



BOOK OF PROCEEDINGS

INTERNATIONAL CONFERENCE
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ISSUES OF HOUSING,
PLANNING, AND
RESILIENT DEVELOPMENT OF
THE TERRITORY

Towards Euro-Mediterranean
Perspectives

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Issues of Housing, Planning, and Resilient Development of the Territory Towards Euro-Mediterranean Perspectives

Conference Theme and Rationale

Albania, along with other Western Balkan countries, has undergone significant economic, social, and political changes in recent years. As a result, housing, planning, and the resilient management of territorial development have emerged as critical issues. This is because these regions face significant challenges in providing affordable housing, addressing the impact of urbanization on the environment, fostering evidence-based decision-making on the territory, and bringing forth the commitments towards climate neutrality.

The organizers use the term “multi-modality” to define complex situations (in matters of territorial planning, management, architecture, housing, public space, technology, etc.) that have historically encompassed Western Balkans and Mediterranean cities in a logic of coexistence and value co-creation. A combination of knowledge and heritage that throughout time and history have given life to civilization in this region of Europe. The active involvement of Albania in the existing network of the Mediterranean Basin and the EU, through a joint action plan with UN / UNECE, and the Albanian and regional authorities, including reputable scientific bodies such as the Academy of Sciences of Albania, makes this conference even more intriguing to explore fascinating areas of research. The conclusions, to be considered as a stage for open innovation, will include recommendations for further scientific and applied research, projects, and events.

The geographical focus of the conference covers three dimensions: i) Albania; ii) the Western Balkans; iii) Euro-Mediterranean countries. POLIS University aims to focus on the above-mentioned research areas that are of common interest to both Western Balkans and Mediterranean cities, including, but not limited to: housing policies, urban history and architecture typology, innovation and digitalization in urbanism, energy efficiency, resilience and environmental sustainability, governance and smart technologies for city management, education and gender aspects in urban planning research.

In this regard the main aim of this international conference is to bring together scholars, policy-makers, and practitioners to examine the pressing issues of housing, planning, and land development in these regions, in a context of transition fatigue, climate challenges and post-pandemic realities.

Issues of Housing, Planning, and Resilient Development of the Territory Towards Euro-Mediterranean Perspectives

Conference Aim

The main aim of this international conference is to bring together researchers, policy makers and practitioners to examine the urgent issues of housing, planning and land development in these regions, in a context of transition, climate challenges and post-pandemic realities.

Objective

- Consolidation of the cooperation network between Albanian and non-Albanian researchers, lecturers, managers, with the aim of participating in joint research projects at the regional and international level;
- Support of local authorities with contemporary data, on the state of housing issues, planning and sustainable urban and environmental management, as well as representatives of public and private institutions operating in this field.

The conference is organized by POLIS University (U_POLIS) in cooperation with the Academy of Science of Albania, and supported by other local and international partners.

In the framework of resilience, the main conference theme is devoted to Issues of Housing, Planning, and Resilient Development of the Territory from a Euro-Mediterranean Perspective, including Albania, Western Balkans and the Mediterranean Basin. This event aims to bring together academics, policymakers, researchers, experts, practitioners, and stakeholders from diverse backgrounds to discuss and address critical challenges related to housing, urban planning, and the development of resilient territories.

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The Architecture of Hospitals. Learning From the Past

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Abstract

Reading architecture through resilient witnesses like hospitals or healthcare facilities offers a tool for unlocking the elemental and generative principles of architecture and how architecture builds societies and vice versa.

Every social class is treated by hospitals in that specific historical time. Medicine, healthcare, and habitations are interrelated keys to exploring how this infrastructure can help to heal and the contribution of resilience in the architecture's role in shaping our society and its health. In this light health is considered a human right.

Consequently, hospitals influence individual behaviors in advancing human rights. This paper is part of a theoretical framework over the archetype and organization form of the hospital architecture. For many years, the issue of form composition in architecture has been overridden in favor of a series of studies on phenomenology or information, ignoring the fundamental issue of the discipline of architecture, which is precisely related to the organization of form. Nowadays, the essence of composition in architecture often dominates our profession's fundamental principles. The subject of this paper is a historical excursus of hospital and their relation to the specific context and historical period. the formal organization of hospital architecture is analyzed and studied in the functional, tectonic, and compositional plans. This research tries to find the balanced connections between form, function, and composition in hospital design, considering their context and history. Beyond technicalities, this study focuses on understanding how the organization of a hospital can impact the function of a hospital, healing, and well-being. The investigation starts with a historical overview: how have hospitals changed and evolved over time, and what can we learn from the most important examples of each era in the past?

Keywords:

Health, Hospitals, Architecture, Resilience

Introduction

According to Walter Benjamin, the materiality of architecture and artifacts, rather than the intentions of architects or architectural theory, is one of the most important witnesses (Benjamin, 1935) of human society because it can physically demonstrate the operation of reification and commodity fetishism .

Therefore, reading architecture through resilient witnesses like hospitals or healthcare facilities offers a tool for unlocking the elemental and generative principles of architecture and how architecture builds societies and vice versa. Every social class is treated by hospitals in that specific historical time. Hospital and system design, following the need for social change, can strengthen resilience where it is missing, adapting to the fast-evolving world.

The different periods to study start from The Greek Asclepieions, going to the medieval ages, passing through the Renaissance of Brunelleschi, followed by the Nightingale Era and the Modern Movement, from the Alvar Aalto's Sanatoria Period to the Megahospitals decades, finishing with Le Corbusier's masterpiece "Hospital of Venice" project.

State of the art

Throughout history, many natural and man-made changes have altered the way cities were originally designed or laid out. For some, the urban shape developed as a result of socio-political reasons, religious separations, or economic divides. For others, a different approach has allowed for uniquely mixed cultural atmospheres. And while the development of cities is generally slow, occasionally cities experience dramatic and immediate changes to the urban fabric – the results of natural disasters, military conflict, or industrial catastrophes. The capacity of humans and cities to be resilient is the main argument that can justify the sense of doing architecture and it is the main framework in which this research has to work.

The architecture of health is entering new paradigms, where technical, emergency, and resilient solutions are taking advantage of more architectural issues.

The quality in terms of the architecture of a hospital can also indicate a high quality of living in a specific society. The academic accumulated knowledge of the hospital design of each society can give an overview of these qualities, by defining guidelines for future development. Nowadays, the overview and concern is that recent hospital buildings have not responded to contemporary demands adequately. The hypothesis is that this view is with strong foundations and that the foundations are mainly related to the architectural quality of the majority of hospitals. The hospitals, also as we have seen after COVID-19, have not reached the level of other major public buildings such as airports or malls. The reasons for this lack of quality are the shortcomings in the design process. This research, as stated before, will start with a historical overview, taking into consideration different historic periods and the main hospital archetype for each period. The process of diving into the eras will also underline the different senses or interpretations of the term "hospital", as healthcare adapts to historical events. Moreover, the hospital is the perfect place for paradox: it should adapt to the human dimension but also be large to make more economic sense. It should be open outside for the city but also secure, and open inside but also prevent infection spread, and it's the place where technology should coexist with natural environments for helping in healing. The time of a hospital is the time of a city, where part of it is out of time before even being completed, and here architectural design can prevent or help this process. By analyzing each building, we will see how some archetypes are more flexible and adaptable than others, and the less adaptable ones were predominant at their time. Hospitals have always been declared urban landmarks, even after

¹In Marxist philosophy, the term commodity fetishism describes the relationships of production and exchange as social relationships among things (money and merchandise) and not as relationships among people.

WWII, as we understand the importance of the hospital being harmonized with its surroundings and with the city itself.

The state of the art of hospital architecture is an evolving field, shaped by changes in medical technology and rising patient expectations. Advances range from architectural concepts inspiring a more efficient organization for service delivery to building systems ensuring safety and comfortable conditions for patients. Hospital designers seek to create healing environments that improve clinical outcomes while addressing healthcare equity issues globally. The design also incorporates sustainability elements, as architects are challenged with responding intelligently to climate change concerns through bioclimatic strategies such as decarbonized energy sources or accessible green spaces within urban areas. In modern hospitals, large open public atriums have emerged which serve both functional and recreational purposes. As balconies provide views outwards into gardens and natural landscapes creating positive psychological stimuli due to associated connections between viewing greenery vs. stress relief. During the last pandemic (Covid-19) the human race faced the biggest mass lockdown in history. Although it became a topic broadly debated by several study fields, the pandemic opened a new door to a better understanding of the significance of resilience in architecture and resilient cities through health facilities.

For the first time, the World Health Organization (WHO) found it necessary to include architects in their intervention plan (World Health Organization, 2020). Architects finally became crucial in responding to the emergency demanding infrastructure for the infected patients to be treated. The emergency building of new treatment centers, hospitals, and other services became more important than ever.

After the peak of the pandemic, the World Health Organization created *Téchne*, an interdisciplinary group that provides guidelines on some key points of the emergency healthcare system or facility buildings. *Téchne* is working on building emergency treatment centers mostly in the African continent, collaborating with local institutions and local constructors.

The architecture of health is entering new paradigms, where technical, emergency, and resilient solutions are taking advantage of more architectural issues.

In Europe there is an assortment of situations regarding the health system, giving rise to multiple and sometimes divergent responses to emergency situations such as during the first stages of the Covid – 19: one of the biggest issues of healthcare facilities and institutions in response to the pandemic was, for example, the adaptation of existing hospitals to the increasing number of affected patients.

The response of each country, in terms of infrastructure, depended on the architecture of health, which is also strictly connected to their health system. Hospital design is interconnected to system design, therefore understanding the historical evolution of the architecture of health by improving it is the way to understand the health system of each country and improve it.

Evolution of Hospitals: Lessons from Iconic Case Studies

The Greek Asclepieions

The Asclepieions offer us an interesting dilemma. On one hand, they allowed priests to interpret patients' dreams as a form of therapy. On the other hand, many aspects of their architecture and methods were ahead of their time — similar to today's hospitals with features such as closed-off areas & therapeutic spaces that influence modern sanatoria design. Nowadays, in Greece, there are efforts underway to revive these ideas by introducing "Asclepieion Parks" which promote health and culture interconnectedly by using open urban spaces for various activities beneficial for both

³WHO's network of architects, engineers, designers and public health practitioners from several institutions globally, that responds and prepares to acute public health events with urgent and customized support.

individuals and society at large (Sotiriou & Boddy 2006). Resorting back to ancient techniques like water/mud baths or medical herbs ointments prescriptions still apply today (Akurgal 1985), whereas healing was reflected in balancing nature & human beings together. Sports stadia where champions stood as role models towards society were also included (Sotiriou & Boddy 2006) while being part of major cities around the world – e.g the Asclepieion at Pergamon (Fig.1), together with those at Epidauros and Kos, was one of the most important therapeutic centers in antiquity. The disposition is miscellaneous of buildings connected by underground tunnels from treatment complex structures some resembling two-story cylinders presenting six semi-circular apses overall surrounded by stoas (Akurgal 1985).

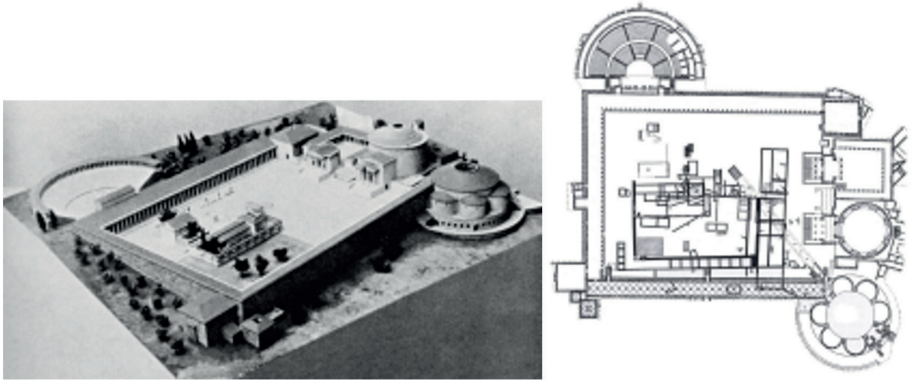


Fig. 1

The Medieval Era

At Asclepieia, the main hall was usually a long building with an open portico in one direction, originally designed to act as a shopping arcade. This type of plan became popular and was used for hospitals throughout history - the Roman military hospitals were also based on this design. Derived plans like these have certain advantages which are now more relevant than ever when it comes to designing efficient healthcare establishments. For example, Vindonissa Roman military hospital (in Switzerland) adopted such a layout (Fig.2); consisting of private and public spaces that made way for what we would today understand as true hospital architecture.

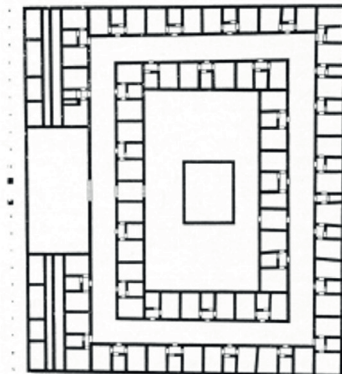


Fig. 2

In the Middle Ages though, poor conditions coupled with inadequate medical care dominated wellness or health promotion factors at most facilities – thus earning them nicknames such as ‘the house of death’ due to their association with mortality. A common plan form used during the late Middle Ages was the cruciform with the nuns’ nursing station in the center. After 1334, with the construction of Santa Maria Nuova in Florence cruciform plans suddenly began popping up all across Europe, particularly Italy; making nursing stations centrally located so even those furthest away could see them easily without movement through Catholic symbolism – illustrating how prior religious recognition had an important role in the development of modern medicine.

The Renaissance and F. Brunelleschi

The first hospital building which has been a lasting architectural masterpiece, Brunelleschi’s ‘Ospedale degli Innocenti’ in Florence (finished c. 1445), was originally an orphanage though its name - ‘Foundling Hospital’ - carries the meaning of a hospital. In the Renaissance period, people had yet to have a solid definition of what constitutes a hospital. On one side of Piazza Santissimo Annunziata, lies this beautiful arcaded front (Fig.3). Years later in 1456 went another famous Italian architect; Filarete designed another large and rectangular plan resembling many iconic hospitals we see today 500 years after his time (Fig.4). He even provided restroom systems with advanced features like flushing water cisterns and cabinets next to each bed. Though little remains from Filaret’s original plans much remains of his magnificent work at Ospedale Maggiore being used until now for medical teaching & administration purposes according to official records.

In France, the publication of the book “L’homme machine” (Man a Machine) in 1747, written by the atheist physician and philosopher Julien Offray de Lamettrie, had paved the way for a new kind of rationale concerning man as a physiological being. In an intellectual atmosphere dominated by the major figures of the Enlightenment, Diderot and Voltaire, and with the Revolution just around the corner, the term “machine à guérir” (machine for healing) was coined for the first time (by Condorcet, Lavoisier, Tenon et al.) to describe a hospital for the future.

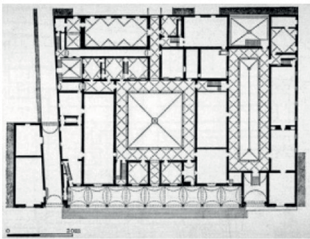


Fig. 3

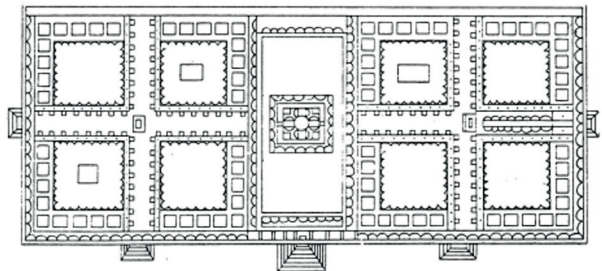


Fig. 4

The Modernist Movement

The first pavilion hospital is generally considered built in the 18th century at Stonehouse, near Plymouth, England, by Rowehead (Fig.5). This hospital was recognised as the first of its kind and was designed to help prevent the spread of infection, with a large open quadrangle in the center and ward blocks located away from each other. Nowadays, this idea of a pavilion hospital, popularized during the ‘Nightingale Era’, is being brought back as a functional and organizational concept. Many pavilion-type complexes around the world have a common problem - they were

³Florence Nightingale (1820-1910), known as “The Lady With the Lamp,” was a British nurse, social reformer and statistician best known as the founder of modern nursing. Her experiences as a nurse during the Crimean War were foundational in her views about sanitation.

originally built without proper connections between the pavilions. In some cases these connections were added at a later date in the form of heated corridors or tunnels, but in many cases, only covered open galleries or other such inadequate connection measures were added. This became a problem when there were changing clinical practices in the later half of the 20th century that required better connection and integration between medical services - something that was overly difficult to achieve with the existing structure. Changing architectural fashions at the beginning of the 20th century further hindered the process by rendering pavilion designs less generic and future-proof when compared to those of Stonehouse or Louviers.

Throughout Europe, neo-classical and other revivalist block hospitals were more popular than ever. However, the Hôpital Lariboisière, which was completed in 1854, was an innovative approach.

This hospital in Paris was designed by Martin-Pierre Gautier and was built as a response to the 1832 cholera epidemic, which revealed the current state of inadequate hospital services. This



Fig. 5

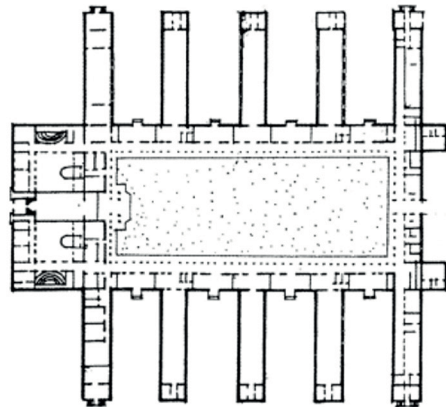


Fig. 6

hospital (Fig.6) was funded by the generous bequest of Countess Elisa de Lariboisière, a wealthy childless widow, who had died shortly before the project began.

The Sanatoria Period: Alvar Aalto's Masterpiece

Due to the popularity of the Industrial Revolution and the growth of cities, tuberculosis became a prevalent disease. The only cure for the disease was fresh air and sunshine. To combat the epidemic, a new generation of architects in Europe formed and began producing widely influential sanatoria to treat patients. The exchange of ideas between these countries was strong; facilities such as Zonnestraal and Paimio could be seen in numerous magazines. But, each had a different style: Germany favored large stripe window walls while France and Finland used continuous balconies. In the 1930s, single rooms grew in favor among those in treatment due to the trend of *existenzminimum* and *neue sachlichkeit*. Despite this, many sanatoriums still used the same curing techniques, such as Plateau d'Assy - a facility built in France with individual cure balconies. Richard Döcker's work involved finding the right gradient for terraced solutions to get the optimal

¹In architecture the term mainly relates to Neues Bauen (New Building) and avant-garde currents of rationalist and functionalist Modernism that existed alongside conservative counterparts and Expressionism.

amount of sunshine. Alvar Aalto's Paimio Hospital (Fig.7) from 1933 was not only one of the most iconic symbols of modern Finland, but also featured many patient-centered approaches, such as light fittings and washbasins designed specifically for noise reduction. Despite some shortcomings, it remains a heavily inspiring place for patients today.

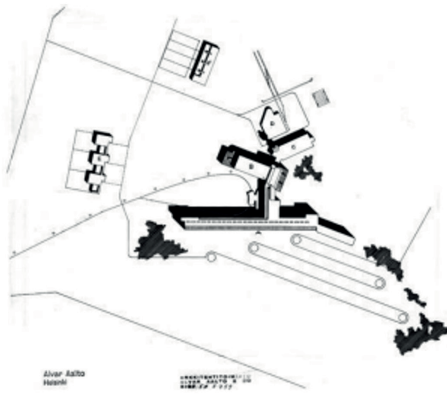


Fig. 7

Martti Teikari's Research

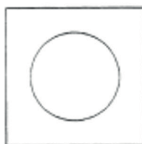
Martti Teikari researched seven central hospitals in Finland that were built in the 1970s and 1980s, looking at the level of staff satisfaction when it came to operating, radiology and emergency departments. From his findings, North Carelia Central Hospital (designed by Veijo Martikainen Architects and finished in 1989) (Fig.8) had the highest satisfaction level with the operating department at 95%, and Mikkeli Central Hospital (Fig.9) (designed by Marja and Erkki Wirta Architects and finished in 1985) had the highest satisfaction level for radiology at 80%.



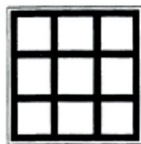
Fig. 8



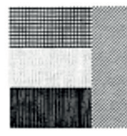
Fig. 9



CONCENTRIC FORM



GRID-STRUCTURE



FUNCTIONAL ZONING



Teikari analysed the three elements in the plans that seemed to provide the winning formula: concentric form, grid-structure and functional zoning (Fig.10). These three terms are important for creating adaptable, flexible, agile, future-proof and possibly even therapeutic environments. Surprisingly, the radiology departments in Mikkeli (which had the highest satisfaction score) had the greatest total corridor length and longest walking distances of all six examples studied. Yet, the staff in Mikkeli ” was the least stressed about the distances” according to Teikari. Further, North Carelia’s operating department had similar findings. Most architects agree with Teikari’s three essential elements and use them to pick the “winners”. This evidence-based conclusion further shows that the most “beautiful” plans have the best outcome, a conclusion Jullian also reached during the design process of Venice Hospital: “the best plan plays the best tune”. Teikari’s evidence suggests that it is more important to have good design that is simple and clear with enough daylight in appropriate areas, and that is organized into different functional areas, than it is to worry about measurable aspects such as walking distances or how close different areas are to one another.

Megahospitals decades

After World War Two, the Hill-Burton Act triggered a great surge in hospital construction across the United States. The ‘muscular expressiveness’ of Modernism was seen as the best way to meet the requirements of the new hospital buildings. Before the 1960s, monobloc hospitals featured long, centralized corridors. But soon, so-called ‘racetrack’ hospitals (with two corridors) appeared, such as St. Joseph’s Hospital in Burbank, California, designed by Welton & Beckett. One of those hospitals, the Archbishop Bergan Mercy Hospital in Omaha, was an example that spread all over the world, but the difference of the European usage of this plan was the using of glass floors for rooflights to bring in illumination to working areas in the centre. This was a stark contrast to American hospitals, since those in Europe were designed so that the patient rooms got daylight while the staff didn’t. Bellevue Hospital in New York City was an earlier example of a ‘cube’ hospital (Fig.11). While early models were typically pure ‘monoblocs’ - high monolithic masses - the need for space for diagnostics and clinical procedures meant the plinth section of the building became more important. Thus, the ‘tower on a plinth’ model - also referred to as the ‘Breitfuss-model’ due to its neutrality - became the new norm.

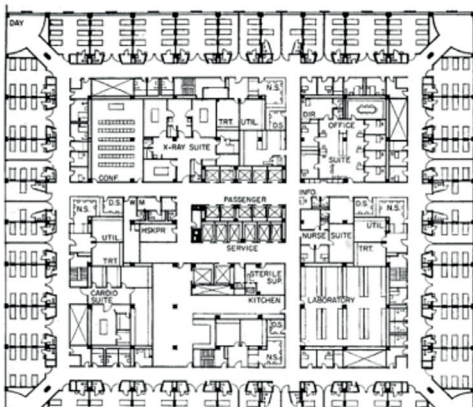


Fig. 11

Venice Hospital by Le Corbusier

Le Corbusier and his close collaborator, Guillermo Jullian de la Fuente, designed Venice Hospital in 1964-70 (Fig.12). This innovative extension of the existing city was composed of modules based on measurements taken from the city streets around it and was, essentially, floated on the Cannaregio canal. However, the project was never completed due to Le Corbusier's death in 1965. The team presented ideas including a diagnostic system with onsite radiology, temporary accommodation for recovering patients and their visitors, an internal street of shops and restaurants, and a way of integrating technical systems into the building. The design also divided critical patients from those with short-term stays, with the latter located on street level to simulate a sense of normal life, and the former in cells with no external disturbances to hinder them. As an interesting approach, the patient's beds are raised to a level that creates an equilibrium between the standing visitor and the recumbent patient, thus eliminating the feeling of being looked down upon (Fig.13). Pablo Allard and Jullian had lots of conversations in 2001. Jullian was referring to a report by the French Ministry of Health when he said that the issues mentioned there were easily solved. What Jullian was actually interested in was the architecture of the hospital. He went on to say that the building elements were so precise that the plans looked like musical notations. One day, everyone in the office chose a different sound, and Jullian associated each sound with a building element. The tunes created from that were then played. From such tests, they came to the conclusion that the best plan was also the best tune, even though some empirical evidence was absent.

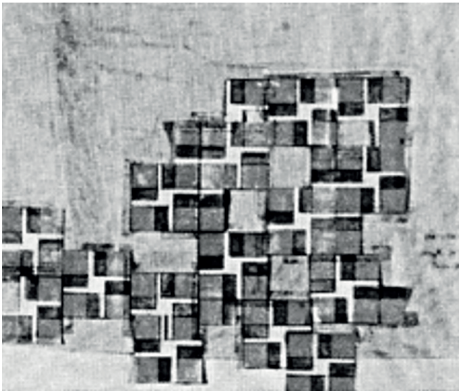


Fig. 12

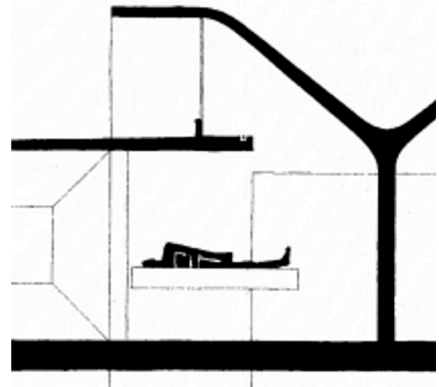


Fig. 13

Conclusions

Using hospitals and other healthcare facilities as steadfast witnesses, this article concludes by exploring the profound connection between architecture and society and revealing the fundamental and generative principles of architectural design. We have looked at how architecture both shapes and is shaped by the society it serves via the prism of healthcare. As important organizations that have served all socioeconomic classes throughout history, hospitals are a prime example of how habitations, healthcare, and medicine are intertwined in terms of design.

The importance of hospitals in influencing individual behaviors and furthering human rights is highlighted by health as a basic human right. This study has added to the body of knowledge on the organizational structure and archetype of hospital architecture.

Our study focused on the formal structure of hospital architecture and included a thorough inves-

tigation of its composition, utility, and tectonics. We have gone beyond the technical components of hospital architecture to grasp how the arrangement of a hospital may significantly affect its operation, healing processes, and general well-being of patients by working to develop harmonic links between form, function, and composition.

We began with a historical overview and followed the development of hospitals through the ages, learning from noteworthy examples from each period. We have emphasized the ongoing significance of hospital design as a concrete representation of social values and objectives throughout our investigation. This paper ultimately reinforces the notion that the design of healthcare facilities goes beyond aesthetics to have a profound impact on lives and communities, demonstrating the essential role that architecture plays in forming our societies and promoting the health and well-being of individuals.

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