

The Minnesota
Women in Architecture
FAIA Legacy Project

Rebecca Lewis Oral History Interview

Introduction

Legacy Project

The Minnesota Women in Architecture FAIA Legacy Project, is a joint effort of the Minnesota Architectural Foundation (MAF) and the American Institute of Architects (AIA) Women in Architecture Committee. In 2018, the Legacy Project began to amplify the achievements of our female fellows by documenting the stories of the women architects in the Minnesota recognized with the AIA's highest membership honor, Fellowship (FAIA).

The project's primary goals are: 1) to increase the visibility of women architects to break down stereotypes that may be instrumental in the formation of unconscious bias about the women in the profession and 2) to increase the visibility of women architects to encourage more women to seek a career in architecture and to stay productive in the profession despite adversity.

Funding from the Minnesota Historical Society supported the first eleven interviews and oral histories; with this template, the project will continue to grow.

Rebecca Lewis



Elevated to Fellow in 2016, Rebecca Lewis brings her nationally-recognized medical design expertise to small and isolated communities, represents AIA in creating healthcare design codes for projects across the country, and leads the profession to improve wellness in rural America.

Interview

Rebecca Lewis, Interviewee

Kimberly Long Loken, Interviewer

March 1, 2019

Kimberly Long Loken: **KL**

Rebecca Lewis: **RL**

Track 1

00:00

[General discussion]

KL Today is March 1, 2019. We are here at the offices of DSGW at 2 West First Street in Duluth, and this is Kim [Kimberly] Loken interviewing Rebecca Lewis. Rebecca, would you please state your full name and when and where you were born?

RL I am Rebecca J. Lewis. I was born in the late 50s and I am from Duluth Minnesota.

KL Alright. So let's start by talking a little bit more chronologically, how you first came to find architecture or how it found you.

RL Well, I will answer that question by saying that in my specific area of architecture and my interest is healthcare architecture. So I think it's maybe a little bit more interesting how I found that because it's kind of an unusual niche, and it's one is—directed everything I do for a very long time. And I can say that, in architecture school, I became a patient. Most everybody's a patient, but this was a little bit beyond your normal visit to the clinic, and it was a very important experience in my life. And, when I meet other folks that are involved in healthcare design, that's not uncommon. A wide variety of experiences lead you to that place, but many, many people have had a loved one or have had some experience with healthcare. And that's led them to the direction that they follow in architecture.

But my story about that is that I had a wonderful father who was very curious. There was never an adventure that we went on together where we didn't come back learning something new. And he took it upon himself to provide what I call distraction devices. While I was being patient, like many other people, he would explore the hospital and the clinics, and he would find interesting places and get permission for us to go. And between appointments, between visits with folks, we were in the mechanical room. We were in the

commercial kitchen. We were at the helipad. We were sitting in the waiting room counting how many people sat in the red chairs as opposed to the green chairs. And it was nothing but a parent wanting to create an interesting distraction that became a message to me as an architecture student at the time that there was something more to architecture than just designing the building, but something that was creating—something that would have a real impact on people's lives during an important life experience. Now, I didn't act on it right away. That message sort of simmered with me for a long time until a few things turned up the heat on that idea for me, and that's how I got to healthcare.

KL Alright. So, if we were to take a step back to you sort of realizing your fit in architecture to more just choosing it as a discipline to begin with, you're among a generation where there were many fewer women studying architecture in schools. So when did you first start to consider that as an academic path or a career path?

RL Not for a very long time. I was in my early 20s before I really understood that that was an opportunity. So it was not something that was of interest in high school or at other times. It was something that I discovered later on in life. So I was a little older student, but that created some advantages, and I don't regret any of those things.

KL Right. Had you started with a different academic path at the college first?

RL Mm-hmm. I was an art major and also had some journalism focus as well.

KL Alright. And then where did you attend architecture school?

RL At North Dakota State University in Fargo.

KL And do you recall about how many women were in your class or the percentage?

RL I would say it was ten percent at the most.

KL Alright. And then when did you graduate from NDSU [North Dakota State University]?

RL In 1990.

KL And where did you first start practicing?

RL Here.

KL So you've been—

RL At this firm.

KL —with this firm your entire career?

- RL** Correct—kind of rare.
- KL** Fascinating. Yeah, it is rare.
- RL** Yes—yep—very proud of that. And I've been a partner for a number of years, so yeah.
- KL** So you already talked about your father and being a patient as being a really defining part of your career. Can we talk about some other people and events that influenced the arc of your career?
- RL** Well, I think the message of that story if I can just add one thing to it, is that all of us have experiences in life. And, if you are just open to those things, you just don't know what opportunities are going to erupt from that. So, no matter what your life is, there's something there and mine just happened to be that point in time. That's sort of where it crystalized.
- KL** So maybe some additional things early in your career—healthcare doesn't get a lot of space in the typical college curriculum. So, when you started practicing here, did you work on a variety of projects and then sort of slowly come back around to a healthcare interest?
- RL** Yes, I think that what really allowed me to bring something to this firm of value when it came to healthcare, because we're a generalist firm, was in mid-90s, either '94 or '95, I attended my first conference which was at NEOCON, an interior design conference. And I happened to attend a seminar given by a very interesting woman who was talking about interior design and how you use it in settings for the elderly. It was quite interesting. And I remember I came back and did some research, and there was a certificate program in design for gerontology at UWS in Superior. And I called and no other architects had signed up. They thought it was kind of crazy. But I came back to the senior partners at the time and asked if I could take this certificate course. And I did, and it became the foundation here at our firm and my own foundation to be able to move forward into more complex healthcare design.
- KL** So some projects that had been real benchmark projects for you—before we started the recording, you mentioned a particular operating room—but could you highlight some projects that were major moments in your growth in your career?
- RL** Before we get to projects, do you mind if I add something to sort of the path that I would like people to really hopefully benefit from—
- KL** Absolutely.
- RL** —that has been a huge benefit for me. So the next conference that I attended was an AIA [American Institute of Architects] conference, Academy of Architecture for Health. And it was because we were starting to do some healthcare. And I attended an Academy of

Architecture for Health update which is when sort of the board of directors comes together and tells everybody about all the things they're doing. And I remember sitting in that meeting, and I, for one reason or another, turned to the gentleman behind me and said, how do you get involved in something like this? Because this is National AIA. And the gentleman behind me, I didn't know, but he just happened to be the past president of the Academy. And about two days later he called and he had two opportunities for me to get involved and they were two forum leadership positions, you know, kind of basically a committee chair. And one was interior design and one was codes and standards. And both were wonderful opportunities, but one of the things that I've learned in life is it's always better to pick something that is challenging as [opposed to] something that you know you can master [easily].

So the interior design leadership would have been very easy for me. I know about that. But the codes and standards I really didn't know anything about. So I took that one. And I called him back, and I said I would do that with a co-chair. So he partnered me with a senior healthcare architect who became a very good friend and mentored me for a long time. And that's how—that single turn and look over the right shoulder and question led to being on the board of the academy, being a founding member of the American College of Healthcare Architects, being the national AIA representative to the Facilities Guidelines Institute. You know, all of those things came from turning and asking a question. And I think it's so important for people to realize that one moment can change your life, your career, and in a very positive way by simply having the confidence to turn around and ask a question and then to pick the difficult path, not the easy one. Because, ultimately, that's probably where you're going to get the most reward because you're learning as well as giving back.

10:02

So I think it's a really important message for folks at any level of their career to never lose that—I'm going to use that same word again—curiosity—and willingness to turn around and ask.

KL That's lovely, a curiosity theme.

RL Yeah, and as for favorite buildings, you know, that was your question, you know I thought a lot about that. People ask me that question all the time. I don't really have a favorite building. Obviously, I love working in healthcare and rural healthcare in particular. That's what I'm really influenced by and interested in. But what—the part of architecture that I love the most is the programming part, the beginning part, the schematic design. And

probably the reasons that I like that are it is complex, it's new, you are creating a lot of energy. But that person also has an extremely important responsibility on that project. And that is the point where you're building trust. If you don't build trust with the clients that you're working with, or in my case, the healthcare staff or the patient group or whatever, you will not have a successful project.

So, the building of that trust is so key to hearing someone say that this is important to them and then the next day showing that to them on a schematic floor plan. "Well, there's what you told me about yesterday." You know, that is such an important process that then, when the rest of the team comes in, that foundation is there for them to move successfully with. So, it really is a very interesting part of a project. It's not only a time to really confirm all the things about the project including budgets and how many rooms and etc., but it is a very empathetic time and a very personal time to build something that's basically probably the most important thing for project success.

KL Could you talk more about the methodologies that you use during that programming phase, because this is a very dynamic field, right? You talked about the challenge of opting into codes and standards to begin with. So that is always evolving, and there's constantly new equipment coming online, new procedures, so much work against hospital-acquired infections, for instance. You know, sort of general practices. How do you go through communicating your expertise and your toolset with their expertise and their toolset and what are the methods that you use?

RL The processes. Well, the absolute first thing is that I have to be trained in as much of the latest information as I can. So, understanding what's happening in our industry, in medicine, you know, being as well-versed as possible, because it's the job of the programmer to ask the questions that allow the building and the project to unfold. The process that I use is very interactive. I do not depend on computer programs that tell me how to program things. It's very much developed from nothing forward. And it starts with conversations about goals and objectives, and patient care groups, and issues in the community, and the types of things that you're trying to resolve with a building project. Those—I'll call them medical and healthcare goals—create how a building comes into sort of house that or capture it.

So, it starts with those bigger-picture items, and then it's quite interactive between your traditional computer-generated space planning and functional planning tools, as well as a lot of sketching, a lot of drawing that helps people understand how things can be organized to better create the path for the outcomes that they're trying to achieve.

I'll give you an example. So, if a community shares with me—and this is a true story—if there's a, let's say, a life-span issue in the community—they're seeing some prevalent diseases that are creating a real strong effect on the elderly. We look at that together and we say, okay, so that is going to be a primary force of what we're going to do with any new

healthcare building. Everything we do is going to be about changing that. So, you're maybe programming things in that might start at a very young age that start to address some of the chronic contributors to a disease or a healthcare issue. At the same time, you're looking at the patient that's maybe subjected to those types of challenges. What does your program—where do rooms need to be in order to make it easier for them to access, more comfortable? You know, if they have equipment, can they get around? So you're basically creating the shell around what's happening to people and thinking about how you can make it easier, how you can change an unsuccessful community health issue into one that has some success through the use of architecture.

KL So sociology and anthropology as much as keeping up with cutting edge medical technology and procedures.

RL Right.

KL So, as you're educating yourself on these things, some of it is going to be just sort of—you mentioned you studied journalism for a time, so I'm sure you're taking a lot of information in just sort of like broad news of the day, and then you're being informed by the stakeholders of a certain project, but are you also going deep in certain things with conferences and additional reading and just generating your own body of medical knowledge?

RL Yes. And I'm glad I got a chance to tell the story about turning and looking over my shoulder and passing on some of the importance of some of these National AIA groups and other associated groups that I've had the most unbelievable opportunity to be involved in. But I'm a regular user of those conferences. So I attend many of them during the year. I speak at a lot of them, sharing rural healthcare issues because people are interested in that. It's different and they don't oftentimes get an opportunity to work in those kinds of settings. And that's where I get a lot of my learning. But, at the same time, the core group of people in this country that are as engaged in healthcare design, as I am, actively mentor one-another. And I have a very long list of people that I can call and say, this is something new. This is something that I've seen. I'm not sure I understand how this might have impact in our industry. What can you tell me about it?

And it is a constant outreach in order to be able to continue to understand a very complicated industry and how that affects what we do every day. So that dependence on others, and most people that do this have very large firms. And they have lots of experts in house they can ask. But I find that extreme outreach nationally—and not much internationally, but I expect that will happen as well—gives you a slightly different perspective that also adds kind of a richness to what you learn. Because it really is a message about something that you're asking, but probably a slightly different perspective at the same time. So the idea that you're building this huge mentorship network is something, like I've said, that's been such a huge benefit to me. And it really started with the AIA.

KL So as much as your passion lies in the programming stage, I'd imagine you're doing a fair bit of post-occupancy analysis as well—

RL Mm-hmm.

KL —because it's like designing a submarine right? Designing an OR [operating room]. It's so ergonomic. It's all about efficiencies and avoiding mistakes.

RL And construction administration. I run projects regularly. I do not do as many contract document production, but the full range I get a chance to do because we're a relatively small firm. So my responsibility is to run a project from the first day to the end.

KL Let's talk about some more challenges that have shaped your career, whether expected or unexpected.

RL Well, the word challenge is typically—relates to being a little bit unexpected, so otherwise it wouldn't be a challenge. It would be something easy to overcome. But I think everyone has challenges. I think you just have to look at them as opportunities, and you have to welcome challenges and not see them as barriers.

19:58

Every fence can be climbed over. You know, you just have to figure out how. And maybe that's a little easier for folks that love the complexity of certain types of architecture because you're constantly solving puzzles. But I really do not see too many challenges that I would be unable to be overcome.

KL Right. And you already acknowledged that in saying that you want to choose the thing that's more challenging because you learn more from it. Are there some more examples of things where you chose the more challenging course perhaps?

RL Well, yes. I'll give you one. So I mentioned earlier the wonderful opportunities that I've had from that first interaction of turning over my shoulder and asking a question. The American College of Healthcare Architects was not even an organization at that time, but there were 50 architects that decided that that was an important certification that should be offered to folks like myself. And I became a founding member of that group, and then served on the board of that organization which was not something that was unusual for me. But, when they tapped me to lead a national organization, that was not something that I'd ever done before.

So I really pondered that for a while. You know, like with any other challenge, you can say “no thank you”. But I decided that I would do that, and I’m very glad that I did. It was an opportunity to learn so many new skills, to speak in front of very large groups, to manage parliamentary procedures for a large meeting, to strategize about the growth of a new fledgling organization, to navigate all kinds of communication with AIA and with building that relationship which is still a very strong and successful one, as well as continuing to reach out to deserving architects that want to try to achieve that level of certification. So that was a really great experience. I’m really glad I did it, and there were a lot of great people that helped me along the way with that as well.

KL Do you want to mention a few of those people?

RL Well, let’s see—the President before me, John Pangrazio was a wonderful help during all of that. Joe Sprague followed me as President of the organization and was also and still is a very good friend and is someone very influential in the Facilities Guidelines Institute [FGI]. So we continue to interact in a lot of different arenas. So I think those two folks were key to successfully being able to fill that role and do it well. There were many though. It would be a very long list.

KL As is the nature of our collaborative profession.

RL Right. But all of them very deserving to have taken someone from Northern Minnesota under their wing and helped to provide such a great experience.

KL So, as a founding member of this organization and then as one of its early leaders, you had a strong hand in shaping its mission. So, do you want to talk a little bit about what you brought to that defining of the mission, things that you had observed in your practice to that point and/or were personally important to you based on your own experiences as well as taking in research, taking in similar contributions from others, like what is the nature of developing that mission?

RL Sure. Well, what I think was really important to me, and still is today—that rural clients have the opportunity to have the same level of expertise that you would find in any urban area when it comes to really, really feeling confident about a specialty design. There are a lot of talented people that do healthcare, and there’s no right way. You don’t have to have a certification to be better than anyone else. But for a client to be able to say, “Well, I have the opportunity to work with someone that is certified to do this and has had some additional training and continues with that, is an opportunity that might be worth exploring.” And, to me, being able to offer that—even in the smallest community of 1500 people—to others that are a little bit larger is really important.

[Interruption]

RL Does that make sense?

KL Yes.

RL I think that's been a real driving force for me not to say there's only one way, but to be able to provide an option. And I think that's wonderful for folks no matter where they're from.

KL So the other end of the spectrum, not national-international, but right here at home, your home firm, your only firm. Can we talk a little bit about the people who first mentored you, who you're mentoring now, your arc within DSGW?

RL Well, that is a good question. There have been some great folks that I've worked with, many of them, for as long as I've been here, they've been here as well. And we have developed a small healthcare studio where other people of like mind that are fascinated by this kind of architecture have regular sessions where we get together and have educational programs or share ideas or experiences that make us better at what we do. And that's a very exciting thing to do. It's fun to meet other folks that are as interested in this type of architecture as I am.

KL Alright, so let's talk a little bit more about complementary skills and interest that enhance your practice.

RL Well, as you know, because we talked a little bit before you started recording here, I believe heavily in hand drawing. It's a specific tool that gets a specific response from people and is a—it's an extraordinary communication tool. And I use it heavily not because I can't draw on the computer—that's not too hard—but because it does something in communicating with a person that a computer drawing just doesn't do, especially early on when you're developing trust. There's something very informal and engaging and sort of has the ability to pull two people together in a way that a computer-generated drawing doesn't. So I'm a huge proponent in those skills. They are skills that you have to practice, and to be able to draw in front of people is an extraordinary tool, and that takes work and practice.

So those are very specific skills that, when young professionals talk to me about what can make them a better architect, I typically will talk about that. And it's pretty foreign to a lot of folks. I think I mentioned not many of the staff in our office have drawing tables on their desk, but I do. And many of them, while I'm drawing, will oftentimes be standing behind me watching, and I don't realize it at the time, but it's even engaging to other like-minded professionals as well. But it's a cool skill. And I think the other thing that I have found—and it kind of harkens back to I think everything we've talked about—and it's maybe not a skill, but it's something that also takes work and concentration—is that is probably the thing that would hold you back from success more than anything else is ego. I think obviously there's a difference between confidence and ego. You have to be confident

if you're—if somebody says, “Can someone stand up and make a presentation to 300 people tomorrow,” you better raise your hand. But that's not the same as having an ego. And, if you walk into rooms with that kind of baggage, it changes the dialogue and you can be proud and proud of what you've accomplished, but I think having an ego is a different thing. And that can be—and kind of an unfortunate result that can really hold people back without them even realizing it. So, if you understand the importance of that, then you don't let it happen.

KL So, did you always draw from an early age?

RL Yes—always did.

KL And, as you initially chose to pursue art, was it with a focus in drawing and painting or were you—did you have equal comfort and interest with more 3D media?

29:55

RL Mostly 2D. A lot of printmaking, a lot of watercolor. I continue to do those kinds of things just as a hobby, nothing very worthy, but always something that's kind of been a part of my life.

KL And would you say that your journalism studies play an important role in how you first engage with people? Are you pulling anything from those days?

RL Not a lot. That was a small part of my high school career, and it was a very interesting part. And maybe it does in a way. Maybe part of programming is interviewing just as we're chatting today. And that might be the part that I don't even realize. So perhaps it does more than I've noticed, so that's an interesting perspective I'll have to ponder on.

KL Alright. We'll revisit that when we get together again. It just struck me that, if you were drawn to that initially, it does seem complementary to how you're drawn to the programming piece.

RL Good point.

KL So, look forward to chatting about that further. So you already mentioned mentoring young people in the office and advice to emerging professionals in the context of drawing. And there is a kind of magic to it. It is transfixing. It does pull people in, even if they sit just a few feet away and know you well. It certainly pulls in a client or a person you're trying to communicate with, right? There's a magic to it. It's a thing that we do that—like

you said, it's a skill. People can learn it, but a lot of people haven't, and it's a part of what we bring to the process. What other advice do you give to emerging professionals?

RL Well, that's an interesting question. I'm not sure I give a lot of advice. I mostly listen and learn from others, even emerging professionals. I can learn a lot from them. So I think the advice, if I'm ever asked for it, that I give is very specific to a question. If someone is trying to overcome something or find the right resource or learn a certain skill, my response would be to try to give them a path for accomplishing that. So I guess I can't think of any real specific advice. I would much rather help somebody find the answer themselves than give it to them.

KL Absolutely. And what about to young people who are considering architecture maybe don't fully appreciate the range of opportunities within the profession. What would you say to a young adult or even somebody in middle school?

RL We have a lot of young people that come and visit us in the office. I think everybody that works in this profession probably welcomes in people that want to know about what it's like to be an architect. And I'm always very happy to spend time with them because, again, it could be that one conversation that makes a difference in their life, like when I turned and looked over my shoulder and asked my question. So I will typically explain to them that both math and science and art are important. So don't be afraid to be involved in all of those things. Because we use it every day. It's just an important part of what we do. But also to be curious. It's a great idea to stop when you see a construction site and look out of your car and try to figure out what they're building and why they're doing it like that. Watch television shows about construction and think about those kinds of things. And be curious about other aspects in your life. And then also that this career never has a dull moment. No two days are the same, and if you think you can handle that kind of variety, this is the—this might be the career for you.

But, also, I do let them know that not everybody does exactly what I do. There are many people with degrees in architecture that have gone on to other very interesting aspects of a career path that may not be the traditional working in the office. Really, architecture school is about teaching you how to solve problems. And that can be an important tool in many, many different careers and opportunities, and elsewhere in the world. So it's a very useful degree because it gives you a very specific talent that many, many people see the value of.

KL Alright. I've got a follow-up question here and I fear maybe it's a leading question, but I'm curious for your answer. So you mentioned watching television shows.

RL Sure.

KL Future architecture and construction.

- RL** Depending upon the age of who's asking the question. So if it's a middle-schooler, as you said, they might turn on a show and watch something.
- KL** Right. So I just—kind of two parts here. The first is that a lot of what's televised right now about construction and design is at the residential end of the spectrum. It's heavily dramatized, right? Easy things are hard and hard things are easy and it all gets resolved in like 23 minutes, right? So that's one way of portraying part of what we do. And then, at the other end, you're talking about like the breadth and the utility of this problem-solving skill set. So I'm curious about—maybe this is too much of a tangent, but do you think the value of architects as design problem solvers, systems thinkers, all those things—do you think they are like enhanced or diminished by this sort of HGTV slice of portrayals of the design profession?
- RL** Well, let me ask—let me see if I can answer that question in two parts. So the other thing that I really encourage young people that come in and talk about architecture to do is build something. Build a doghouse. Build a little lending library. Build something. Go to Menards or wherever, buy the wood, get a plan, lay it out, cut everything. You know, they're going to see that it isn't a problem that's solved in 15 minutes because it's a process. But they're solving a problem. They're starting it out and they're completing it. So that's something that I think is really important. And most young people do that. Or they'll ask their parents and they'll do it. And then looking at a construction site, a big hotel, a bridge, whatever. That will take you beyond the sort of very simplistic portrayal of some projects. But I think there is some value to just the initial engagement to some of the productions that you've referred to that might start some curiosity and the result might be can I build a—can I help you build a chair for the deck—Adirondack chair. Here's a pattern and, you know, that's—I don't think that it's always the response that it's diminishing. There are some people I think that get inspired to do something more. It's the difference between sort of entertainment and education, I suppose. It depends on the individual and how they respond to it.
- KL** No—I think that is an interesting suggestion to eliminate the editing process and to just engage the process and just to see that it's possible for a person who maybe looks like you to go and pick up a hammer and find a table saw and all those things.
- RL** Right. Some people might not know that's an opportunity. Like I shared, I didn't know for a very long time that was even a possibility. But there are some wonderful shows on public television on the construction of Chartres Cathedral and some of the big cathedrals. I mean, there are some wonderful shows about construction that are beyond the residential and beyond the sort of fix-up shows, although I'm sure for some they are very entertaining as well. But there's a wide variety out there for folks if they're willing to look.
- KL** Alright. Now I think I'm going on an even deeper tangent and, if you want to skip it, just tell me. But now that we're talking about how the functionality of spaces is portrayed

through an editing process or an entertainment process. Procedural medical dramas are a huge entertainment sector. I'm curious if you have any thoughts about how that enhances or hinders or just adds to the conversation about how people approach the design of those spaces or how that changes how a patient might encounter things. This is not a well-formed question, but—

40:06

RL Wouldn't it would be fun if one of the shows from today had an episode where they're designing a new hospital?

KL Yeah.

RL Wouldn't that be a fun episode for us. But I recall years ago a conference that I went to—it was an Academy conference, and they had the director on from one of the medical shows. Yes, and he was a speaker, and it was very interesting. He talked a lot about how he designed the sets for the scenarios and what he did to understand the room and how to portray it as realistically as possible. So I have the confidence that a lot of those types of depictions really try to be as realistic as they can. And, certainly, in many of the hospitals that I've been in throughout the country, many of them do look like a lot of those that are portrayed on television. So I don't necessarily think that that isn't something that helped people understand what might happen in that kind of a setting. And is it fairly realistic? I have a feeling that it probably is. Now, it would also be fun if they did one on rural healthcare. I think we've seen those before and they're kind of interesting, but they typically don't focus on the actual medical situation—might not be quite as exciting.

KL Alright. So, coming back into more focus, let's talk about your path to becoming FAIA [Fellow of the American Institute of Architects] and what you highlighted in your portfolio submission, how you really shaped the story that you told of your FAIA accomplishments.

RL Well, the—my Fellow application was really focused on specialty architecture. You know, I didn't go in under design. I had a specialty section which was rural healthcare. And what I wanted to show was the direct link between design and wellness and health in a community. And I believed that we were doing that in the text in a really profound way by talking about results that were linked back to a design approach. And then the examples—the different projects that I was able to show—were not only very traditional small town or community hospitals and clinics and such, but also I'm very privileged to work on many native healthcare projects, tribal healthcare projects around the country. And have found that to be most rewarding and exciting and interesting and challenging building design. It is

very unique and has a different set of challenges, if I could use the word again, that set it apart. And it is something that gives me great reward.

So we were able to talk about the preservation of life, how that preserves maybe a culture or neighborhood or maybe a community, and what that particular institution, facility, clinic, whatever, did to contribute to that. It really is part of the essence of a place to have those types of—I don't want to use the word amenities, but services, schools, firehalls, hospitals. You know those are the fabric of a place, and you know that those things contribute to that community not only surviving, but thriving. And, if you can capture that in what you are designing for that place and make it even better, more than just those base survival, but the thriving, the community, the building of resources that—the coming together of people in community rooms, in the hospital, or for health and wellness fairs or whatever it is. If you can create the kind of spaces that allow some of that to happen that's even beyond just having exam rooms and surgery rooms and an ER [emergency room]—obviously you have those. But, when you're thinking about community survival, you can build those things in and create opportunities for local artwork to be displayed, for local treasures to be collected and to become part of the conversation. You know, those are the additional things that you could add. And that's what we really try to talk about.

And obviously, to my benefit, folks shared my enthusiasm for it and felt that it was worthy of recognition. And I was very honored to have received that, and it was a wonderful experience. I made a lot of friends during it—sort of a bonding experience that's different from any other. And, when you're recognized by your peers, it just doesn't get any better than that.

- KL** Can I ask a question about designing tribal health facilities? Language preservation is such an important focus in those communities, and signage is everywhere in hospitals. Is that an opportunity for a bilingual display that's often taken advantage of?
- RL** Very often. Very often and, in fact, the naming, you know, the language might not be exactly translated from English to whatever the community language is, so sometimes you're actually naming a room so that it has meaning—the goal of the space, how people will use it, etc. So there is something more than just a sign. It is very, very interesting to help facilitate that process and to watch that happen.
- KL** I'm also sure that this is different on every project, but healthcare facilities deal with spiritual issues and have chaplains, have chapels. Are there some additional affordances that better serve attitudes in those various communities about rituals of birth, rituals of death that I, for example, might not already be familiar with.
- RL** Well, and I think that you've kind of touched on something and I'm feeling awfully good about our conversation here because I think you're starting to see what's really magic about healthcare design, if I've been able to share anything today. And really there aren't any

specific parts that I can say address that. You know, every—many people listening to this or reading the transcript will have been in a hospital and seen a spiritual room or have been to church or whatever. And there are obviously places for that kind of thing to take place. And, oftentimes, that's included in a building project.

But really, the really adept healthcare architect realized that what you are talking about is kind of sacred points of reflection. And I can tell you that during a healthcare situation, for a patient, and oftentimes for staff during treatment, that is a constant occurrence. They are taking a moment to reflect on what has just happened and how they can understand it and be able to move forward or assimilate or accept a diagnosis that's challenging or a loved one that might—how can they help a loved one that might be facing someone. So does that happen at a window? Does it happen in a place of solitude, or does it happen in a place where you're together with folks? And it's—I think the real point to your question is, that should always be on your shoulder as a healthcare designer, and you're always trying to provide opportunities throughout a facility for that to happen and not just in one place. Because it happens everywhere, and it is completely up to the individual to say, "I need that right now. And I'm going to turn to this window, and I'm going to look out at that tree, and I'm going to have that moment."

So it's providing the opportunities, thinking about the importance of where that might take place, trying to be respectful of that. And also thinking that there are many, many different types of people that might have different ways of doing that. So it is really an interesting part of what I get a chance to do, but there is not a single answer to it. But I think most people that you would talk to that work like I do would probably answer that question in a similar fashion. Does that make sense?

49:55

- KL** It does—yes. So, because our project has been initiated by the Women in Architecture Committee, we're always interested to hear about how being a woman has influenced your career, or also when it hasn't.
- RL** I guess, to tell you the truth, I don't think about it very much. Maybe I'm too busy thinking about other things that I find interesting and fascinating. I think with anyone that is in our industry, you are constantly proving yourself. Maybe there were a few more times in my career that I had to do that, but they don't really stand out for me. I think basically, you treat other people with respect and they will respond in kind. If they don't, I've found over the years that that's a somewhat rare occurrence and usually if you continue to be honest and forthright and respectful, then pretty soon they come around. But I also think that you

have to be open to other's ideas. You don't always know the answer. And typically, if you collaborate with someone, whether it's a plumber on a construction site, or a code official who are always very welcome to our projects, normally you're going to get something better in the end. So it kind of translate back into some of the things we've talked about, but that kind of welcome I think usually is to your advantage.

KL So you're a very conscientious and thoughtful person.

RL Thank you. That's nice of you to say.

KL As I come to a close with my prepared questions, I can't help but wonder if there are additional topics that you wanted to speak on. Prior to us getting together or even in the course of our conversation when the neurons start firing—you think about this and this and this. I just want to open it up to you to bring any additional thoughts or stories to our conversation.

RL I guess the only thing that I would like to add is the importance of the rural healthcare issue. You know, and one of the things I treasure about working on the Guidelines, and with codes in particular, is being able to bring that voice forward because it's not a huge voice, and it needs to be heard. So, when folks are talking about codes that impact building types like the ones that I work in, I am oftentimes welcomed at the table to say that might be a great idea for Dallas or New York City, but somehow that might have a negative impact in some of these small communities. Can we come up with another solution or another way to interpret that? So, you know, that's really given a great mission to what it is I get a chance to do, and I'm glad for it.

KL So I'm curious about a different level of design process and the degree to which you engage with it. And that's where politics meet healthcare. It's so much of our conversation right now as a nation is single-payer healthcare and range of opinions about its potential efficacy. Also, the threat to so many existing rural healthcare facilities. It's wonderful that you're involved in making new ones, but we're always reading about ones that are closing, too. Or are unable to—[excuse me] unable to continue to offer all levels of care. Like obstetrics is one area that a lot of rural healthcare centers have had to shut down, and women have had to travel farther and farther. So I'm curious to what degree do you have sort of—kind of like the example you were giving—this sort of soft action of saying this might work in a large metropolitan area, but could be a burden to a smaller community clinic. In what ways are you sort of ground-up influencing the conversation, but also have you engaged in political action beyond, presumably, voting? And how do you wrestle with that in your design career?

RL Well, that is a very big question. So, oftentimes, the projects that I'm working on really have very little access to healthcare. So what you're doing is bringing in, in many ways, the first legitimate opportunity for folks to have healthcare. So, as a base minimum, that's

sometimes where you start. If it's really understanding and working with the powers that might be able to preserve important healthcare procedures—you gave some examples in your question. The power of AIA and the Academy of Architecture for Health for really being that voice in the larger industry of the United States when it comes to healthcare, is one that is widely recognized. And that group, I think, is really led by folks that care about every aspect of healthcare. And I'm trying to think if there's a specific example. I guess I can't think of one, but the ability to bring forward the challenges and make them obvious in publication or in research, that these parts of healthcare might be in jeopardy, let's say for example, is something that they actively pursue. So, whether the solution to those—each one of those has a different way of trying to find a resolution. I'm not sure that there is one easy answer for any of those things.

KL You did talk earlier about telling people that architecture is a great field of study for just being a problem solver and that you can apply it to any field. And my impression of a lot of the journalistic coverage of our national health situation—crisis—is that we hear a lot about what insurers think. We hear a lot about what doctors think as a collective, as a professional organization. I don't think the AIA gets rattled off in that same short list of this professional group of people has weighed in on this decision. What do you think we can do to be an even louder voice?

RL I think that what really brings that voice validity is research. I know that the Academy and other organizations are heavily involved in the types of research that is similar in some ways to the research that you find in other professional careers like medicine, that type of thing. But the more you can bring forward an idea that has some research-basis to it, the more legitimately you're going to be welcomed into the arena of discussion. If you just step in and say, I think this, it is not—it does not have the same sort of validity—and that's your word—as it does when you can step in and say, “We have this kind of evidence that is trying to show this trend, and this is the solution that we think this group or this country or whatever ought to be considering.”

So I really think that's a huge change in the healthcare side of architecture that I don't think you're really seeing in other aspects of architecture is the welcoming of research, and in some ways the move towards a little more dependence on that when it comes to design ideas. But being able to rely on something that's more than just instinct, although I can't stress enough that instinct is also equally as important, but to be able to bring those kinds of arguments forward puts you in a way-different platform. And architecture hasn't always had that, but healthcare architecture is starting to build that. I think it will change how our voice is heard. And I think it will help to illuminate things that we might not have seen before. And perhaps, within that illumination, there's a resolution that we can start to bring back to places that are kind of suffering with the inability to provide healthcare as they would like to or resources aren't available, etc. Perfect example of that is telemedicine. You know, there is so much happening with telemedicine right now. Obviously, you need broadband in order to have that a successful program.

KL Right.

59:58

RL And within our country, many, many more rural areas are starting to get that. But not everybody has it. But, once they do, there's great development in the types of tools at the point of the patient that will allow someone from far away to interact with some confidence, actual diagnostic tools that translate through telemedicine, so it's not just a Skype meeting. I mean, we've all seen robotics that can be directed from elsewhere during a surgery. Well, that could happen in a small hospital—not maybe surgical—but maybe so. Maybe it's another type of injury or another type of consultation that can benefit from the support of the broadband, the introduction of some fairly simple transmission tools as well as some specific diagnostic tools that would allow any physician to start the conversation with a specialist on the phone or on the screen. So I think there are a whole bunch of ways to start to overcome challenges and barriers that exist today that take a collaborative approach to the solution like the foundation of broadband as well as the development of all these devices.

And the other one is mobile, transportable units and the ability to do so much on wheels that can travel to very remote areas. You know, that can be a real lifeline. I mean, it's not a new one. It's been around a long time. You see them rolling through town. It's not unusual. So a lot of it is dominated by imaging, some of it dominated by dental. But further development of those things might also be an opportunity to provide services that otherwise couldn't be found in a small community.

KL And then of course the other mobile—our phones and our Fitbits and the baseline data collection that can be provided and managed, especially for people with chronic conditions.

RL Um-hmm—yeah, just communication. You're right about that.

KL So, before we started rolling, you mentioned an OR here in Duluth that you're hoping we might shoot the video at and it seems like describing that space and that project as something that is the result of research, but also maybe perhaps part hypothesis even in itself—your describing that project might be a nice conclusion.

RL Well, I think I'll hold off on that until I have permission to actually use that space because, if we don't use that one, I might use another, and that would have a different story. So if that's okay.

KL We can tell two stories if you want to.

RL I'll hold off.

KL Alright. So, even though we're here having this conversation because you earned your F, you're still very much in the heart of practice. What are some goals yet in your practice? What are some research hypotheses you hope you might engage with?

RL Well, I think the thing that I find most rewarding right now is the work that I'm doing with the Facilities Guidelines Institute. So, it's the continual development of the types of codes that allow people to safely build the types of buildings that I enjoy designing and building. So that is really very interesting, and when you're working inside of those kinds of environments with that kind of group, you're trying to project—obviously, you're writing a codebook that is going to be published in four years. And it's going to be used then for four or five years after that. So, you're trying to project what's going to be happening and impacting your industry in maybe as far as ten years.

And that's very exciting because, if you're in the right group of people, that kind of conversation can be so rich and full of indications about where things are going that it is—it's a very unique setting that the group that happens to work on that particular code book is very diverse. And so it is a wonderful opportunity to be part of that kind of projection and planning and future planning and scenario testing about where we might be in that kind of length of time. And, as you know, with healthcare, it changes so rapidly that that's a very dynamic process. So I find that to be very interesting, and that's about the best thing I do right now other than working on projects, of course.

KL Well, and—yeah—the impact of technology, the speed at which it will change in ten years is just staggering. Like augmented reality I think is going to be a fascinating part of collaboration as well as training of medical staff, but, I mean, even that probably enhanced some of this telecommunications and remote medical services. I wonder if your group is thinking even bigger about impacts of climate change and—

RL Some.

KL Asthma, heat stroke, some of those things that are more situational, but then would affect a large group of people simultaneously and—

RL [Unintelligible].

KL —you know, there's a limit to what a hospital can serve and ways in which a medical facility can flex or flux to a more extreme event. So, not just like keeping the generators on, but having suddenly 10,000 people all suffering a comparable scenario.

RL Exactly. Well, I can tell you that that is a very vital conversation—has been for a long time. And especially our rural health facilities. You know, that's a very, very different

conversation because that's sometimes the only place in a very big, you know, diverse area that has a safe room or has the types of places—rooms you might go in in the case of a weather emergency. You know, whether you can scale up and scale back in order to accommodate larger numbers of patients at one time, you absolutely have to plan for that. And that's part of how you lay out your site. It's part of where you create the storage for the types of things that unfold when that kind of catastrophe happens. You know, it is absolutely part of the conversation—has been for a long time. Is that become different and larger as we project forward and we try to test in our minds what might be changing in the next ten years? Well, yes. That is a very hard thing to predict though. But we try to do that.

KL Alright. This has been fascinating.

RL Yeah.

KL Thank you so much for your time. I'm excited to continue the conversation.

RL You're welcome. Thanks for asking.

[End of Interview]

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