Paperwork ³²

BRITTANY UTTING

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17TH INTERNATIONAL ARCHITECTURE EXHIBITION LA BIENNALE DI VENEZIA PAVILION OF TURKEY

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Mrs. K____ has been taken to the emergency room of a re-nowned hospital on Manhattan's Upper East Side. The doctors "work her up." More than \$200 worth of blood tests are ordered ("emer m lab," "lab serology out"), \$232 worth of X-rays taken, \$97.50 worth of drugs administered. 1 never saw Mrs. K_____, she wasn't in my hospital, I don't know her medical history. But I am a doctor, and can recon-struct from her hospital bill what is going on, more or less. She is sick, very sick. are ordered ("emer rm lab," "lab serology out"), \$232

JOHN K ____

DATE

Mrs. K____ has been moved to the Intensive Care Unit ("room ICU"). It costs \$500 a day to stay in the ICU, base rate. California has the highest average ICU rates in the coun-try: \$632 a day. In Mississippi, the average is \$265. ICUs were developed in the 1960s. They provide technological life-sup-port systems and allow for ex-traordinary patient monitor-ing. An inhalation blood gas mont1' is being used to keep a close check on the amount of rownen in her blood. Without close check on the amount of oxygen in her blood. Without the attention she is receiving the attention she is receiving in the ICU, Mrs. K ______ might already be dead.

Mrs. K____ has been running a high fever. The doctors have sent cultures of her blood, urine, and sputtum to the lab to find out why. She is put on gentamicin ('lab gentamycin troug'), a powerful antibiotic. Such strong drugs can have toxic side effects. Gentamicin kills bacteria, but can also cause kidney failure.

It is Mrs. K___'s fifth day at the hospital, and she is slipping closer to death: her lungs begin to fail. She is put on a respirator ('inhal respirator'), which costs 5119 a day to rent and requires a special technician to operate. A hospital can buy the machine for about \$15,000.

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Mrs. K___'s first week in In-tensive Care ends in a flourish of blood tests. She has five Chem-8s (Tab chem-8') -tests that measure the levels of sodium, potassium, and six other chemicals in her blood. The hospital charges Mrs. K_____\$31 for each Chem-8. Most independent labs charge about half as much; some hos-pitals charge up to \$60. The New England Journal of Medi-cine has said: "The clinical lab-cratory [is] a convenient profit center that can be used to sup-port unrelated deficit-produc-ing hospital operations." The ing hospital operations." The Annals of Internal Medicine estimates that the number of clinical lab tests being done is rising 15 percent a year.

Mrs. K____has started peri-toneal dialysis ("dial-perid kit 87110"). Her kidneys are fail-ing. She is still hooked up to the respirator. She is being kept alive by what Lewis Thomas calls "halfway tech-nologies" — "halfway" because kidney dialysis machines and respirators can support organ systems for long periods of time, but card: cure the under-lying disease. Some doctors are beginning to question this practice. A recent study at the George Washington Univer-sity Medical Center con-cluded: "Substantial medical resources are now being used in aggressive but frequently futile attempts to avoid death." Mrs. K has started per

Mrs. K____has been put in a vest restraint. Restraints are used in Intensive Care to keep patients from thrashing about or pulling their tubes out. Many ICU patients develop what is called "ICU psycho-sis." They become disoriented, begin hallucinating. The con-dition is brought on by lack of sleep, toxic drugs, the noise of the ICU staff and machines, and pain.

Image: © 1990 Edward R. Tufte, Envisioning Information, pp 56-57, courtesy of Graphics Press LLC. Redrawn from David Hellerstein, "The Slow, Costly Death of Mrs. K_-." Harper's Magazine 268 (March 1984), 84-89. Commentary text © David J. Hellerstein, 2021.

> 09/23, ROOM ICU 500.00, LAB AUTO BLOOD CT 1402101, 17.00... 09/24. ROOM ICU 500.00. LAB SALICYLATE 1401050. 40.00 09/25. ROOM ICU 500.00. LAB ACT PAR THROM 1404001. 27.00... 09/26. ROOM ICU 500.00. LAB CHEM-8 1401111. 31.00 ... 09/27. ROOM ICU 500.00. OPER OP RM 150 1001005. 520.00... 1

Published by David Hellerstein, M.D. in the March 1984 issue of Harper's Magazine, "The Slow, Costly Death of Mrs. K__" describes a woman's illness through an annotated medical bill. An excruciatingly exhaustive list of dates, treatments, and charges, the closely packed figures of the invoice tabulate the costs of care from a woman's twenty-five-day hospital stay. This data set produces in precise detail the summation of tests, medicine, equipment, labor, and space for Mrs. K__'s care, adding up to a final bill for \$47,311.20 on October 18th, the day of her death.

What do we think of when we imagine the architectures of health and hospice? In Mrs. K__'s bill, the only reference to her environment is the daily charge of \$500.00 for her ICU room. Punctuating the endless list of blood tests, Paperwork³² UPON RECEIPT OF CARE Words by: BRITTANY UTTING Keywords: care, hospice, paperwork

tissue cultures, x-rays, equipment rentals, and dosages, the repetition of the room charge produces "the low affect that accompanies the perception of minor differences against a backdrop of the generic".² The dull affect of the list—a deadpan aesthetic that reflects Mrs. K__'s "slow and costly death" in the words of Dr. Hellerstein—embodies the spatial and temporal alienation of modern healthcare, abstracting the actual lived experience of illness, loss, and grief. While architectures of health often reproduce this abstraction, characterized by hushed waiting rooms, generic labyrinths of overly conditioned corridors, and curtained grids of beds bristling with tubes and equipment, what other forms of spatial practice can re-inscribe care into this mystifying flow of bodies, medicine, and capital? Rather than obscuring the invisible infrastructure of costs, assessments, and risks in medicine, how can architecture overcome the dull dread of hospital bills, invoices, administrative overhead, and insurance claims to produce a new interface with our spaces for care?

Sianne Ngai, "Our Aesthetic Categories," PLMA, Special Topic: Literary Criticism for the Twenty-First Century 125, no.
 4 (October 2010), 950.

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About the author

Brittany Utting is Assistant Professor of Architecture at Rice University and co-founder of HOME-OFFICE. Her research centers around the spatial, social, and ecological arrangements of collective life. She previously taught at the University of Michigan as the 2017-2018 Willard A. Oberdick Fellow. Brittany received her Master of Architecture from Yale University and a B.S. in Architecture from the Georgia Institute of Technology. She practiced at Thomas Phifer and Partners as project designer for the Museum of Modern Art in Warsaw. She also has editorial experience at Log, Journal for Architecture and served on the board of CARTHA Magazine.