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HARRIET FITCH LITTLE: Welcome to episode two of *Design Now*, a podcast where we hear from the people working in and around Harvard's Graduate School of Design about the most important issues of the day. My name is Harriet Fitch Little. In this episode, I'll be introducing you to the work of four people who are approaching design through the lens of health, in particular.

The COVID pandemic has got everyone thinking actively, and perhaps for the first time, about the health of the spaces they live in. We think more about ventilation, isolation, and the placement of hygiene stations. But these are only one, and a very situationally specific, set of responses to a viral epidemic. In fact, there are a lot of ways of thinking about healthy spaces that might offer contradictory prescriptions.

For example, is it better for an assisted living facility to isolate its residents to protect against the spread of COVID, or to create more communal and green spaces to improve overall health and happiness? We'll hear first from Elvis Garcia. Elvis is a lecturer in architecture who taught a class on public health in the era of epidemics at the GSD last year right as the pandemic was ripping through the country.

But despite the topicality, Elvis isn't primarily interested in design as it relates to viral epidemics. Like all the experts we'll hear from in this episode, he's looking to make less obvious connections.

ELVIS GARCIA: The way we will see this has an implication in our health. We are looking a lot into the health of the planet, but we're not looking a lot into the health of the citizens. It has taken decades for us to get the point where we are in terms of sustainability. We haven't started yet to do the same work in health, but we have to. And COVID may be the trigger for that because COVID is just a symptom, it's not the disease.

It's just a symptom of what is happening in the world and what's going to happen in the future if we don't change things. And COVID is a viral disease and it's a huge epidemic, but 70% of the deaths in the world are linked to non-communicable diseases. And non-communicable diseases are easily preventable with some tweaks to the way we live. And those tweaks are linked to the way our cities are built.

HARRIET FITCH LITTLE: These non-communicable epidemics might be things like heart disease, diabetes, or cancer. We'll come back to how they're linked to city design later in the episode, but first, we're going to hear from Ann Forsyth who runs the Healthy Places Design Lab within the GSD. Her current research is focused on developing healthier ways of living within a rapidly suburbanizing world, which is, incidentally, the sort of setting that Elvis Garcia is targeting as potentially dangerous.

ANN FORSYTH: The place where you live can expose you to things that are bad, basically-- air pollution, water pollution, accidents, hazards, and so on. And so you can create an environment that can protect you from those hazards, and sanitation falls in that area. So that's an area where better design can help prevent you being exposed to infectious diseases and so on.

The environment can connect you to the resources you need to live a healthy life. This is particularly the area of transportation and universal design, just being able to get out and about and access things that you need. Some of it is about access to healthcare, particularly in rural areas. But a lot of it is about access to other people, to food, to services, and so on.

HARRIET FITCH LITTLE: We'll go back to Elvis now who makes the case for a cross-disciplinary information sharing approach to thinking about health and design.

ELVIS GARCIA: There's so much data that shows the way cities are built are so against our health. And what happens, this data stays in the schools of medicine, the school of public health, but it never comes to the design schools. And that's where we have to address. The US cities are the worst place to live in the world if you consider non-communicable diseases because the way cities are built here all with the city sprawl is what started everything.

There is a very nice chart that shows how many studies have been launched in academia regarding obesity and heart disease. And there is an exponential growth that starts in the '60s. Why in the '60s? It's because we started in the '50s to build these cities outside the cities. That's the American dream, and everybody with their cars.

And then, everybody started becoming obese and started eating junk food because of the lifestyle. Everything is so connected. Nothing you thought about your health, everything is thought about production economy, how we can make you want more. We have to go back to the past before all this influence around us that makes us do things that we think we have to do, but we don't really want to do.

HARRIET FITCH LITTLE: Now, capitalism and the profit motive have shaped the health of urban environments in particular. This affects wealthy parts of the city, like much of the creation of suburbia, but also the poorest neighborhoods. We'll hear next from Jill Desimini, Associate Professor of Landscape Architecture at the GSD. And she's spent her career looking at the community impact of vacant plots of land within urban landscapes.

JILL DESIMINI: The intersection of health concerns and vacant land in cities is an interesting one. And while some abandoned tracts of land have industrial legacies and are directly polluted, others, such as the scattered residential lots that I focus on, have far reaching indirect impacts on the health and well-being of adjacent residents. I might argue that living in this situation has a kind of toxic feeling and really affects the mental and physical health of the residents.

And so here, I think of the work of Mindy Thompson Fullilove and Rod Wallace who do a lot of great work on serial forced displacement and the ways that policy and investment-- perhaps I should say the lack thereof-- has shaped the built environment to the detriment of communities of color. Repeatedly over time, the idea of forced movement or the forced destruction of the landscape puts a lasting imprint on the communities. For instance, you can think about urban heat, which is something that we focus on right now.

And if you look at legacies of where investment has taken place, you can make a correlation that those places are currently hotter, have less canopy, and have really direct impacts on people's health and so it's interesting, Fullilove is a psychiatrist by training, but she looks at the effects of the built environment on people's mental health and sees the effects of communities ripped apart by urban renewal projects, redlining practices, which is the practice of not giving loans, foreclosure, eviction, and the really lasting impacts that this fragmented and broken fabric can have.

So basically, you have a condition where the social, the economic, the environmental, the physical health of people is left to atrophy.

HARRIET FITCH A lot of the uses that Jill proposes for vacant land are premised around their health-giving properties. She **LITTLE:** imagines, for example, that lots might be filled with pharmacy gardens. But one thing that she's keen to emphasize is that whether a lot is vacant or repurposed, it's still an intentional space. In other words, abandonment doesn't happen by accident.

JILL DESIMINI: It's important not to think about this situation in isolation, not just to focus on the locations of abandonment themselves, but to see them in relationship to other forces. It's much as Matthew Desmond writes in his book on evictions. And then there are also two geographers, Josh Acres and Eric Seymour who do a lot of work on speculation. The condition of this decline is produced.

And so basically, it's an entanglement of those people who are gaining wealth and those incredibly cost burdened for whom the very basic human rights have been denied. I think at one point in Matthew Desmond's book he notes that there's a lot of money to be made in places where people are being evicted, in places where the quality of housing is substandard, and so in these places where you have widespread abandonment. And so money is being made here, but money is also being lost in disproportionate and horrifying ways.

It's exacerbating this kind of gap that we see within the United States at large. And so as designers, we can look at these fallow landscapes, places with these wounds in the fabric, and we can imagine preferred alternative futures. We can think of ways in which you might have shared ecological, social, and economic wealth. And designers have often focused on vacant lots or vacant parcels, but I think it's important to think of them not in isolation, as we do, not as a kind of unique spatial condition, but to understand how these places come to be and how they're basically being held down by flows of global capital where you have global investors who are amassing property in neighborhoods, are just holding property in neighborhoods.

And then you also have political entities who are engaging in conversations about the future without local knowledge. And so this land is basically held out of the hands of those people who are living at the core and experiencing these conditions that have negative impact on health.

HARRIET FITCH The idea of healthy design is malleable in the same way that good designer is. Good for who, and healthy for **LITTLE:** who? We'll go back now to Ann Forsyth whose work explores some of these questions.

Directly after hearing from her, we'll hear from Emi Kiyota who was a Loeb Fellow in 2017. She shares how some of these considerations played out in the context of the 2011 Japanese tsunami.

ANN FORSYTH: Different kinds of people are affected differently by the environment. So it's really important to look at exposures, connections, and support or access through the lens of different kinds of people. So an environment that for a working age able-bodied adult might seem vibrant, and vital, and exciting could seem quite threatening to a frail or older person who's worried about tripping in the busy street. And it could also seem threatening to a child who is still learning how to navigate their way through the environment.

So trying to consider the various kinds of people and their life experience in thinking about the environment is also important. And we particularly think about people with low incomes who might have some kind of pre-existing condition who could be culturally marginalized and, in particular, people for whose age makes them more vulnerable. The very old and the very young have more vulnerabilities. So that's a wider way of thinking about how places connect to health.

EMI KIYOTA: Sitting at home and hearing about the social isolation issues, and older people being most vulnerable, and we have to really protect them-- that, to me, those narratives are so similar to what happened right after the disaster in Japan, actually. Because older people are heavily affected by natural disaster. So with pandemic. And we just like rush into just trying to help them and treat them as a vulnerable populations.

One of the things that I try to remind myself is that the pandemic is challenging issues that we are facing right now, and we really have to protect the elders. But at the same time, we shouldn't really treat all the older people as a vulnerable population, and we shouldn't really help them always from a one way street. What we learned in Japan was that after this traumatic experience, what the older people wanted was to return back to what they were given for the help.

But at the same time, I am still thinking about how to create a safe environment where people can socially interact safely. Just really try to help elders to be a part of contributor, just give them opportunity to be able to do something to others because that makes us all feel better. So I've been really thinking about, what does that mean?

But I don't think we have invested enough time to just try to learn about that. And I'd really love to be able to see architecture school and design school talking about creating safe place with other people, rather than just really focusing on safety and infection control.

HARRIET FITCH This is one of the tensions that we've seen in response to COVID. The design impetus was initially to shut down, **LITTLE:** to sanitize, make safe, and isolate. But all those things actually make communities less resilient because they atomize people from their neighbors. For Emi, who runs a nonprofit focused on creating socially integrated communities for the elderly, the solution always begins with collaboration.

EMI KIYOTA: I've studied design for aging for many years in graduate school, and also I still do consultancy for designing for hospitals and nursing home and affordable housing. The issues that I'm still dealing with is that we don't listen to older people enough for their living environment. And I really do think that we will be able to learn from [NON-ENGLISH] approach, which is really co-design everything with older people.

So we facilitate for older people to make decision. We'll wait until they make decisions. And sometimes, you just have to ask 100 more questions for them to be able to articulate what they want. But to me, it is very important. And I think in the design process we are not including older people.

So I think that first, empower users and really include them into the design process from the beginning. And being able to co-design, to me, it makes more sense. And I think you're talking about post-COVID, no one knows the right answer at this moment. And we are talking about what the elder care should look like, and my first question is, have you spoken to older people? Because you're not the one who is going to be living there.

You are not the ones who were kept inside of the room for months and months not being able to go out. And people think that, oh, we're doing this for you because I'm protecting you. And older people might say, you know what? I need a life. I want to step out from this room.

And for the post-COVID time, I really like to keep advocating to really include older people. And it's not only including them, but really empower them to be a part of the solution.

HARRIET FITCH We return again now to Ann Forsyth. Although a lot of her research focuses on suburban spaces, she neither
LITTLE: valorizes nor demonizes them. As she explains, there is no single environment that is without its flaws.

ANN FORSYTH: The issue of older people aging in place and homes needing to be the settings where healthcare is provided and where health is maintained is an important one. So we've done some work on aging in place, defining what it is. So for some people, it means staying in your same home forever.

But in others, it means residing in the community and not in a nursing home. And there are still more definitions. And this aging in place includes a lot of challenges. So in the US, people are aging in place in a variety of locations that may not be so suitable. Some people are in core cities, but those core cities can start to seem dangerous and threatening to older people who are frail and worry about being jostled and tripping and so on when they go out and about.

But more older people live in rural and suburban areas in very low densities where it may be hard to get services to people as they age. There's also a growing number of single people who are older. Family sizes have been getting smaller for a long time. And so the role of family in looking after people has changed.

And as people move around a lot, that also means that the place where you age matters and you may not be near family. You may have to rely on others. So there's a lot of complex issues to do with aging in place.

HARRIET FITCH Just as there is no perfectly designed neighborhood, there's no one-size-fits-all environmental plaster that is
LITTLE: guaranteed to improve urban living. Jill Desimini, who we heard from earlier speaking about the fate of abandoned spaces, makes this point in relation to the history of public parks.

JILL DESIMINI: Let's say have a giant, turn-of-the-century 19th century park-- let's think of Fairmount Park in Philadelphia, Forest Park in St. Louis-- that was responding at some point to a health concern. Or even the Emerald Necklace in Boston, which is thinking about pollution, Fairmount Park, which is thinking about clean water supplies. So landscapes have always had these ideals or have responded public health crises.

But you might take that huge park and it might not make sense for it to be the only signature public space in the city right now. You might need to think about it as having a different size, or configuration, or care regime to make way for other spaces that can better serve people where they are and where they want to go. I think some of the studies of Detroit show that maybe Detroit does have a lot of open space, but it's not where people are living.

It's not responding to the city as it is and providing the health benefits that could be associated. And so in my research on design strategies for fallow lands, I'm interested in these entanglements and I'm interested in thinking across all of these aspects-- design, labor, economy, ecology, climate, value, ownership, wealth-- and how we can shift our frame of mind towards better health outcomes for human and non-human species that are living in the midst of these unhealthy places.

HARRIET FITCH At the beginning of this episode, Elvis Garcia was keen to point out that viral diseases such as COVID aren't
LITTLE: necessarily the main focus for academics thinking about health and design. We returned to him for our final segment and hear about how noise, which is something that we rarely associate directly with our physical well-being, actually plays a huge factor in health outcomes.

ELVIS GARCIA: Cars is the biggest cancer of our cities. And I understand in America a car is a big part of the daily society, but cars are killing us, figuratively and realistically. Having cities full of cars, they don't allow us to work anymore because walkways are not broad enough. And this is not allowing us to do the minimum walking distance on a daily basis that we need to have a healthier life in the future.

Cars not only do that, they increase the potential heart disease, diabetes, and obesity. All of this just because we are not walking, we are taking cars. But then they also have a huge impact for sure in pollution. And the high percentage of people who die of lung cancer not because of the smoke of tobacco, but because of cars. It has been proven how it has an impact on brain performance in children.

So cars also are behind that, but also they are behind the noise in cities. Noise is the second biggest source of environmental disease in people. Just behind pollution is noise. How many people talk about noise? Nobody talks about noise because you assume that there are some regulations there. But that's not enough.

So cars are really the biggest cancer in our cities. And there are ways to get rid of them. And the concepts like the superblock of Barcelona is just a great concept they will help us reduce the amount of cars while we have a much better lifestyle. But it requires so much, so much willingness of the government, but also acceptance by population.

Not all countries are the same. If you go to Denmark, that's OK. If you go to Oklahoma, then that might not be the same.

HARRIET FITCH LITTLE: Thanks to Elvis Garcia for speaking to us there. And thanks also to Ann Forsyth, Jill Desimini, and Emi Kiyota for sharing their research in this episode. You can find out more about their many and varied interests in the show notes, and if you enjoyed listening to this, you might like to hear episode one where we speak to the people researching design and the climate crisis.

Design Now is produced and edited by Maggie Janik and hosted by Harriet Fitch Little. To learn more about the Harvard Graduate School of Design, visit our site, GSD.harvard.edu, and follow us on social media @HarvardGSD.

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