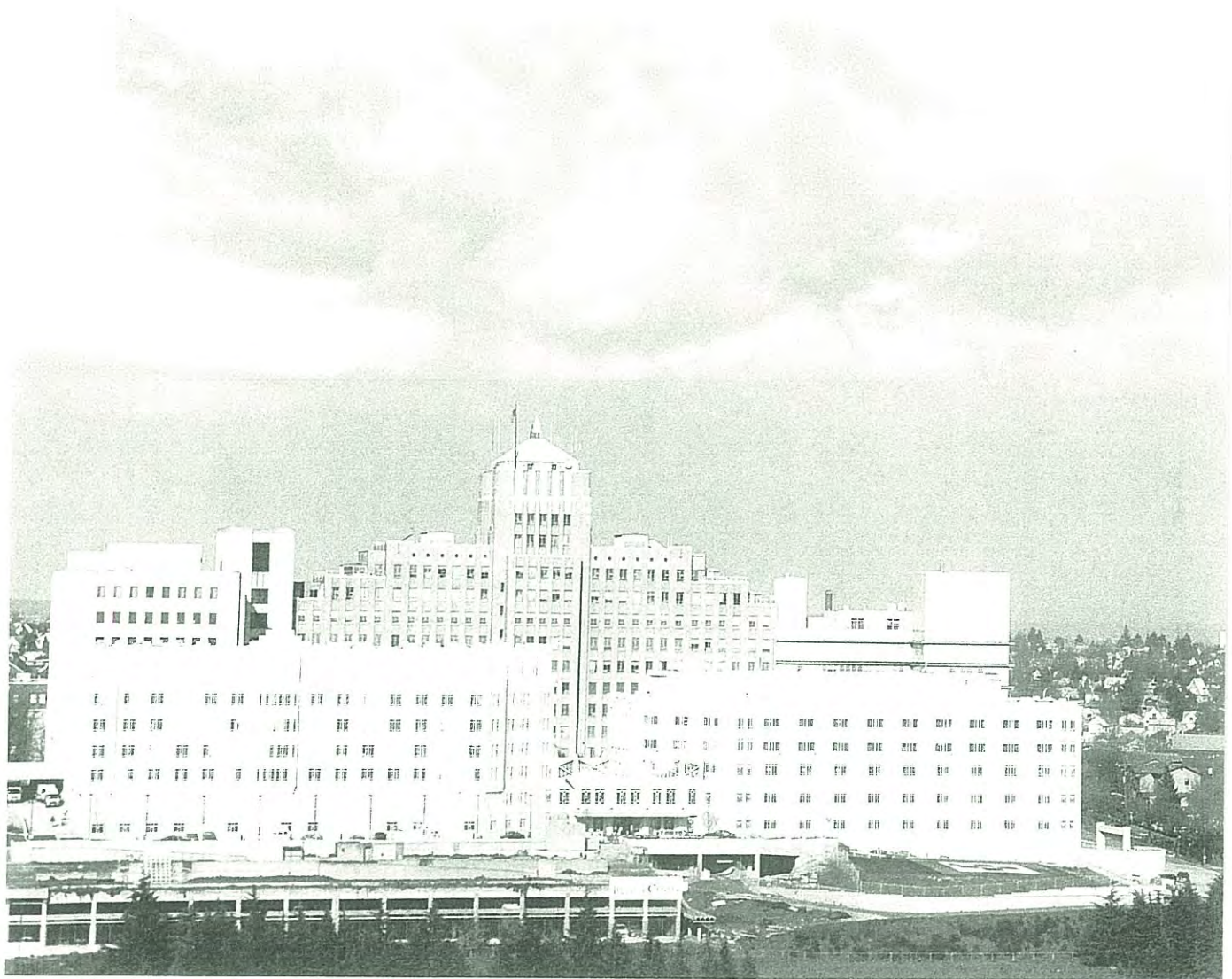


HARBORVIEW MEDICAL CENTER EXPANSION ART PLAN

CAROLYN LAW

**ARTWORK THAT CREATES A WELCOMING, HEALING ENVIRONMENT
FOR PATIENTS, STAFF, FAMILIES & FRIENDS**



**1% FOR ART PLAN
KING COUNTY ARTS COMMISSION
HARBORVIEW MEDICAL CENTER**

We are poised to begin art projects at Harborview that we hope will create a new model for the ways in which art can contribute to the heart and soul of a medical facility, easing the overwhelming experiences of all the people who find their lives changed.

This document contains all of the information necessary to understand the 1% For Art Plan for Harborview Medical Center. The essence of the plan is described by three project categories: Integrated Artworks undertaken in coordination with the architectural design and construction schedule, Patient Rooms and Small Commissions.

Of the three project categories that make up the overall 1% For Art Plan, the Integrated Artwork Project has been planned in detail and presented here for approval. This approval will allow the project to move forward in coordination with the design schedule of the HMC LRCIP Project. For successful integrated artwork to occur, this type of early coordination with the architects is very important.

At the end of the document are the written summaries of the three artists selected to participate in a residency and research period at Harborview where each artist was asked to talk with and to observe an aspect of the medical center's community made up of staff, patients and family/visitors. By doing this, the artists were to begin to understand the human experience at Harborview and how art might communicate with and contribute positively to these experiences.

We are currently in the process of selecting the second group of artists that will join the first three. As soon as the selection process is completed, each artist will begin working on artwork ideas for one of the sites selected for an integrated art.

HARBORVIEW MEDICAL CENTER
1% FOR ART PROGRAM

ARTWORK CONCEPTUAL PLAN & BUDGET

INTRODUCTION

The following plan was developed in the spring and summer of 1991 by the Harborview Art Core Group. The Art Core Group was appointed by Dave Gitch, Administrator of Harborview Medical Center, and broadly represented the staff of the hospital. The Harborview Board of Trustees and the King County Arts Commission appointed representatives. Staff to the Art Core Group was provided by the King County Division of Cultural Resources with additional support of the HMC-LRCIP Project Office. The Art Core Group was empowered to comment upon the schematic architectural design, to develop a mission and philosophy statement for art at the hospital and to create a conceptual plan and budget for future artworks in the new buildings. The Art Core Group continues to send members to join artist selection committees, to review artist proposals and to act in general as the liaison between the art program, artists and hospital staff.

BUDGET SUMMARY - 1% FOR ART

Artwork	
Integrated Artworks	\$525,000
Patient Rooms	\$60,000
Small Commissions	<u>\$178,000</u>
Artwork Total	\$763,000
Administration	\$166,500
<u>Education & Outreach</u>	<u>\$25,500</u>
Total	\$955,000

A. INTEGRATED ARTWORK

Budget: \$525,000

Description/Examples: Integrated artworks are artistic ideas and projects responding to the particular human needs of a place which are then physically integrated into the design of specific building areas or systems. Rather than detached objects, the art projects would become part of the architectural space as artistic additions or alterations to the walls, floors, ceilings, lighting systems, video system, windows, furniture, etc. But in addition to these spatial improvements, Harborview's new "Comprehensive Art Program Plan" states a series of ambitious goals that required the art projects to contribute to the health and healing of all people at the hospital. To meet these goals, artists would be brought to the hospital to explore the unique environment by spending time on-site observing, listening, and interacting. After understanding the hospital situation, the artists would create artworks in conjunction with the architectural design for a particular site, sites or series of sites drawn from the Art Core Group's priority site list. (See below)

B. ARTWORK FOR PATIENT ROOMS

Budget: \$60,000

Example

Art could be placed through an innovative program that provides a framing system that allows interchangeable artworks generated by artists, the staff and other people to be placed in a number of rooms or through a combination of this system and a limited number of artworks placed at ceiling level commissioned through the other project.

Budget for artist to propose system: \$5 - 10,000

The artist would if necessary, consult with a designer (perhaps industrial or architectural) to come up with a modular system that could be installed in rooms and allow for the receipt of rotating artworks. As well, the artist could explore a system that would display artworks made by staff and perhaps patients or family as well as a limited number of commissioned artworks by artists. For example these artworks by artists could be editions of photographic or print images.

Budget for fabrication of system: \$50 - 55,000

Major considerations concerning this aspect of the program are:

1. what system would be perfectly suited for artwork to be placed in patient rooms
2. how much art
3. how many rooms and what types.

C. SMALL COMMISSIONS

Budget: \$178,000 (Including \$8,000 contingency)

Examples

1. Artworks to be commissioned using the example of the Gene McMahon artworks (a \$10,000 project in 1985) on Rehab where the artist spends time in a specific area of the hospital, then proposes a particular artwork or artworks exclusively for that Harborview site.
2. Artworks commissioned to be a part of the integrated artworks according to the proposal of the artist making the integrated artwork.
3. Artworks commissioned for specialized circumstances like ceilings over certain patient areas.

Individual commission budgets: \$5 - 10,000

Includes on-site time, proposal and making/installing the artwork. Amount of commission would be dependent on the scale and/or number of art pieces the artist would be making.

Example of distribution

1. 12 artists @ \$10,000 and 6 artists @ \$5,000
2. Other variations depending on our goal of the total number of artists we want to work at Harborview or based on information received through outreach program which might show us that we need to reach a diverse group of artists through numerous small commissions.

Installation costs for commissioned work: \$20,000

To cover delivery, installation and protection of artworks.

BUDGET SUMMARY

1% FOR ART BUDGET SUMMARY

PROCESS

All activity for the 1% For Art Projects will be tracked at the following sub-project level:

Trauma Center	66.10%
Bed Replacement	20.89%
Ambulatory Care	11.23%
TB	1.28%
Laboratory	.50%

Many of the sites selected for integrated artwork are "shared sites", such as the Cafeteria, Rooftop gardens, or Lobbies. As such their cost will be drawn across the range of Bond projects and costs assigned according to the formula above.

BUDGET SUMMARY

ARTWORK	
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ADMINISTRATION	\$166,500
<u>EDUCATION AND OUTREACH</u>	<u>25,500</u>
PROJECT TOTAL	\$955,000

INTEGRATED ARTWORK BUDGETS

These budgets reflect a dollar range that will provide Harborview and KCAC a flexible response to the best artwork concepts. For example, all artists will be given the lowest budget amount for their initial conceptual ideas. If during the process of developing those ideas, an artist proposes an aspect of their idea which would add significantly to the strength and meaning of the final artwork but is not possible within the lower budget amount, the Harborview Art Core Group and KCAC would be able to respond by adding X amount of dollars up to the higher budget amount for that site to allow that artwork to come about. Any dollars not spent from the integrated projects would be turned over to the other two project categories, patient rooms and small commissions.

INTEGRATED ARTWORK SITES

SITES FOR INTEGRATED ARTWORKS

EMERGENCY ROOM

SCOPE: Areas that could be considered: waiting rooms, corridor from east entrance to E.R., registration area, counseling rooms, staff work area, non-trauma patient waiting/holding area, bathrooms.

Budget: \$70 - 75000 (\$10 - 15,000 from current 1% *plus* existing \$60,000 from past North wing construction)

This is an area that brings together staff, patients and family/support people under extreme circumstances. If trauma is involved, those circumstances become very extreme for everyone. Artwork in this area will address directly the issue of reducing the different nature of the stress felt by the staff, patients and family/support people.

Anyone working here will have to assess the needs of the staff who have mentioned the lack of natural light or views to the outside as a primary consideration within their work space. Family that come to the E.R. are very disconnected having been placed in a situation that is far removed from most of what they know or have experienced. They have a need for an environment that somehow references their normal life and world, minimizes the tendency to feel isolated from information and activities surrounding their loved one, and works to soothe them. Non-trauma patients have periods where they are waiting, usually on gurneys placed in an unfamiliar, institutional environment. The areas for the trauma patients is not an area that can be worked in because of the medical needs and activities that take place there.

Choices for artwork include affecting independently the various areas within the overall system of the E.R. or through a multi-faceted artwork placed in the most significant parts of the environment.

CAFETERIA

SCOPE: Only the seating areas, entrances and surrounding corridor will be considered, not the food serving areas.

Budget: \$85 - 90,000

The cafeteria is a place used primarily by staff which constitute a group of constant users, not transitory. The quality of the space represents how the people are regarded. Because the people are held in high regard the space should reflect that level and kind of concern since this is their primary retreat from jobs. All solutions should take into account the circumstances people leave momentarily and return to after their break which has great implications for their state of mind during that time.

Overall ambience is important. Some components that could contribute to the ambience are distinct differences set up between several areas to allow people daily seating choices, an interactive element that allows individual creative efforts to be shared, elements that change in some way (perhaps seasonally, cycle of the day, etc.), choosing or designing some of the furniture, and setting the stage by beginning outside the entrances and using the entrance to mark arrival to and departure from a distinct place.

MEDITATION ROOM

SCOPE: This would be a total environment for one room used as a unique quiet/contemplative space.

Budget: \$40,000

This would be a room that could be used by any person at Harborview to allow contemplation, a moment of quiet, a chance to be alone, the ability to remove oneself from the atmosphere of the

GARDENS

SCOPE: The artwork could work with the typical components of a landscaped garden area , the plants, plant containers, seating, hard and soft surfaces, etc.) or add something unique to the environment that compounds the experience of being in the out-of-doors. There is the opportunity to work with all four gardens or to focus on two, the central southern garden (2nd Floor) and the west garden (4th Floor).

Budget: \$45 - 50,000

The purpose of the outdoor space is to bring people outside and in closer touch with things growing in natural conditions of light, weather, etc. and with the world outside the medical center while still held within its confines. The gardens can provide a more organic place within the overwhelming web of hard architectural space that has a much needed sense of intimacy. For example, feeling the sun, smelling the air, hearing different sounds than those inside allow people a very clear break from what happens inside the medical center. Access to the outside is very limited in this situation where a large building is virtually squeezed into a tight urban location. Thus this sort of space is very precious. At the same time there is the need to address the many ways in which people come to the gardens which includes on foot, in wheelchairs, on gurneys, attached to an I.V., singly and in groups.

Artwork ideas should work in tandem with the most positive qualities of being outside. Attending to the overall beauty and sense of place defined by a particular attention to details of the entire garden or to a component should go far in creating a place that people will seek out whenever possible. The artwork could function as a focal point that reflects, accentuates or works with natural elements. Art could enhance the time spent outside by framing each day's differences and causing people to become curious enough to make repeated visits just to see what the art or the garden is doing that day. Artwork could also give people choices within the overall place by defining differences between seating types and areas that an individual comes to identify with and consequently seek out.

4 CLINIC WAITING ROOMS

SCOPE: The four clinics that would be dealt with are the Children's, Women's, Medical Specialties and AIDS.

Budget: \$40,000

Each waiting room has different circumstances related to the type of visit that would need to be addressed. At the same time there are shared things such as the whole process of waiting, the personal and community circumstances outside the medical center which are brought in by each patient. As well, there is a distinctive difference in the relationship of the patient to the particular clinic and the staff compared to the in-patient situation. A long-term relationship is established between the clinic patient and the staff which involves the patient's life and circumstances outside the time spent at appointments. The clinics are not held in the grip of medical crisis, but have the sense of the ebb and flow of the more typical routine of a person's relationship to their family doctor over a period of time.

Of critical importance for the artwork is that it speak and contribute to the fundamental sense of worthiness of each person that comes to that clinic, regardless of circumstances. Finding a creative way to address the cultural and economic diversity within each clinic population is also important and challenging.

ICU WAITING ROOMS

SCOPE: The environment waiting rooms associated with the ICU.

Budget: \$40,000

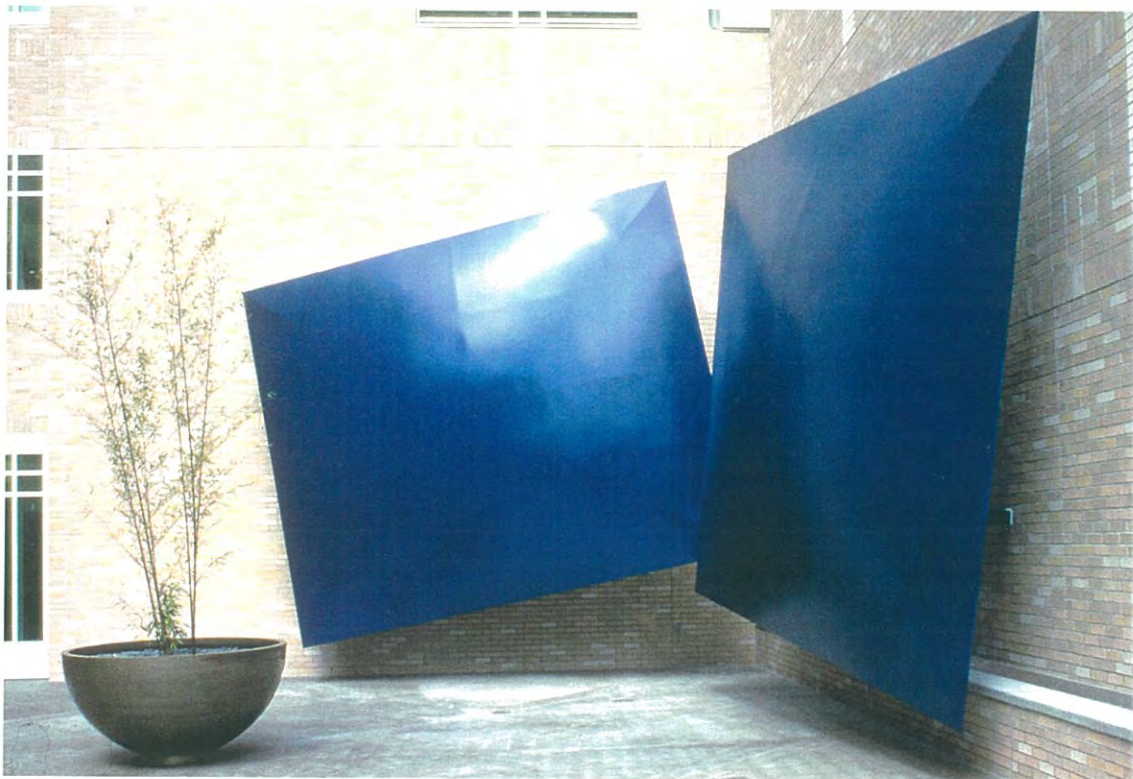


Deborah Mersky

1997

Harborview Quilt

Cafeteria

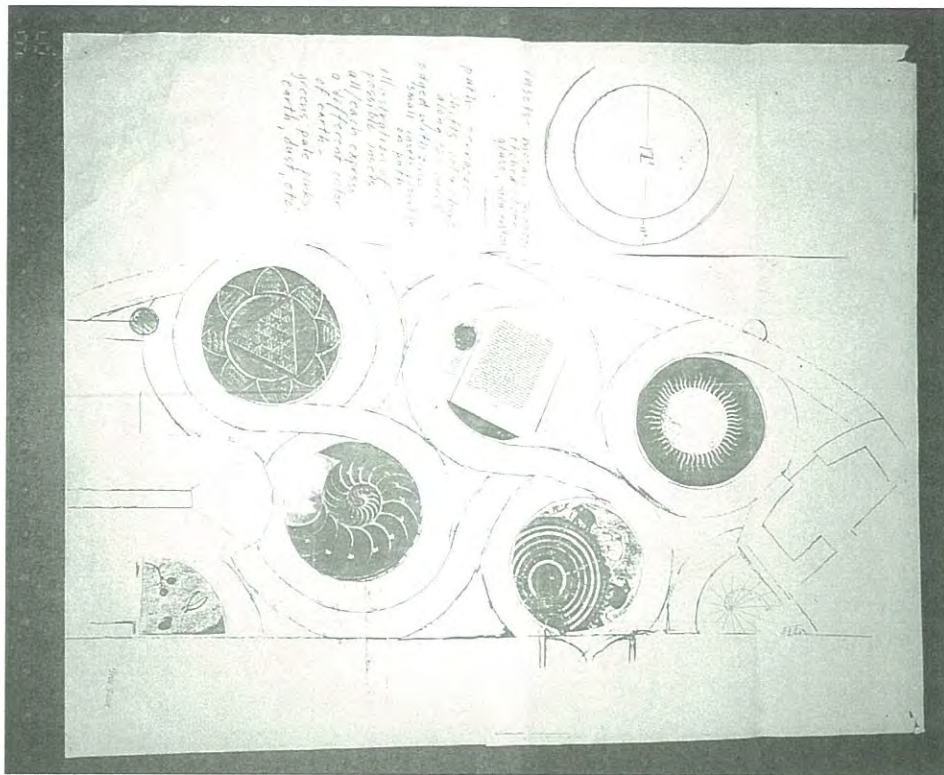


Beliz Brother

1997

Harborview Pillows

Central Courtyard



Linda Beaumont

1997

Study drawing: *Full Circle*



Linda Beaumont

1997

Full Circle

Main Lobby



Harriet Sanderson

1997

WaslkingWall (2 parts) Clinic waiting area



Frank Video 1998

Sigh (Video Installation)

E.R. Waiting Room

