & Brewer

ARCHITECTURAL PRACTICE

The Duties of Insurers

ARCHITECTS OFTEN seem to think that their relationship with a liability-insurance company is a one-way street, with obligations running only from architect to insurer. Professionals would be better served by learning more about the legally enforceable duties that insurers have to architects.

These duties begin when an architect properly notifies his insurance carrier of a claim. They include, in broad terms, the duty to defend the architect against the claim and the duty to indemnify—that is, to pay damages.

If any portion of a claim against an architect may be covered under the liability-insurance policy, the carrier has a duty to defend. This duty is broader than the duty to indemnify. The petition of the complaining party will be liberally construed and if there is any potentially covered claim, the carrier has a duty to provide a defense. If a carrier wrongfully refuses to defend, the insured is free to proceed as he chooses in handling of the claim. The carrier is bound by any settlement or judgment which may be rendered. Typically, once notice of a claim is received, a carrier will send to its insured a "reservation of rights" letter stating that the carrier will provide a defense but reserve questions of coverage until a later time. If a carrier provides a defense without reserving its rights regarding coverage, it may be deemed to have waived its ability to later assert policy exclusions or to deny coverage.

Once a carrier assumes defense of its insured, it has a duty to exercise ordinary care. It must conduct reasonable settlement negotiations and accept reasonable settlement offers within policy limits. The carrier owes the insured a duty of good faith and fair dealing in both the investigation and settlement of the claim.

An insured has a variety of remedies in the event its carrier breaches either the duty to defend or indemnify. These include: (a) breach of contract; (b) breach of the Texas Deceptive Trade Practices-Consumer Protection Act (DTPA); (c) breach of the common-law duty of good faith and fair dealing. Damages recoverable for breach of an insurance contract are limited to the face value of the contract plus the legal rate of interest. Under a breach of con-

tract action, punitive damages are not recoverable. Nor are damages for inconvenience, annoyance, mental anguish, or loss of job, business, or home.

However, under the DTPA, such damages may be recoverable. The law makes a carrier liable for any deceptive act, breach of warranty, unconscionable action, or violation of Article 21.21 of the Texas Insurance Code. Article 21.21 §16 (a) prohibits a variety of activities including: a) misrepresentation of facts or provisions relating to coverage; b) failing to acknowledge with reasonable promptness communications with respect to claims; c) failing to adopt and implement reasonable standards for prompt investigation of claims; d) not attempting in good faith to effectuate prompt and fair settlement of claims in which liability has become reasonably clear; e) failing to affirm or deny coverage; and f) refusing to pay claims without a reasonable investigation based on all available information. Damages available under the DTPA include all elements of compensatory damages recognized under common law. Under the DTPA, the first \$1,000 of actual damages is doubled by the court and any actual damages above \$1,000 may be trebled by the trier of fact if it finds that the violation was committed "knowingly." In a DTPA action based on Article 21.21 of the Insurance Code, actual damages may be trebled. Additionally, the insured can be awarded court costs and reasonable attorney's fees.

A carrier breaches its common-law duty of good faith and fair dealing if it (a) has no reasonable basis for denial of any claim; or (b) has no reasonable basis for delay in payment of the claim; or (c) fails to investigate in order to determine whether there is any reasonable basis for denial or delay in payment of a claim. If an insured establishes a breach of such duty, he is entitled to all damages that can be proven to have been caused by the breach, including mental anguish. Punitive damages are sometimes also recoverable. In the event alternative measures of damages are submitted to the jury, the insured may elect a measure which permits recovery of the greatest amounts of damages.

Any architect against whom a claim has been made should promptly notify his carrier



Courthouse detail, Ellis County Courthouse, by R. Greg Hurstley

Architects know all about their obligations to their liability-insurance carriers. Few know enough about the legally enforceable duties carriers have to architects.

and be aware of the carrier's duties. In the event of breach of these duties, the law provides a remedy for the architect against its insurance carrier.

Steve Stewart

Attorney Steve Stewart of the firm of Jenkens & Gilchrist, P.C., is a member of the Texas State Bar Construction Law Section and a member of its sub-committee on architect-engineer liability.

Summer 1993

Special Advertising Focus

Kitchens and Baths

Suppliers present ideas for kitchen and bath

FOR THE FOURTH YEAR in a row, *Texas Architect* presents its Kitchens and Baths Special Advertising Focus section. We have given kitchen-and-bath-industry suppliers and manufacturers this opportunity to introduce their new products and

services to Texas architects, designers, and specifiers.

After reading this section, if you have any questions or if you want more information, just note the "circle number" for the particular company or product that interests

you and circle that number on one of the reader inquiry cards on page 19. Add your name and address and drop the the card into the mail. We'll pay for the postage and, as soon as we receive it, we'll forward your request.

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Technology and Access: Health Care Architecture for the 1990s

American health care, envied around the world for its ceaseless technological innovation, has become the victim of its own success. Ever more sophisticated diagnostic equipment and treatment regimens have made it possible to save more lives than ever before, but at a cost that threatens to choke off access to the system for millions and to bankrupt local, state, and federal governments and private industry. Solving the crisis in health-care costs, now the focus of a major initiative in the federal government, will mean major changes for every health-care provider, insurer, employer, and patient. Those changes will also shape the way hospitals and other health-care facilities are planned, constructed, and utilized.

From a new hospital complex in Florida to a community-based treatment-and-education clinic in Dallas and a high-tech performance center in Houston, health-care architecture by Texas architects is anticipating some of the changes that the future will bring.



this photo and facing page by Michael Lowry, Orlando

Health Central

By Joel Warren Barna

A FORMER ORANGE GROVE on the north side of metropolitan Orlando, Fla., has been transformed into Health Central, a new, high-visibility permutation of the hospital-medical office complex.

Traditionally, say the architects, HKS Inc. of Dallas, patients have gone from doctor to hospital to pharmacy to eye-care clinic, each in a different place. Health Central is designed to serve as a one-stop center. It combines a 141-bed, six-level acute-care hospital with 50,000 square feet of office space for physicians, health services, and related retail shops. The hospital's emphasis is on the latest in technology and computer connections.

Hospital and physician offices blend together on each of the center's six floors; in some areas, there



Michael Lowry, Orlando



Rick Grunbaum, Dallas

Facing page and above right: Health Central, a new complex joining a hospital and medical-office building, stands in an orange grove north of Orlando, Fla.

Top: A wedge, covered in red aluminum panels, forms the metaphorical heart of the hospital.

Above: The hospital atrium is lit with neon.

are doctors' offices on one side of the hallway and hospital departments on the other. The architects say that such exceptional proximity means that, for example, obstetricians can monitor expectant mothers in the labor-and-delivery area (using computerized communications equipment) while conducting regular consultations in their offices down



Below: Emphasized in shifting forms and materials with sharply contrasting colors, the hospital's western facade increases the building's scale; it

portrays aspects of the human body.

Right: Palm trees line the hospital's 9,000-square-foot, hotel-like lobby.



Rick Grunbaum, Dallas



Michael Lowry, Orlando



Michael Lowry, Orlando



Rick Grunbaum, Dallas

Above: view of a patient room, looking toward the building's overscaled curtain wall

Above right: The stepped facade of the medical office building presents a more sedate appearance.

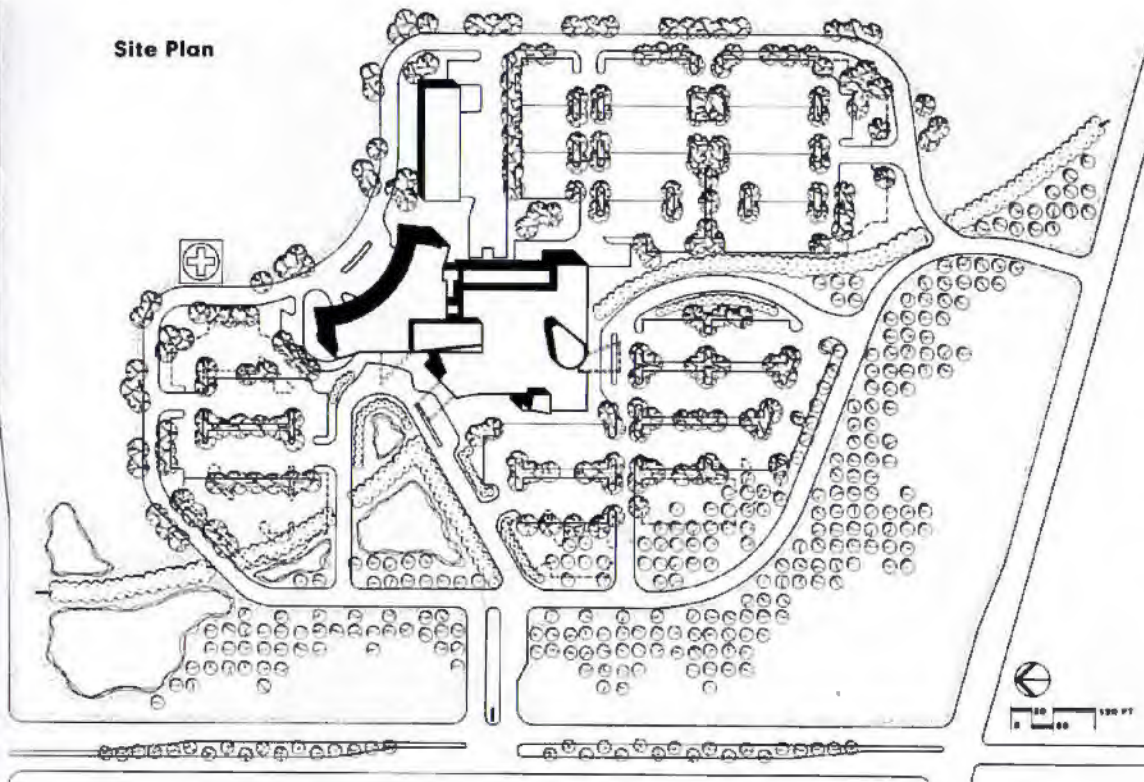
the hall. When a delivery is due, the doctor can walk down the hall instead of driving. Pediatricians are next to pediatric-care areas, surgeons next to surgery. In all the departments, orders can be updated and tests reviewed faster, affording better care and getting the patient back on his or her feet as soon as possible.

Perhaps even more important is the center's emphasis on updating technology (while holding down the costs of accommodating new equipment). Computer links play an important role throughout the hospital. In addition, the hospital was designed with a "mobile technology port," a special airport-like docking zone in which new diagnostic and treatment devices (lithotripsy machines, for ex-

ample) can be trucked to the site and linked to the hospital. This permits efficient utilization of specialized equipment, along with evaluation before the hospital commits to a permanent investment in the equipment or in the building space to house it.

With its bright colors and multifaceted projections in glass, brick, and metal cladding, the hospital expresses the varied functions skewed around its central 9,000-square-foot, retail-lined atrium. Designer Jonathan D. Bailey says it is deliberately anthropomorphic, with the red projection as a heart, and the patient wings as arms and legs. The glass-and-brick medical building is more sedate. Health Central looks to the future by bringing physicians, hospital care, and related services together. **TA**

Site Plan



PROJECT Health Central, Ocoee, Fla.
CLIENT West Orange Health Care Systems, Ocoee, Fla.
ARCHITECT HKS Inc., Dallas (Ralph Hawkins, partner-in-charge; Noel Barrick, project manager; Jonathan D. Bailey, project designer; Bob Martineck, project architect)
INTERIOR DESIGN HKS Designcare/Mitchell (Deborah A. Larsen, Director of Interior Design)
CONTRACTOR The Robins & Morton Group, Birmingham, Ala.
CONSULTANTS Smith Seckman Reid, Inc., Nashville, Tenn. (mechanical); Herbert-Halback, Inc., Orlando, Fla. (landscape architects); Mulhauser/McCleary Associates, Inc., Dallas (food service); HKS/Structural (structural; Richard Zinser, structural engineer)

KEY TO PLANS

GARDEN LEVEL

- 1 BIOMEDICAL
- 2 HOUSEKEEPING
- 3 PHARMACY
- 4 DATA PROCESSING
- 5 COURTYARD
- 6 MECHANICAL
- 7 MAGNETIC RESONANCE IMAGING
- 8 RETAIL
- 9 CONFERENCE
- 10 DINING
- 11 DIETARY
- 12 GENERAL STORES
- 13 PURCHASING
- 14 MORGUE

LEVEL ONE

- 15 MECHANICAL
- 16 EMERGENCY
- 17 GIFT SHOP
- 18 ATRIUM
- 19 RETAIL
- 20 WAITING
- 21 MEDICAL RECORDS
- 22 HUMAN RESOURCES
- 23 ELECTRICAL
- 24 RADIOLOGY
- 25 ADMITTING

LEVEL TWO

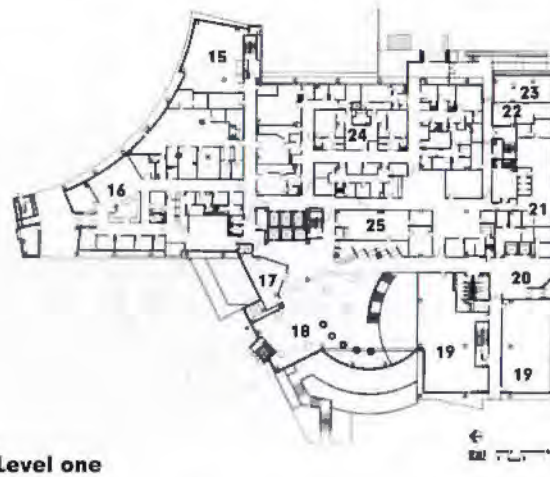
- 26 INTENSIVE CARE
- 27 PATIENT CARE
- 28 RESPIRATORY THERAPY
- 29 WAITING
- 30 LOUNGE/LOCKERS
- 31 CENTRAL STERILE SUPPLY
- 32 SURGERY
- 33 RECOVERY
- 34 AMBULATORY SURGERY
- 35 AMBULATORY RECOVERY
- 36 PREOPERATIVE HOLDING
- 37 ANESTHESIOLOGY
- 38 CARDIOLOGY
- 39 LEASE

LEVEL THREE

- 40 LEASE
- 41 LABOR/DELIVERY
- 42 NURSERY
- 43 WAITING
- 44 PEDIATRICS
- 45 OBSTETRICS



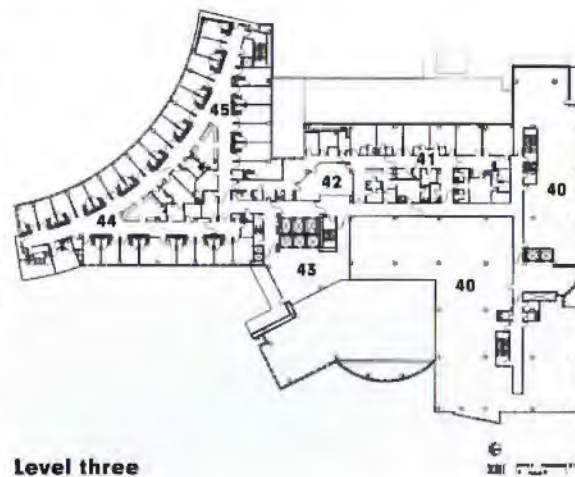
Garden level



Level one



Level two



Level three

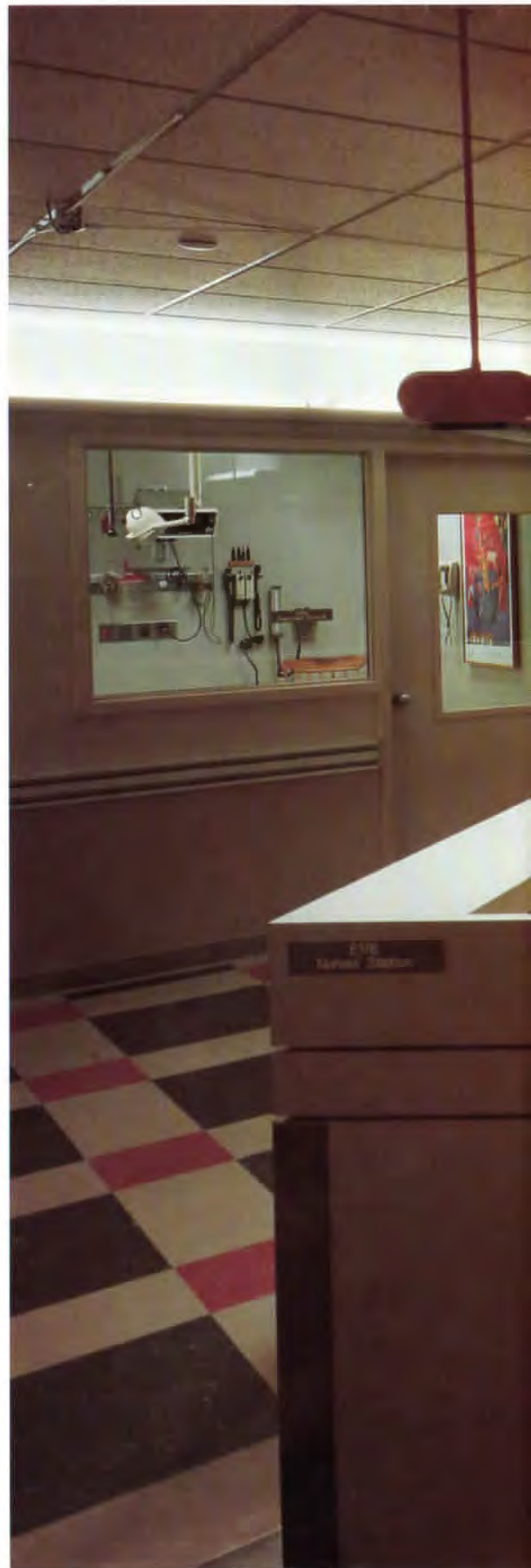
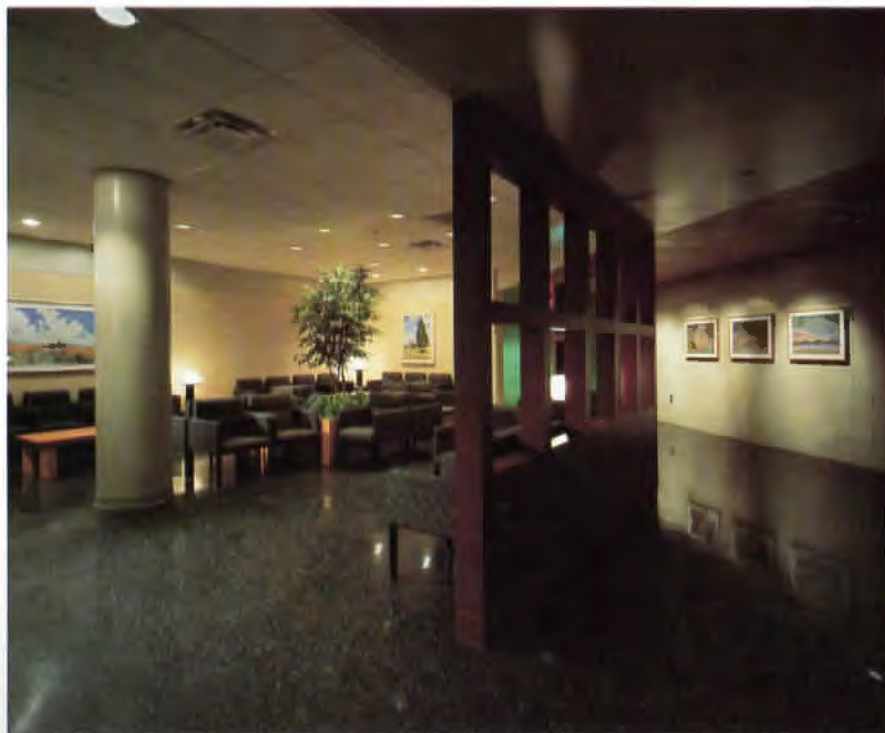
Growing Room

by Joel Warren Barna

THE EMERGENCY CENTER at Brackenridge Hospital, the 304-bed city-funded hospital in Austin, has long been the central Texas region's principal center for trauma and emergency care. Overwhelmed by the area's growing population, hospital officials needed to double the size of the 11,726-square-foot emergency center, update it technologically, and solve its circulation problems. But the site, hemmed in by a road and a rehabilitation hospital, was too small for a complete new facility. To solve the problem, the joint venture of The Bower Downing Partnership, Inc. + Laurie Smith Design Associates designed a composite solution of renovation and additions. In the first phase, an 11,850-square-foot addition was added to the south of the emergency center, to house a new trauma- and adult-care area, along with a 1,603-square-foot addition to the north (for expanded pediatric-care) and a mechanical penthouse. Disruption from construction of the additions was minimized, to interfere as little as possible with the 24-hour-per-day operations of the emergency center. In the second and third phases, the center's functions were moved

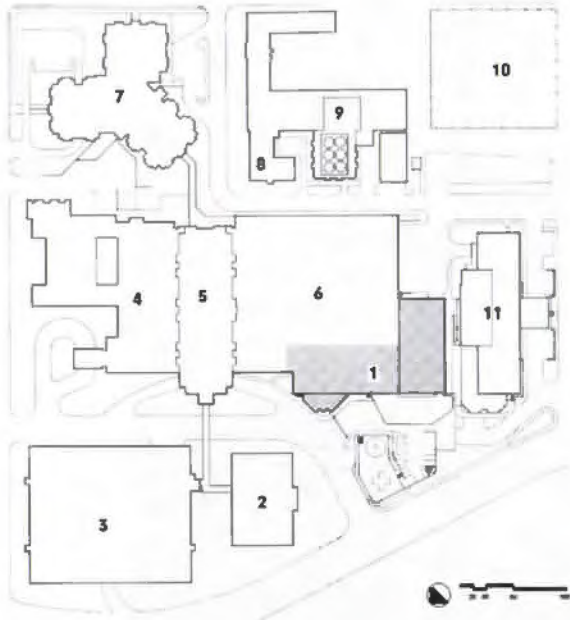
Facing page: The pediatric-care area is focused on a staff-work center.

Below: The materials for the waiting areas were chosen for a reassuring atmosphere and high abuse-resistance.





- KEY TO SITE PLAN**
- | | | |
|-------------------------|-----------------------|----------------------------|
| 1 EMERGENCY CENTER AREA | 3 PARKING GARAGE | 8 CLINIC |
| 2 PROFESSIONAL TOWER | 4 WOMEN'S PAVILION | 9 CENTRAL PLANT |
| | 5 NURSING TOWER | 10 ELECTRICAL PLANT |
| | 6 ANCILLARY SERVICES | 11 REHABILITATION HOSPITAL |
| | 7 CHILDREN'S HOSPITAL | |



Above: The expanded emergency center now wraps around the southwest corner of the hospital's surgery and radiology departments.

Left: Adult registration area

Facing page, top left and bottom: Pediatric-care waiting area





- KEY TO PLAN**
- | | | | |
|-----------------------------------|-------------------------------------|-------------------------------|---------------------------------|
| 1 WALK-IN PATIENT ENTRANCE | 2 AMBULANCE PATIENT ENTRANCE | 6 ADULT TREATMENT | 9 ADMINISTRATIVE OFFICES |
| 3 TRIAGE/ADMITTING | 4 ADULT WAITING | 7 CHILDREN'S WAITING | |
| 5 CRITICAL CARE | | 8 CHILDREN'S TREATMENT | |



into the additions, and the existing facilities were renovated to form a 24,179-square-foot L-shaped emergency center wrapped around the corner of the hospital's surgery and radiology departments.

The expanded center is divided into non-critical pediatric- and adult-care areas, with a third area for trauma and critical care. Each of the three areas centers on a staff-work area. Materials and colors were selected to identify different areas and to guide circulation patterns. In public areas, materials were chosen for durability as well as welcoming appearance (the earlier center's much abused surfaces gave the center an image problem). Built without skipping a beat, the expanded Brackenridge emergency center is an important addition to this growing regional hospital. **TA**

PROJECT *The Brackenridge Hospital Complex Emergency Center Expansion and Renovation, Austin*

CLIENT *The Brackenridge Hospital Complex (Mark Wilson, Director of Emergency Services) and the City of Austin (Robert Holland, Architectural Management Division of the Department of Public Works and Transportation)*

ARCHITECT *The joint venture of The Bower Downing Partnership, Inc. + Laurie Smith Design Associates (Project team: Jack W. Downing, project director; Thomas Hayne Upchurch and Laurie Reams Smith, project managers and lead designers; Stewart Davis and Torin Thurston, project architects; William Peeples, Kelly M. Akers, and Michael Rupe)*

CONTRACTOR *SAE Spaw Glass, Inc., San Antonio*

CONSULTANTS *Tom Green and Company Engineers, Austin (mechanical, electrical, and plumbing); Jose I. Guerra, Inc., Austin (structural); Martinez & Wright Engineers, Inc., Austin (civil); Archillum Lighting Design, Austin (lighting)*

PHOTOGRAPHER *R. Greg Hursley, Austin*

Community Care

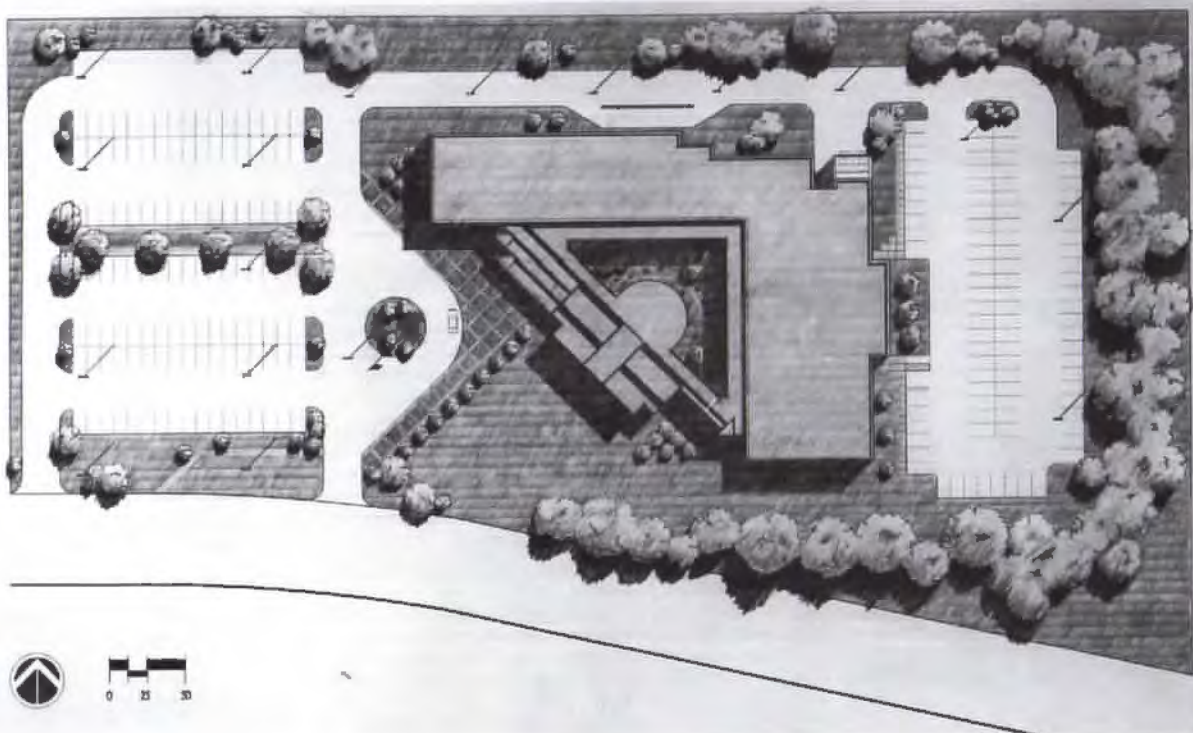
by Johanna Rowe

EXPERTS SAY that important changes are going to be required if the U.S. health-care system is ever going to break out of the upward spiral of costs that have plagued both government and the private sector in recent decades. Many of those changes, according to the experts, will affect the large publicly funded urban teaching hospitals that are the backbone of the country's medical system, treating a majority of the patients and training a majority of the medical professionals. Such hospitals provide the bulk of health care for poor and working-class people, many of whom are without health insurance, and many of whom have no other source of primary health care. As a result, such patients often come to hospital emergency rooms for basic treatment, or, alternatively, are often in a medical crisis before they seek any care. The result is that, too often, expensive high-tech interventions are then needed, when less-expensive preventive care might have worked better. The problem has been that, swamped by a growing population and rising costs, urban hospitals have been unable to provide such preventive care.

Facing page, top: The Bluit-Flowers Health Center is the flagship of a system of community-based centers in Dallas emphasizing disease prevention.

Facing page, bottom: A semicircular classroom provides a focal point for the center's interior courtyard.

Right: site plan





John Bennett



Carolyn Brown

The Dallas County Hospital District, parent organization of Parkland Memorial Hospital, one of the country's largest public hospitals, has been working on a plan to deal with this problem, by creating a new system of community-based clinics to serve its clients. The first such clinic is the new \$3.5-million, 39,000-square-foot Bluitt-Flowers Health Center in Dallas, designed by Brinkley Sargent Architects of Dallas. The first off-campus facility built by Parkland Hospital, Bluitt-Flowers is intended to reduce the cost to the community of indigent patient care by emphasizing health education and disease prevention and by providing crucially needed prenatal care to its clients.

Programmatically, Bluitt-Flowers consists of three main components: medical treatment and support (including radiology, a pharmacy, and a laboratory), education and social services, and dental services. Brinkley Sargent Architects organized this program into a triangular plan form, with each of the departments arranged around a central courtyard. The classroom component, inside the entry, is the focus of the courtyard, while the medi-

Below: The waiting room for the maternity area (bottom right on plan, facing page) focuses on the semi-circular carpet-lined children's play zone.



Carolyn Brown

cal, dental, and support functions are in the other two sides of the triangle. The dental area, adjacent to the laboratory and pharmacy, is separated from the other parts of the program. Parents with young children, many of whom will have traveled by public transportation, are among those using the clinic the most: Separate waiting areas, each with a carpet-lined semicircular play zone, are provided for each department.

The clinic is in one of the city's highest-crime neighborhoods, so security, both actual and perceptual, was an important part of the program for both staff and clients. The architects designed the project with a minimum of windows below the eight-foot ceiling line, utilizing colorful split-faced block and glass block on the exteriors; light from the glass-lined central courtyard brightens the circulation and public areas. Interior finishes had to withstand heavy public abuse yet look inviting and require minimal maintenance. For this reason, exterior masonry elements were carried inside, changing from rough to ground-faced units in the public areas.

TA

PROJECT *Bluitt-Flowers Health Center, Dallas*
CLIENT *Dallas County Hospital District, Dallas (Bill DeMuth, Senior Vice President for Facilities Development of Parkland Memorial Hospital)*
ARCHITECT *Brinkley Sargent Architects, Dallas*
CONTRACTOR *Rhode Construction Company, Arlington*
CONSULTANTS *Brockette/Davis/Drake (structural); Campos Engineering (mechanical, electrical, and plumbing); Slaney Santana Group (landscape architecture); ZBS Studio, Inc. (interiors)*

Right: The entry area features glass block and colorful laminate paneling.

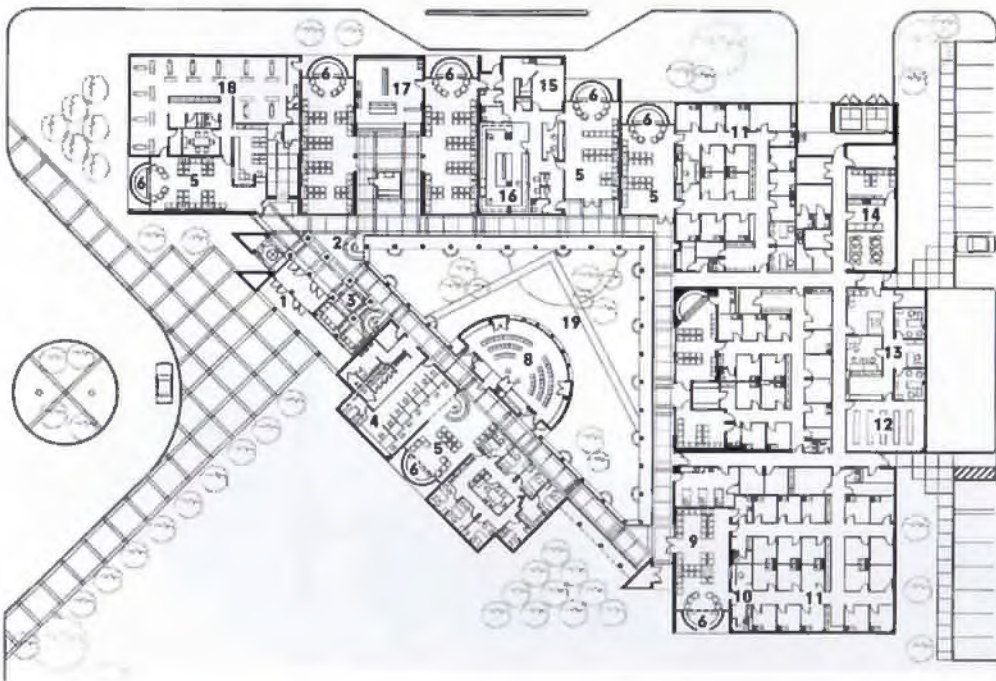
Facing page top: The waiting area for the medical-treatment clinic gets daylight from the central courtyard.



Carolyn Brown



Carolyn Brown



KEY TO PLAN

- 1 ENTRY
- 2 INFORMATION
- 3 SECURITY
- 4 ELIGIBILITY
- 5 WAITING
- 6 CHILD WAITING
- 7 SOCIAL SERVICES
- 8 CLASSROOMS
- 9 MATERNAL WAITING
- 10 RECEPTION
- 11 EXAMINATION
- 12 RECORDS
- 13 ADMINISTRATION
- 14 BREAK ROOM
- 15 X-RAY
- 16 LABORATORY
- 17 PHARMACY
- 18 DENTAL CARE
- 19 COURTYARD





Cutting Edge

by Joel Warren Barna

EVEN IN the fast-changing world of contemporary health-care design, architects only rarely get called on to design space for a function that promises to extend the boundaries of medicine. But that's what the architects and interior designers at Watkins Carter Hamilton Architects were asked to do, starting with 5,000 square feet of lease space on the ground floor of the parking-garage annex of the '50s-era Hermann Professional Building in Houston. The clients wanted to create a new "nutrition and human performance center" intended for purposes that at first glance don't seem medical. According to Kirk Hamilton of Watkins Carter Hamilton, the clientele for the center would be athletes, FBI agents, airline pilots, and others who rely on the performance of their bodies for their livelihoods. The center would be a health-care alternative for such clients, providing diagnostic and assessment services under the supervision of physicians, and raising awareness of current health status among clients.

The program for the center called for spaces for medical examinations and annual physicals (includ-

Facing page: The fitness-evaluation area features built-in treadmills and computer screens.

Above: The reception area, with its wood paneling and Le Corbusier cube chairs, resembles an upscale health club.

KEY TO PLAN

- | | |
|-----------------------|-----------------------|
| 1 RECEPTION | 7 PHYSICAL EVALUATION |
| 2 RETAIL | 8 MEN'S LOCKER |
| 3 PUMP ROOM | 9 WOMEN'S LOCKER |
| 4 UNDERWATER WEIGHING | 10 CONSULTATION |
| 5 CONTROL STATION | 11 MEDICAL DIRECTOR |
| 6 X-RAY VIEWING | 12 DATA PROCESSING |
| | 13 JUICE BAR |



Above right: An underwater weighing tank, set in a specially constructed room, is used for measuring lean body weight and percentage body fat.

Right: Part of the center is devoted to activities related to exercise prescriptions.





Top: Suspended glass shelves and black granite countertops are used in the retail area.



Left: locker-room lavatories

ing an underwater weighing room for measuring percentage of body fat and lean body weight), for nutritional counseling, and for sports and fitness activities related to exercise prescriptions. These areas, ranging from the fitness-test rooms to the wood-paneled reception area, with its Le Corbusier cube chairs and fitness-video screen, are detailed like an upscale gymnasium. A symmetrical dot rhythm introduced in the reception area becomes a pattern recalling a computer printout on the vinyl, metal, and ceramic walls, ceilings, and floors of the evaluation areas. Computer screens and high-tech lighting, set against the background of dark surfaces and gleaming chrome and glass, bolster the image.

The center features a retail area for what the architects describe as "hard-to-find nutritional and exercise products"; the store's window display onto the street draws the attention of passersby to the center. Glass shelves suspended on ceiling-to-countertop cables, black granite countertops, and pale wood cabinetry emphasize the sleek image of performance and health the center conveys. **TA**

PROJECT *Hermann Nutrition and Human Performance Center, Houston*

CLIENT *Hermann Hospital, Houston*

ARCHITECT *Watkins Carter Hamilton Architects, Inc., Houston (Belinda Bennett, project designer and senior interior designer; Yi-Shio Kuo and Michelle A. Sweeney, interior designers; and Noel B. Gatliff, project architect)*

CONTRACTOR *Brookstone Corporation, Houston*

CONSULTANTS *Michael John Smith, Houston (lighting)*

PHOTOGRAPHER *Jud Haggard, Houston*

Survey

Footprint of Change 46

IN PROGRESS A ward designed by Watkins Carter Hamilton of Houston represents a significant trend in patient care.

Listen Up 47

PRACTICE Engineer Jack Evans says you have to plan for noise sources in health-care facilities.

Products and Information 48

Marketplace 49

Resources 50

Index to Advertisers 50

TA INDEX 52

Footprint of Change

IN PROGRESS At first glance, the most remarkable thing about the floor plan below is its '60s-era diamond shape, unusual for a patient-care unit of a hospital, particularly in this age of efficiently organized triangular plans centered on large nurses' stations.

At second glance, it is the lack of such a central nurses' station that stands out. The plan and the accompanying perspective and elevation drawings on these pages, by Watkins Carter Hamilton Architects of Houston, come from the design for a renovated 8,400-square-foot unit of Trinity Medical Center in Moline, Ill., which represents a significant new direc-



Above: In the United Medical Center Planetree ward, the nurse's

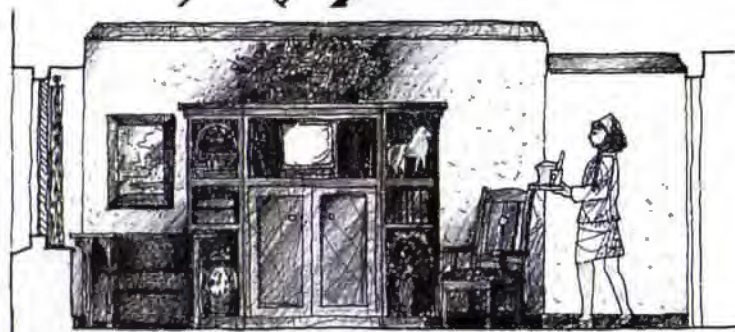
station plays a less prominent spatial role than in a conventional ward.



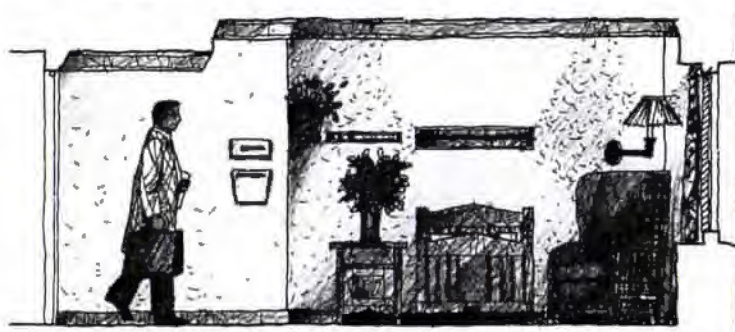
Left: The library/resource center puts many functions of the nurses' station in a new, residential-style context.

KEY TO PLAN

- 1 NURSE'S STATION
- 2 LIBRARY/RESOURCE CENTER
- 3 GREAT ROOM
- 4 PANTRY
- 5 STAFF CONFERENCE/ LOUNGE
- 6 STAFF LOCKERS
- 7 QUIET ROOM
- 8 PATIENT ROOM
- 9 ELEVATORS
- 10 UTILITY
- 11 NURSE MANAGER



Patient room, foot-wall view



Patient room, head-wall view

Halting Hospital Noise

PRACTICE Hospitals provide year-around, around-the-clock residential and sleeping accommodations for patients. But they also generate and are surrounded by noise that creates unacceptable intrusions. The architect planning and designing hospitals needs to be aware of the potential problems that noise can create. Noise can come from nearby highways and roadways, airplane and helicopter overflights, building cooling towers, emergency generators, and construction equipment used for hospital additions or adjacent buildings. Architects of a new facility need to evaluate potential noise levels, durations, and the time of day of acoustic events, and respond with appropriate siting, orientation, choice of shell materials, and other building-planning parameters.

Patients lose rest and are distressed by noise intrusions from noisy corridors, nurses' stations, and adjacent patient rooms. Evaluation of existing facilities for renovation should include investigation of wall construction, interior-partition to exterior-wall intersections (at window mullions, knee walls, wall-mounted heating/air conditioning units, etc.), above-ceiling constructions (open-ceiling plenum or head-wall closures, ducts, pipes, and conduits), and other elements. Even though corridor and room configurations may be replications of previously successful designs, careful examination of the corridor, toilet, entry, room, and furniture layouts can lead to acoustical privacy improvements. Similar concerns should guide planning for doctors' offices and examination rooms.

Not only patient areas but sensitive diagnostic equipment within hospital buildings must be protected from noise and mechanical vibration. Scanning electron microscopes, magnetic resonance imagers, CAT scanners, laser devices, and other crucially needed equipment can be badly compromised by structure-borne vibration or low-frequency airborne sound—at levels of vibration one to three orders of magnitude below what human tactile sense can detect. Structures therefore must be planned for stiffness, low deflection, and relatively high natural frequencies. In many cases, provision of suitable structural systems in high-technology and clean-room spaces, such as laboratories and surgical suites, can increase size and depth of structural members, affecting clear-span or floor-to-floor dimensions. Imaging systems and other such equipment are often used with or near clean rooms, in which air is purified by

moving large volumes through filtration systems. Clean-room fans are powerful sources of compromising low-frequency noise. Planners must expect to provide generous mechanical support spaces for clean-room areas, and oversized duct layouts to accommodate sound attenuation devices. In the early phases of architectural and financial planning the additional costs and complications of this additional space should be considered in the building layout and spatial relationships between functional areas. In addition, worker- and patient-occupied spaces should be considered when locating and orienting large openings, including overhead doors, inlet and exhaust mechanical louvers, and rooftop stack exhausts. Adequate space should be programmed in early planning for the additional ceiling plenum and mechanical chase volumes consumed by vibration isolation, and, in some areas, seismic-restraint systems.

Hospitals, laboratory and medical research facilities often require support shops for fabrication of prosthetic devices and experimental apparatuses, or for maintenance of research, diagnostic, and patient-care equipment—places where sawing, grinding, metal-impact, and fastening procedures are performed. These must be separated from all other hospital spaces, particularly administrative and patient areas, to keep noise intrusion to a minimum. In addition, the hospital planner needs to consider the long-term effects of noise in central plant and machine-shop areas on the employees. In the early planning process, selection of equipment, arrangement of primary noise sources, and provision of quiet spaces within high-noise areas can prevent worker-hearing damage, create long-term working efficiencies beyond simple hearing protection, and avoid future expensive modifications and retrofits.

In the practice of engineering noise- and vibration-control solutions for health-care and medical-research facilities, our acoustical consulting firm has encountered each of these problems. Early recognition by the architectural planner of the demands of integrating new technology into the medical facility will allow innovative and well-conceived design solutions to replace the band-aid approach (pardon the pun) of the past. **Jack B. Evans, PE**

Jack B. Evans is principal of Jack Evans & Associates, Inc., an acoustical consulting firm specializing in control of architectural, mechanical, and environmental noise and vibration.

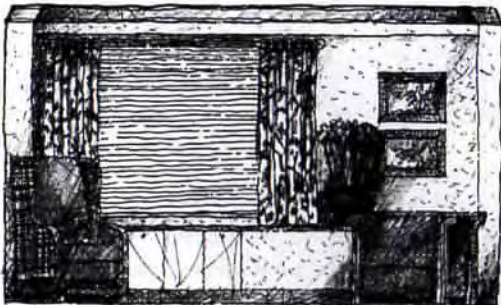
tion in the philosophy underlying medical services and hospital design: patient-centered care.

In patient-centered care, the efficiency of the contemporary hospital is recognized as necessary but insufficient. The theory is that patients who are "empowered" partners with their physicians and other care-givers do better than those who (as in the traditional model of medical care) are passive recipients of technological interventions. Patients (and members of their families) in such a unit have access to all their records and charts and are expected to educate themselves about their illnesses and their treatment. Physical and organizational barriers to the privacy, security, and dignity of the patient and family are minimized.

Planetree, a health-care cooperative based in San Jose, Calif., has been at the forefront of development of patient-centered care since the early 1980s. Planetree consulted on the programming and design of the Trinity Medical Center project, making it one of the first Planetree demonstration units outside California; it will serve as a training ground for hospital staff throughout the Trinity system.

Gone are the spatially dominant nurses' station and the typical clutter of carts and equipment. In its place are a Resource Library (with a symbolic fireplace) which in the Trinity demonstration project is located opposite the elevator landing, and a smaller-scaled nurses' station that becomes more of a meeting center. There is also a "great room" and a dining room for family and patients, and a "quiet room" for consultations and private moments. The furnishings and lighting were chosen for domestic scale and ambience.

The success of patient-centered care remains to be measured, but its effect on hospital planning should be important. **Joel Warren Barna**



Patient room, window-wall view

PRODUCTS AND INFORMATION



New colors from **US Brick** were created to fit naturally into environments in Texas. They are made from clays, shale, and limestone from different areas around the state.

Circle 162 on the reader inquiry card



James Hardie Building Products manufactures Hardishake, a new fiber-cement roofing shake. The Hardishake, which carries up to a Class-A fire rating, is installed like a wood shake and does not split, break, rot, or attract termites and other vermin.

Circle 163 on the reader inquiry card

Wm. Zinsser & Co., Inc., has introduced Semi-Gloss Perma-White Mildew-Proof Bathroom Wall and Ceiling Paint. It is blister-proof, washable, and scrubbable. A water-based paint, Perma-White is tintable with universal color systems, and is also self-priming.



Circle 164 on the reader inquiry card



The new F39 and F39C series from **Lighting Services Inc.** are designed for compact fluorescent fixtures. Both of the 18-inch, 39-watt fixtures utilize 12,000-hour twin-tube compact fluorescent lamps.

Circle 165 on the reader inquiry card

A new spring device from **Giacomet Design Group** allows blinds to be opened and closed without a motor. The spring is made of a

shape-memory alloy that, when heated with a small current, expands or contracts, thus opening or closing the blinds. The mechanism fits inside the headrails of existing blinds and is hidden from view. Headrails may be fitted with timers that respond to heat, light, time, or command without interfering with manual movement of the blinds.

Circle 166 on the reader inquiry card



WK Heating Systems has introduced WarmTouch™, a floor-warming system installed in the adhesive layer directly under the

floor covering. WarmTouch can add the comfort of a warm floor to any tile or stone installation. Temperature-variable and timer-activated controls are available. The system features a 10-year warranty and is U/L approved.

Circle 167 on the reader inquiry card

The *Structural Glazed Tile Detailing Handbook*, a guide for the use of **Elgin-Butler** glazed tile, is now available from **Acme Brick Company**.



The handbook includes a complete listing of the standard tile shapes, as well as three-dimensional drawings of their use in standard wall configurations. Elgin-Butler glazed tile is non-porous, fire-resistant, and provides sound deadening and insulation.

Circle 168 on the reader inquiry card



Kohler has introduced a new collection of vanities, plumbing fixtures, and faucets called the Trocadero Suite. Created by Kohler's sister company, Jacob Delafon of France, the Trocadero Suite is defined by

simple styling with graceful arcs and straight lines crafted in high-quality materials. The variety of offerings in the Trocadero line, including the single-basin vanity shown above, makes it possible to incorporate individual pieces into a wide range of bath configurations.

Circle 169 on the reader inquiry card

Computers in the Office

MASTERSPELL, from **AIA MASTER SYSTEMS**, is a supplemental spelling dictionary for use with word-processing programs to spell-check **MASTERSPEC** and other specifications and technical documents.

MASTERSPELL includes specific terms used in architecture, engineering, construction, and related fields.

Circle 170 on the reader inquiry card



AUTODESK, INC., has introduced Release 2 of its three-dimensional conceptual modeling software, **Generic 3D**.

The software has the same interface as **Generic CADD 6.0**, Autodesk's two-dimensional design and drafting package. **Generic 3D** includes cursor alignment/tracking, a sculpt mode, AutoCAD compatibility, linear dimensioning and text lines, and nested commands.

Circle 171 on the reader inquiry card

RxEasyView is the latest AutoCAD utility product from **RASTEREX**. **RxEasyView** is accessible from the AutoCAD



command line. A full directory structure is displayed and any drawing or slide file can be viewed instantly in a window within the dialogue box.

Circle 172 on the reader inquiry card



CALCOMP has introduced three new connectivity solutions for its line of plotters and printers: an Ethernet network interface; a Versatech Greensheet conver-

sion unit; and a Microsoft Windows device driver. The new interfaces are designed to increase the versatility and performance of CalComp output devices including pen, electrostatic, and direct-imaging plotters and color-thermal-transfer printers.

Circle 173 on the reader inquiry card

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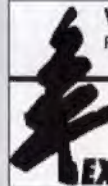
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Resources: Manufacturers and Suppliers

Health Central (pp. 30-33)

Brick: Endicott (black), Taylor (tan); **Composite panels:** Reynolds Aluminum; **Glass block:** Pittsburgh Corning; **Roof membrane:** Carlisle; **Punch windows:** Wausau; **Spire:** Lingo, Inc.; **Retaining wall block:** Keystone; **Paint:** Tnemec, Glidden; **Coping:** Hickman; **Space frames:** Starnett; **Granite flooring:** Cold Springs Granite; **Carpet:** Harbinger (broadloom), Collins & Aikman (tile and six-foot); **Vinyl composition tile, sheet vinyl flooring, and vinyl welded-seam flooring:** Armstrong Flooring; **Ceramic tile:** Dal Tile; **Porcelain tile:** Ceramiche Atlas Concorde; **Paint:** Glidden Paints, Porter Paints; **Plastic laminate:** Nevamar; **Cubicle curtain:** Arc Com; **Draperies:** P. Kaufman, Covington; **Systems furniture:** Kimball; **Office seating:** Tuohy; **Patient sofas and lobby seating:** Cartwright; **Patient chairs:** Kinetics; **Tandem seating:** Arcadia

Brackenridge Emergency Center (pp. 34-37)

Cast in place concrete: Texas Ready Mix CECO; **Reinforcing steel:** Capital City Steel Co.; **Precast concrete:** Coreslab Structures Inc.; **Exterior wall cladding:** GFRC Cladding Systems/ CKA Enterprises; **Interior partitions:** Featherlite, SHHS Masonry; **Limestone:** Austin Cast Stone; **Water-repellent coating:** Pro So Co; **Custom millwork:** Lone Star Millwork; **Wood ceilings:** Rulon; **Laminate:** WilsonArt; **Joint sealers:** Tremco, Restoration Systems of Texas; **Building insulation:** Dow Styrofoam, USG; **Roof insulation:** W.R. Grace (Zonolite), Pittsburgh Corning (Foamglas); **Roof membrane:** Siplast, Jack White Roofing; **Metal panels:** Molenco; **Sky-lights, clerestories:** Austin Glass & Mirror; **Water-proof coating:** Sonneborne; **Metal flashing:** Jack

White Roofing; Deck coating: Mameco; **Wood doors:** Buell Door Co., Von Supply; **Finish hardware:** Hager, Sargent, Glynn John; **Metal doors and frames:** Pearland Industries; **Insulated glass:** Temp-glass; **Aluminum storefront:** Kawneer, Austin Glass & Mirror; **Automatic sliding doors:** Dor-O-Matic; **Interior paint:** Sherwin Williams; **Exterior paint:** Tnemec, Thoro Systems Products; **Gypsum drywall and framing:** USG, Unimast, F.L. Crane; **Column covers:** Baker Metal Products; **Cubicle curtain fabric:** Maharam; **Acoustical ceilings:** USG, F.L. Crane; **Lath and plaster:** USG, Jene Glass; **Acoustical insulation:** Owens Corning; **Fabric wall covering:** Maharam; **Carpet:** Lees Odyssey; **Sheet Vinyl:** Armstrong Mednitech; **Resilient tile and base:** Amtico, VPI & Flexco; **Ceramic tile:** Dal Tile; **Exterior signage:** Ad Lite Signs; **Interior signage:** The Sign Group; **Toilet and bath accessories:** Bobrick; **Fire protection accessories:** Larsens Manufacturing Co., S.P. Gilbert Co.; **Wall and corner guards:** S.P. Gilbert Co., Balco; **Film illuminators:** Carr Co., R.A. Gilbert; **Overhead x-ray equipment:** Siemens; **Film processors:** Kodak; **Floor mats:** Construction Specialties; **Systems furnishings:** Herman Miller (Milcare); **Security holding room:** Industrial Acoustics Corp.; **Pneumatic table system:** Translogic Corp.; **Plumbing fixtures:** American Standard; **Fire protection sprinklers:** American Automatic Sprinkler; **Medical gas equipment:** Ohmeda; **Wet vacuum system:** Spencer Turbine Co.; **HVAC equipment:** Trane; **Light fixtures:** Kurt Versen, Lithonia, Coast, Elliptic, Neoray, Summers Electric; **Switchgear:** General Electric, Summers Electric; **Fire alarm system:** Simplex; **Communication systems:** Dukane; **Neon:** Adventure Neon

Bluitt Flowers Health Center (pp. 38-41)

Brick: Summit Brick Co.; **Split faced block:** TXI; **Burnished block:** Featherlite; **Paint:** Sherwin Williams; **Millwork:** Toppo's Architectural Millwork; **Roofing:** Anchor Roofing Systems; **Wood doors:** VT Industries; **Glass:** Devco Glass and Mirror; **Lockers:** Medart, Rocky Duran Assoc.; **Locksets:** Yale; **Closers:** Rixon; **Plastering:** Senergy; **Tile:** Dal Tile; **Resilient flooring:** AZ Rock; **Carpet:** Patrick Carpets; **Signage:** Morrison Sign Co.; **Toilet partitions:** Bobrick, Thirstington; **Toilet accessories:** Bradley; **Operable wall:** Modernfold; **Coiling doors:** Atlas; **Concrete:** TXI; **Card access system:** Cardkey; **Terrazzo:** American Terrazzo Co.; **Corner guards:** Architectural Specialties; **Site furniture:** Forms and Surfaces; **Lights:** Zumtoeble

Hermann Nutrition and Performance Center (pp. 42-45)

Nylon carpet: Lees Commercial Carpet Company; **Wool carpet:** Mair Ashley; **Metal walls, ceilings, and millwork:** Forms & Surfaces; **Wallcoverings:** Carnegie, Innovations, Knoll; **Ceramic floor tile:** Marazzi Tile; **Handrail:** Hewi; **Custom base:** Allstate Rubber; **Furniture:** Metro, Comforto (Haworth), AI; **Electronic Glass:** Teliq

Trinity Medical Center (pp. 46-47)

Paint: Devco; **Sheet vinyl:** Mannington Commercial; **Base:** Roppe; **Carpet:** Monterrey; **Vinyl composition tile:** Armstrong; **Wood-like vinyl:** Toli; **Wallcovering:** Viertex, Seabrook; **Furniture:** Custom by Designers Custom Resource; **Millwork plastic laminate:** Formica

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Follow Your Instincts.

When you were little, what kinds of materials did you choose to build with? You probably started off with toy brick and rocks—masonry...well, sort of. Later, you moved on to the real stuff.

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Guess what. You still can! Masonry's natural beauty, its building qualities, its natural insulating properties make it the perfect choice for your next building project. It's your chance to be a kid, all over again.

Build it with masonry and it will be beautiful, functional, and lasting.



And you will be proud...



and want to build another one.



Masonry Institute of Texas
P. O. Box 34583
Houston, Texas 77234

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Texas Index May / June 1993

LEADING INDICATORS:

	January 1993	January 1992	Percent Change
Texas Index of Leading Economic Indicators (Jan. 1981=100)	120.50	116.08	3.8
COMPONENTS			
Initial Claims for Unemployment	61,814.0	82,930.0	-25.5
Average Manufacturing Hours/Week	43.04	42.20	2.0
Help Wanted Index (1979=100)	122.2	109.4	11.7
Retail Sales (Million \$)	11,523.0	11,006.0	4.7
Oil Price (\$/Barrel)	17.07	16.50	3.5
Stock Index (1980=100)	160.1	120.5	32.9
Housing Permits (3-month moving avg.)	5,773.0	4,546.0	27.0
New Business Incorporations (3-month moving avg.)	3,163.0	2,828.0	11.9
Consumer Confidence Index (1985=100)	90.6	53.1	70.6
U. S. Leading Economic Indicator Index (1982=100)	152.9	146.3	4.5

The State Comptroller's "Index of Leading Texas Economic Indicators" (see left) posted a 3.8-percent increase from January 1992 to January 1993. Of the 10 components that make up the index, the regional Consumer Confidence Index made the most progress, with a 70.6 percent gain. The Texas Stock Index, which measure investor confidence in 75 Texas-based companies, increased 32.9 percent. Housing permits also registered a strong gain while initial unemployment claims fell more than 25 percent. The positive performance registered by all of the index components indicates the likelihood of continued growth for the Texas economy into the second half of 1993.

An examination of new building permits issued in Texas from 1986 through 1992 (see below) provides one picture of the state's economic health. Total residential permits slumped dramatically from 1986 to 1988, but have rebounded in each subsequent year. Most of the gain has been in the single-family category, which has improved steadily since 1988. The non-residential categories have not fared as well. The number of permits issued in all four non-residential categories has fallen each year since 1986, taking a sharp drop in 1992 after apparently leveling off in 1990 and 1991.

NEW BUILDING PERMITS ISSUED IN TEXAS (number of units):

Period	RESIDENTIAL				NONRESIDENTIAL				
	Total	Single Family	2-4 Family	Apartments	Total	Offices & Banks	Stores & Mercantile	Industrial	Other*
1986	96,763	59,143	3,763	33,857	29,386	2,718	5,322	920	20,426
1987	50,459	43,953	1,255	5,251	24,382	1,692	3,565	610	18,515
1988	40,504	35,906	853	3,745	20,019	1,179	2,492	499	15,849
1989	41,298	36,642	806	3,850	17,512	839	2,079	391	14,203
1990	47,195	38,233	689	8,273	14,393	924	1,765	382	11,322
1991	56,507	46,209	994	9,304	14,178	814	1,699	350	11,315
1992**	59,169	51,144	545	7,480	12,750	617	1,674	266	10,193

* Other includes amusement and recreational structures, churches, parking garages, service stations, hospitals, public works and utilities, schools, other nonresidential structures, and structures other than buildings.

** 1992 numbers may be adjusted later.

Compiled by Mark Denton

Source for Leading Indicators: John Sharp, Comptroller of Public Accounts
Source for Building Permits: U.S. Department of Commerce, Bureau of the Census

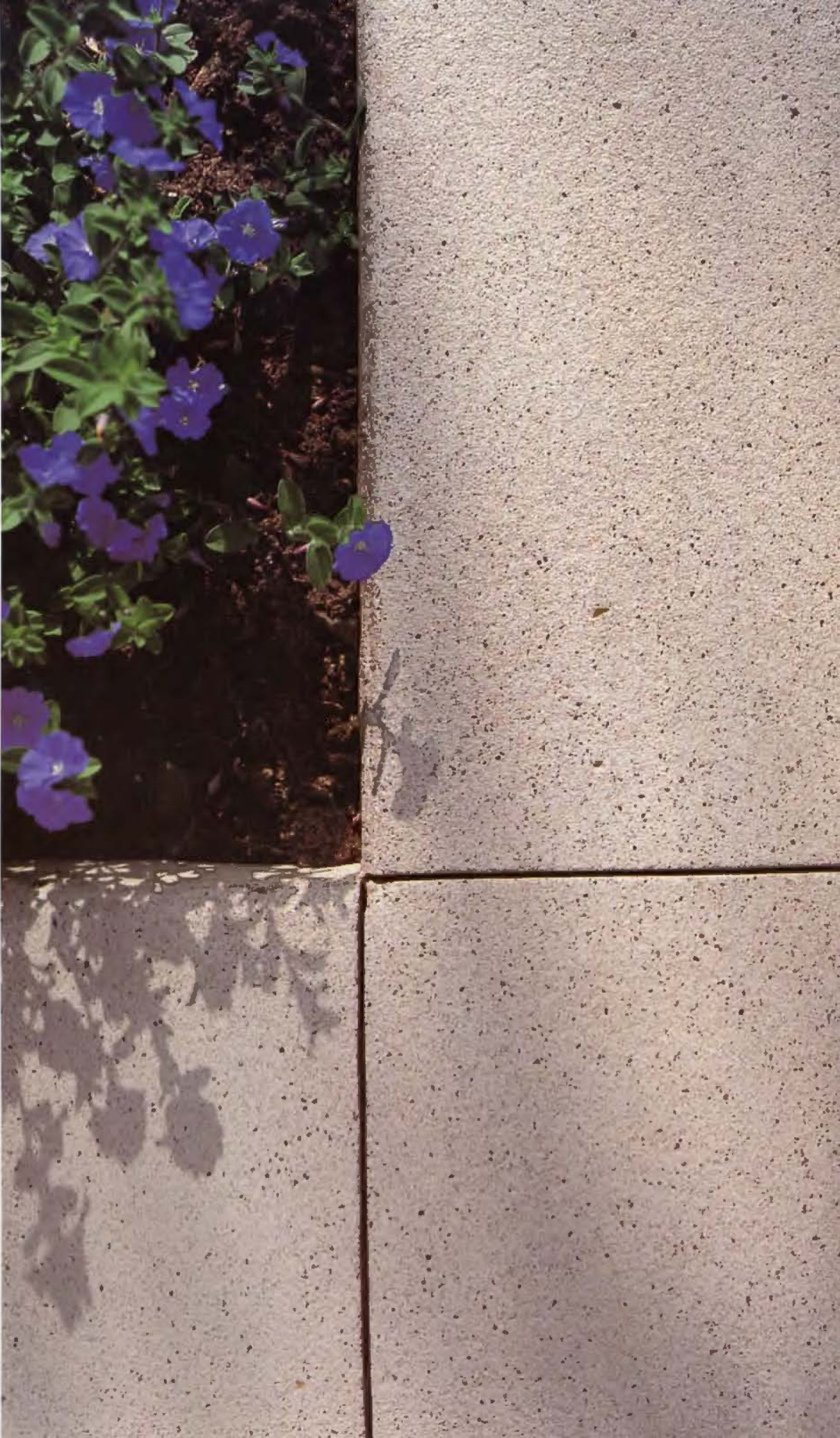
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concreation

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Kroin

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