Other Localisms: Reframing "Social Architecture" within Globalism, the Case of the Butaro Hospital

Over the past three years, MASS Design Group (Model of Architecture Serving Society) has risen to fame within the architectural, global health, and philanthropic communities, with founders Michael Murphy and Alan Ricks highlighted in national newspapers, magazines and conferences, including the Clinton Global Initiative. Their first and perhaps best known project, the Butaro Hospital in the Burera district of Rwanda, documented in precise, descriptive drawings and powerful photographs by Iwan Baan, circulate globally via architecture blogs, architectural journals such as Metropolis and Architectural Record, and yearly conferences devoted to Public Interest, Social Impact, and Inclusive Design.

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Often cited for their commitment to social justice and their intense engagement with place, participatory design processes, use of local materials, and traditional building technologies in contrast to the homogeneity of global architectural practice and production, Murphy and Ricks strive to articulate their belief that the label "social architecture" is a misnomer. Inclusion of the MASS Design Group in the Architectural League of New York's "Emerging Voices" lecture series in 2013 confirms MASS's place simultaneously in the pantheon of "alternative" practices and in the realm of "capital A architecture." [1] The case of the Butaro Hospital illustrates how these "other" architectures—social, participatory, and determinedly local—simultaneously participate in and advance global networks of architectural knowledge and creation, relying on the flow of capital, technology, and information in addition to architectural images and imaginations. (Figure 1)

Murphy, Ricks, and several of their classmates at Harvard's Graduate School of Design founded MASS Design Group explicitly to accomplish the Butaro Hospital project. The "story" of MASS's founding is well known, recounted in numerous lectures and publications. It turns on an encounter with Paul Farmer, an anthropologist and medical doctor, co-founder of Partners In Health, and University Professor in Harvard Medical School's Department of Global Health and Social Medicine. As told by Murphy, he approached Farmer after a lecture in 2006 during which Farmer discussed Partners in Health's building efforts in clinics, schools, and housing. They engaged in a short exchange:

> Murphy: "Who are the architects that are working with you and how can we potentially connect?"

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> Farmer: "Architects, why would I ever use an architect; I just draw this stuff on napkins."[2]

When Farmer approached Murphy six months later to inquire after architects he might pursue for a new project, the naïve (or not so naïve) GSD students recommended themselves.[3] From the beginning, MASS embraced Farmer's concern for systemic solutions and his belief that the built environment of a community is a contribution to its health outcomes. According to the MASS founders, one of the difficulties in the provision of health services within the developing world, Farmer noted in his talk, was that patients might enter a clinic for one malady, and leave with another. For instance, a building can increase negative health outcomes by encouraging the spread of tuberculosis. This is the paradox of Farmer's question "why would I ever use an architect?" If architecture plays a role within the context of social justice, it does so not merely through the delivery of buildings, but through the process that conceives the building: design. In his own writing, Farmer speaks to the need for a building to afford dignity—what Farmer refers to as "dignificacíon"— through beauty, for instance, where beauty is understood to be one of the building's necessities, although an add on to the provision of a space within which to carry out medical care.[4] MASS finds value within the contours of design itself, through research that can lead to new design solutions. Design produces an added value: in the case of Butaro, through a redesign of wards and circulation spaces to decrease airborne infection.

LOCAL

Added value is also to be found within the practice of "participation," understood not only as participation with a project's end-users, but also with its physical context, its community, its culture, and its technologies. This larger construction of the idea of participation goes directly to architect Colin St. John Wilson's identification of architecture with "methexis":

> The quality of intervention that is drawn out in response to dialogue is not only more authentic but much richer in content than that which is inspired by monologue: it is to understand the true factors at play. For by 'factors' we refer to what 'works' in the carrying out of tasks, in the response to specific context, in the creation of appropriate ambience, in the reconciliation

Figure 1: Entry to the Butaro Hospital, Burera District, Rwanda, 2011. Architects MASS Design Group for Partners in Health. Signage by Vignelli Associates. Image courtesy of MASS Design Group.

> of competing goals and forces—all those specificities that we summarise as 'the facts of life' and whose making possible the Greeks summarized in the word methexis.[5]

While St. John Wilson focuses on a philosophical use of the classical term methexis, juxtaposing a building's "purpose and function" to the platonic and rational functionalism of International Style modernism,[6] he spends less time on its origins in Greek theater, in which "the audience participates, creates and improvises the action of the ritual."[7] Actual participation with users is only briefly mentioned in his text, in reference to the work of the architect Giancarlo De Carlo's "participation with the future inhabitants of the building."[8] But De Carlo's writings and architecture serve as a touchstone for MASS in ways that directly intersect with Farmer's notions of public health. As De Carlo stated in 1969:

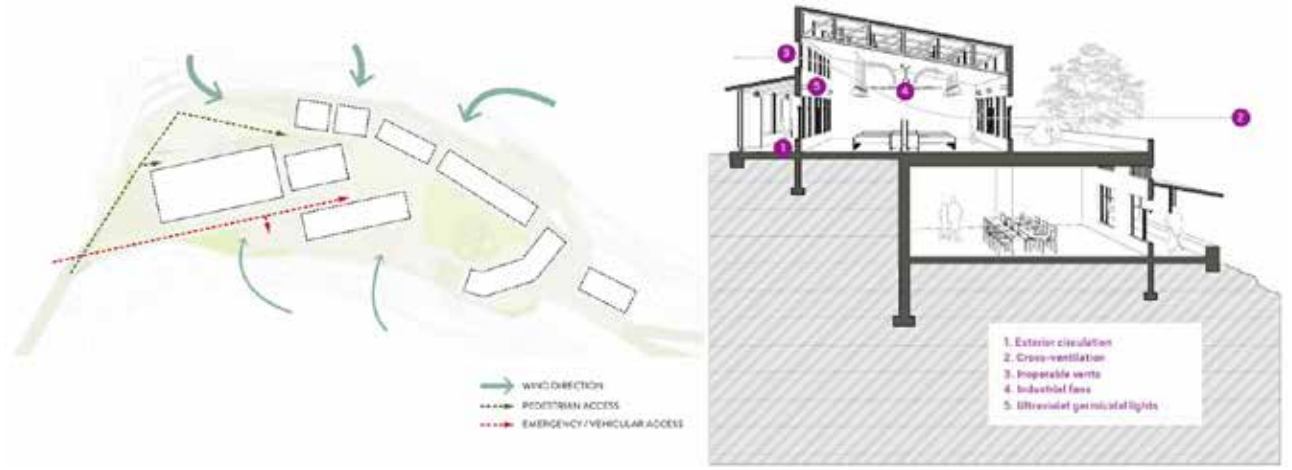
> By "participation of the users" we do not mean that the users should work at the drawing board or that they should dictate while the architects transcribe, transforming aspirations into images. …participation needs to transform architectural planning from the authoritarian act which it has been up to now, into a process. This process begins with the discovery of the users' needs, passing through the formulation of formal and organizational hypotheses before entering the phase of use.[9]

It is not that process is more important than the outcome, but that process is inherent in the outcome. In MASS's terms:

> We are very interested in different ways in which the buildings' users can be engaged, and have to be engaged, in order for architecture to be successful. An immersive, deeply involved, on-site research process is important. It's not simply about gathering information; it's about building a coalition and through that engagement process creating a shared vision.[10]

Indeed, MASS finds direct parallels between De Carlo's concern for the "bifurcation of the [architectural] discipline" into "objects" and "the generative processes that actually produce our built environment" and Farmer's concern for the need to address both "distal" and "proximal" issues in health. As Murphy paraphrases Farmer: "Why should we only put in funding to stop the bleeding for example when we clearly need to be investing in the systems of health…. The social and economic indicators of health are as important to invest in as the medical care that is needed to stop the bleeding."[11]

Figure 2: MASS Design Group, Circulation of people, vehicles, and wind. Image courtesy of MASS Design Group.



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From the perspective of St. John Wilson's argument the Butaro Hospital is "other" in the sense that it is offered up as the counter-thesis to modernism's utopian project.[12] Indeed, projects such as Butaro Hospital have been spoken about in precisely these terms. In his introduction to the catalogue for MoMA's *Small Scale, Big Change* exhibition, Barry Bergdoll notes of the "marginal" (his term) projects presented: "Many today—practitioners and critics alike—are rediscovering the critiques of orthodox modernism of the 1970s, and rethinking them afresh in relationship to challenges, both environmental and social, that seem exponentially more pressing forty years later." At the same time, however, he consciously distinguishes these architects who "work against both the forces and the assumptions of globalization" from the "participatory or activist architecture of the 1970s."[13] Nonetheless, there is much to align projects such as the Butaro Hospital with architectural historian Kenneth Frampton's writings in the 1980s around Critical Regionalism, whose strategy "is to mediate the impact of universal civilization with elements derived indirectly from the peculiarities of a particular place."[14] Descriptions of Butaro Hospital are careful to point out its siting in relation to topography, prevailing winds, and solar conditions; use of local materials and craft; and intense attention to the circulation of users. (Figure 2)

The tectonic qualities of the Butaro Hospital are expressed most clearly in the use of local volcanic earth stone in the cladding of the lower level set into the hillside and low walls. (Figure 3) Frampton would likely describe this as "tactile resilience of the place-form…a potential strategy for resisting the domination of universal technology."[15] The use of local stone does add to the building's resilience; local materials and technologies are easily obtained and maintained. But in MASS's terms, its significance is not just in its resilience, but also in its value proposition:

> This material choice required the training of local craftsmen in the art of masonry, a skill that they were able to market throughout Rwanda after the completion of the hospital. Partners in Health and MASS strategically integrated craft development as a way to reduce costs, but also to improve quality and create jobs while deploying locally produced, customized finishes wherever possible. Carpenters were trained on site to deign and build nearly every piece of furniture, door, column, and window-frame. Masons constructed the walls, and a multitude of newly-trained laborers excavated the site by hand [because this employed more people]. The strategy of utilizing high-intensity, local labor serves not only to return investments into the community but also to develop local craft services and optimize embedded local knowledge.[16] (Figure 4)

Figure 3: Volcanic Earth Stone cladding. Image courtesy of MASS Design Group.

The volcanic stone does not "represent" the architecture of the Burera District; local building construction or architecture is never shown in any of the many instances of the project's publication. In contemporary terms "resilience" is not resistance in the form of a "manifest critique of universal civilization."[17] Rather, it is a resistance to the global implications of climate change.

In this way, there is much that suggests an alignment of MASS Design Group with Frampton's hoped for "critical arrière-garde," which would have "the capacity to cultivate a resistant, identity-giving culture while at the same time having discreet recourse to universal technique." Yet, their work is distinctly "post-critical" in the sense put forward by architectural theorist Michael Speaks: it is the product of in-depth research, intended to produce knowledge, and made possible by a network of collaborating designers, engineering consultants, and medical and public health experts operating between Boston and Rwanda.[18] Thus, it is also quite different from many projects associated with Western or Western-trained architects as they encounter the developing world, whose work to support an identity-giving culture rejects Frampton's idea of universal technique. In many such projects, "local" requires locally sourced and, as much as possible, locally derived building technologies. METI-Handmade School designed by Anna Herringer for a Masters thesis at Kunstuniversitat Linz, and built in Radrapur, Bangladesh (2004-2006) with Eike Roswag as construction manager, demonstrates such a project. Images of this project, which was included in the *Small Scale, Big Change* exhibition, highlight the use of building materials such as bamboo, earth for walls and foundations, straw, and jute rope, almost entirely eschewing any material or technology not already embedded in local culture.[19]

GLOBAL

In taking on the design of the Butaro Hospital, MASS simultaneously engaged Farmer's approach to global health, an approach that is as global in its organization as it is in its reach. At its most basic level, the Butaro Hospital is a node within a complex system of global health initiatives under the umbrella of Partners in Health, which delivers professional and community-based health care to residents in the United States, Haiti, Latin America, and Africa, building hospitals and clinics, training medical professionals, and creating public health systems. Partners in Health works in partnership with local governments and health organizations, bringing modern medical care to impoverished communities

Figure 4: Locally produced carpentry. Image courtesy of MASS Design Group.

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through a holistic approach that marries preventative care with intervention and high end medical resources with community-focused, built environment solutions. In this way, Partners in Health as well as MASS's approach are both intensely place-based and networked, part of the flows and, to use anthropologist Arjun Appadurai's nomenclature, "-scapes" that describe the movement of people and their identities, capital, technology, images, and ideas around the globe.[20] "Research" as defined in the Butaro Hospital design process engages multiple expertises and encounters between low and high technologies, socio-economic and scientific knowledge, and a local community and a global health enterprise.

Innovative, entrepreneurial architectural practices, according to Speaks, are created by the "techniques, relationships, intelligence, and dispositions that shape design." These practices "are thus more flexible than either styles or identities; they can adjust to changing conditions without being locked into formalistic or national or regional design signatures."[21] At a glance, his definition of innovation would not seem to apply to a practice such as MASS. Yet MASS too speaks in terms of connecting an underemployed and underfunded discipline—architecture—to the "marketplace" of global health infrastructure.[22] These new models of knowledge distribution are conceived not as "transfer" of architectural practice from "first" to "third" world countries, but as part of a network of information. Further, they attempt to overcome what the sociologist Manuel Castells refers to as the "'black holes' of marginality" by valuing distributed knowledge production, not just information "organized around command and control centers."[23] Again, Murphy notes: "I think successful architects are those who produce knowledge, not commodity. If we are only interested in producing commodity, we lose the potential to produce knowledge."[24] The "Design to Heal" database of case studies, developed in conjunction with USAID and TB Care II, may demonstrate the potential for architectural designers to embed with global health researchers.[25]

At the same time, MASS's focus on participation is enabled by a rigorous process of engagement on the ground. Murphy, taking his cue from Giancarlo De Carlo, left the Master of Architecture program at the GSD for a year to research and engage with the community for whom they were building. To those who argue that humanitarian architecture is a form of neo-colonialism MASS has an answer: "In a place like Rwanda, it's not neo-colonialist to work on high-quality design projects as long as you're deeply and authentically engaged with the community. In today's world, it's more neo-colonialist to assume that African people don't want well-designed buildings and spaces."[26] The firm operates an office in Kigali, Rwanda and has been involved in establishing a school of architecture at the Kigali Institute of Science and Technology.[27] Nonetheless, one should be mindful of Appadurai's admonition:

Figure 5: Ground Breaking for the Butaro Hospital. Left to right front row: Paul Farmer, District Mayor Aime Bosenibamwe, Bill Clinton, and Chelsea Clinton. Unidentified local leader in the back. Image courtesy of MASS Design Group

ENDNOTES

1. "Emerging Voices" lecture, Architectural League of New York, recorded March 14, 2013. http://archleague.org/2013/08/mass-design-group/ and http://vimeo.com/70913417 (accessed September 15, 2013). Note, this paper uses as its primary resource this lecture, recorded March 14, 2013, Michael Murphy interview with Ian Veidenheimer, "Emerging Voice 2013," March 2013, http://archleague.org/2013/08/mass-design-group/, and MASS Design Group, *Empowering Architecture, The Butaro Hospital, Rwanda: Strategies to Improve Health and Strengthen Community Through Architecture and Design* (Boston: MASS Design Group, 2011). There are numerous articles, interviews,

> We need to be newly alert to the danger that in pursuing the aspirations of urban planning or the fantasies of architects, we might neglect the central asset we need to recognize: the capacity to aspire of the urban poor. Such aspirations centrally include the ways in which the poor might wish to shape their spaces. This fact should compel a new humility about the techniques and technologies of the expert.[28]

Notably, publications of the Butaro Hospital rarely contain images of the design process, as is often the case with images of humanitarian practices operating in the developing world. There are no photographs of MASS team members sitting on a dirt floor watching community members draw with a stick. This is not to say that such exchanges might not have taken place. How "empowerment" is measured remains an open question. It seems to have two very distinct metrics, one narrative—stories that illustrate the community's "buy-in"—and one economic—how many jobs were created, people trained, and new businesses formed. This is not to suggest that such metrics, which are essentially socio-economic, are not important, simply that they are distinct from the quantifiable metrics attached to the health enterprise itself, where the success of the building will be measured within the context according to medical outcomes.

FLOWS

Projects such as the Butaro Hospital participate in the global economy through their funding mechanisms and global partnerships. The $4.4 million project of Partners in Health was funded by the Clinton Foundation; its equipment was provided by the Government of Rwanda. As the Clinton Global Health Initiative expands its reach throughout the Burera District, funders such as the Jeff Gordon Children's Foundation are supporting their efforts. And while the founders of MASS Design Group may have begun their efforts through a volunteer effort, the net result has been the foundation of a new architectural design firm, attempting to build a practice and research model around work supported by NGOs, philanthropic organizations, small and large individual donations, and government grants. In order to do so, it operates as a 501(c)3 organization. (Prior to receiving its own 501(c)3 designation, it operated under the umbrella of Partners in Health.) Like similar organizations, MASS's website contains a "donate" page and it engages in an end-of-year email blitz,[29] but its work is made possible by its presence within the networks of global funding that travel the same flows as the global economy, along with Bill Clinton. (Figure 5)

The Butaro Hospital travels another global flow, that of images and the imagination. Appadurai notes: "the imagination has become an organized field of social practices, a form of work (both in the sense of labor and of culturally organized practice) and a form of negotiation between sites of agency ('individuals') and globally defined fields of possibility."[30] By contrast, St. John Wilson's case studies in support of an "other tradition" are all over thirty years old (at the time of the writing of his book) because, "verification in use is the one criterion by which my thesis should be validated." In a world where many buildings are not designed to last thirty years, this is a tall order. But architecture exists in multiple networks, not least of which are networks of images. Within at least one of these networks, the hospital has received the highest acclaim: it is "good." It has been featured in the website GOOD "A social network for social good," was considered for inclusion in the book *Design Like You Give a Damn [2]*[31], and appears regularly on the blog publicinterestdesign.org. But it also travels more mainstream—Capital "A" Architecture—routes through magazines such as *Architectural Record* and

and blog postings that contain similar material. Although MASS Design Groups' founders have only recently obtained their professional degrees, they have managed to jump over the League's "Young Architects" Prize.

2. http://archleague.org/2013/08/mass-design-group/; (recorded March 14, 2013).

3. They are usually quick to point out that they engaged actual architects, engineers, and consultants as they developed the project. Other co-founders include Marika Shioiri-Clark. Sierra Bainbridge and Maura Rockcastle served as Landscape Architects.

4. Paul Farmer, "Rwanda Rebuilt," *Empowering Architecture*, 24.

5. Colin St. John Wilson, *The Other Tradition of Modern Architecture: The Uncompleted Project* (London: Academy Editions, 1995), p. 57.

6. Ibid, p. 63.

7. Wikipedia

8. St. John Wilson, The Other Tradition, p. 57.

9. Giancarlo de Carlo, "Architecture's Public," in *Architecture & Participation*, eds. Peter Blundell Jones, Doina Petrescu, and Jeremy Till (London: Taylor & Francis, 2005), p. 16.

10. Michael Murphy interview with Ian Veidenheimer, "Emerging Voice 2013," March 2013. http://archleague.org/2013/08/mass-design-group/

11. "Emerging Voices" lecture

12. St. John Wilson's "Uncompleted Project" takes its cue from Jürgen Habermas's "Modernity—An Incomplete Project," with a number of distinctions too lengthy to elaborate here. "Modernity—An Incomplete Project," trans. Seyla Ben-Habib, in T*he Anti-Aesthetic: Essays on Postmodern Culture*, ed. Hal Foster (Port Townsend, WA: Bay Press, 1983), pp. 3-15.

13. Barry Bergdoll, "Introduction," in Andrew Lepik, *Small Scale, Big Change: New Architectures of Social Engagement* (New York: MoMA, 2010), p. 10. Although Butaro Hospital was not featured in the exhibition, which opened before the project was complete, it is often featured alongside the work documented in the show, which included schools, housing, museums, and infrastructural interventions, among other projects. Michael Murphy makes reference to the exhibition and the dichotomy of "social" architecture and "good" architecture in its reception in his "The Whole Architect": Giancarlo De Carlo's Space and Society and the Abandonment of Socio-Political Responsibility in Architecture, unpublished Master of Architecture Thesis, Harvard Graduate School of Design, 2011. I would like to thank Michael Murphy for sharing this document with me.

14. Kenneth Frampton, "Towards a Critical Regionalism: Six Points for an Architecture of Resistance," in Foster, ed. *The Anti-Aesthetic*, p. 21.

15. Frampton, "Towards a Critical Regionalism," p. 28.

16. MASS Design Group, *Empowering Architecture*, p. 128.

17. Frampton, "Towards a Critical Regionalism," p. 21.

18. See for example: Michael Speaks, "Intelligence After Theory," in *Network Practices: New Strategies in Architecture and Design,* eds. Anthony Burke and Therese Tierney (NY: Princeton Architectural Press, 2007), pp. 212-216.

websites such as *Archinect* and *ArchDaily*, where it is appraised both for its disciplinary qualities and for its social consciousness. It is a building this author feels she knows intimately, despite never having been to it. I have seen it through its birth, as I have watched a progression of drawings of schematic designs and photographs of construction, groundbreaking and opening celebrations, and in use.[32] Some of these photographs are taken by the architects or other architectural visitors, while others document visits by visiting dignitaries (e.g. the Clintons). But the most celebrated are those by the architectural photographer Iwan Baan, known more widely in the professional community for his photographs of buildings such as OMA's CCTV tower in Beijing. Baan's moving (and stunning) images of the Butaro Hospital reflect back to us the imaginations of the building's users as they are "empowered" by the building. On MASS Design Group's website they illustrate the mottos: "Expand the Impact," "Build to Heal," and "Create Righteous Beauty."

While the term "other" has served as a useful construction and rallying cry for a renewed interest in socially responsible, humanitarian architecture—the *Design For the Other 90%* and *Design With the Other 90% (Cities)* exhibitions and books are but one example[33]—the architects of MASS Design Group are wise to eschew it. In the networks that the Butaro Hospital occupies it is always, simultaneously, traditional and modern, local and global, directly engaged with a community and part of a larger global health enterprise. It does not escape the global by being invested in the local, just as it does not escape global architectural culture by focusing on a community previously denied the most basic of public health services. Butaro Hospital was made possible by the Partners in Health Enterprise, not simply by the architects' desire to "do good." The admonitions on their website notwithstanding, MASS's greatest accomplishment may lie in the way it has penetrated a community of funders and NGOs, who previously saw architecture's role as a provider of beauty, and with that enhanced dignity for a building's users. The word "design," inclusive of, but not limited to beauty, aptly describes their larger project, focused on the way in which architecture, through formal devices and engagement with other expertise, becomes part of a larger infrastructure of health care delivery.

19. See: *Small Scale, Big Change* and http://www.meti-school.de/daten/entwicklung_e.htm.

20. Arjun Appadurai, "Disjuncture and Difference in the Global Cultural Economy," *Public Culture* 2 (Spring 1990): 6-7.

21. Michael Speaks, "Tales from the Avant-Garde: How the New Economy is Transforming Theory and Practice," *Architectural Record* 188 (December 2000), 74. This controversial article launched a decade-long debate between "critical" and "post-critical" theorists.

22. "Emerging Voices" lecture

23. Manuel Castells, *The Rise of the Network Society*, second edition, Volume 1 (Malden, MA: Blackwell Publishing, 2000), pp. 409-410.

24. Michael Murphy interview with Ian Veidenheimer, "Emerging Voice 2013," March 2013.

25. See: http://tbcare2.org/content/design-heal-database-health-facility-improvements and http://designtoheal.org/ (last accessed January 21, 2014).

26. Marika Shiori-Clark, "Building a Rwandan Wall: Design to Balance Local Traditions and New Solutions," GOOD Blogpost, March 4, 2013, http://www.good.is/posts/building-a-rwandan-wall-design-to-balance-local-traditions-and-new-solutions (last accessed September 16, 2013). This post was also published in the website *ArchDaily* as "How to Balance Local Traditions and New Solutions in Public-Interest Design," March 13, 2013, http://www.archdaily.com/342838/how-to-balance-local-traditions-and-new-solutions-in-public-interest-design/ (last accessed September 18, 2013). Shiori-Clark was one of the Harvard students who founded MASS and worked on the design and on site. The debate around whether humanitarian design represents a form of "neo-colonialism" was inaugurated by a blogpost by Bruce Nussbaum in Summer 2010, "Is Humanitarian Design the New Imperialism," Fast Co., July 7, 2010, http://www.fastcodesign.com/1661859/is-humanitarian-design-the-new-imperialism (last accessed September 1, 2010).

27. See http://www.kist.ac.rw/index.php?id=2 (last accessed September 18, 2013).

28. Editors of Perspecta 34, "Illusion of Permanence: Interview with Arjun Appadurai," *Perspecta* 34 (2003): 52. Appadurai is discussing work in urban slums in India, but the quote can just as easily be applied to a more rural environment.

29. http://massdesigngroup.org/donate/ (last accessed September 18, 2013). The book *Empowering Architecture* is part of their fundraising campaign. Full disclosure: the author has donated to MASS Design Group and Partners in Health in support of the firm's work.

30. Appadurai, "Disjuncture and Difference," p. 5.

31. See http://openarchitecturenetwork.org/projects/dlygad2_butaro_hospital (last accessed September 17, 2013).

32. As noted above, much of what we can know about this building comes from the numerous interviews with its architects, videos of Farmer, Murphy, Ricks, and Shiori-Clark, and assessments made within the blogosphere.

33. Cooper-Hewitt, National Design Museum. *Design for the Other 90%* (exhibition), 2007 and Cooper-Hewitt, National Design Museum. *Design with the Other 90%* (exhibition), 2011.