



THE SOCIETY OF AMERICAN MILITARY ENGINEERS

ARCHITECTURAL PRACTICE COMMITTEE

QUARTERLY JOURNAL

INTERVIEW WITH VIRGIL CAMPANERIA:

BY DAVID PACKARD, R.A., PMP, FSAME



Virgil Campaneria is a member of the Architectural Practice Committee and an Architect employed by Gurri/Matute in Miami, Florida. Virgil and Gurri/Matute Principal, Jose Matute, found themselves in the center of a real-life emergency response exercise as they responded to the effects of Hurricane Andrew in August 1992 and more recently, as Hurricanes Irma and Maria battered Caribbean islands and the State of Florida in 2017. Virgil and Jose have been actively involved in the American Institute of Architects' (AIA) Disaster Assistance Program (DAP). The program, established in 1972, equips members "with the knowledge and skills to mitigate, prepare for, respond to, and recover from a disaster". We discussed Virgil's most recent experience with the program from a very personal perspective.

– David Packard

DP: Tell us a little about your career and life in Miami

I was born and raised in Miami graduated with a degree in architecture from the University of Miami. I paid my way through school by serving as a Pararescueman (PJ) at Homestead AFB. I served during and after Hurricane Andrew and lived through the relocation of my unit to Patrick AFB. I decided to focus my energies in developing my skills in architecture and fell into healthcare design as a specialty. My military experience and has provided me a unique insight in healthcare design.

DP: How long have you been there and how long have you worked in your current position?

I have been practicing for more than 25 years, but two years ago had the opportunity join Gurri Matute and open a new Healthcare Studio. Since then we have worked together on a variety of project types, sizes and facilities.

DP: I understand that, as a result of the multiple tropical storms in the region last year, you've become involved in damage assessment.

Dating back to Hurricane Andrew, I have been involved the establishment of Air Rescue Operations for the County (since all rescue helicopters had been destroyed by the storm) and have been active in the preparing for and recovering from numerous storms at various healthcare facilities. As an active member of the AIA, we have lobbied to improve building codes so as to limit the impact/damages of storms. Recently, AIA Miami hosted a certification course in "Damage Assessment" with the intent of providing officials in devastated areas with experienced professionals that can rapidly assess the safety of structures post storm/disaster. After a disaster, local authorities are normally over whelmed and are looking to get the largest number of people back into safe structures and out of shelters. FEMA (Federal Emergency Management Agency) would put a call for certified volunteers and we would respond. **What does that involve?** Involvement is voluntary and not limited to Hurricanes, but any disaster. We are normally asked to server for about

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WELCOME LETTER

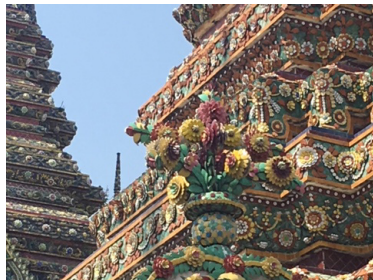


Dr. Paula Loomis
SAME APC Chair

Hello to All. I hope everyone had good holidays and took time off to be with family and friends. Steve and I saw the extremes. Prior to Christmas we were in Scotland enjoying castles, Charles Renee Mackintosh buildings, and sub-zero temperatures. After New Years, we traveled to Thailand and Cambodia enjoying temples, modern skyscrapers and beaches. Wonderful trips and time spent with family in between. Included to the left are a few photos for you to enjoy.

As we approach the end of my time as the Architectural Practice Committee (APC) Chair and the 100th SAME Anniversary, I am excited about our group. We have made an impact on SAME, the services and our profession. The APC is one of the strongest SAME committees. We have a great newsletter that gets circulated to other SAME committees. Our sessions at JETC, APC calls, and webinars are well attended. People are beginning to ask about our tours. We have a great relationship with the service Chief Architects. They support our programs and their staffs are greatly enriched by SAME participation. We also are very close to the American Institute of Architects' Public Architects Knowledge Committee sharing sessions, newsletters, and resources. Most importantly, we are developing dynamo architects - more SAME architects are AIA Fellows than before. A huge thanks to all that made these achievements possible.

I see great opportunities for APC's future. For SAME's 100th Anniversary, we proposed an SAME Design Awards program, Disaster Assistance Training and celebratory banners with significant architecture from each of



Photos top to bottom:
Cambodia Angkor Wat, Thailand
Royal Temple, Thailand Alternative
Transportation

the services. The awards program, led by JJ Tang, will allow us to recognize great works and encourage others to create good designs. The program is briefly described in another section of this newsletter. Please contact JJ or me if you are interested in helping or submitting a project. Virgil Campaneria has agreed to head our Disaster Assistance Group and bring Disaster Assistance Training to JETC and other SAME events. This initiative is a great chance to show how we can help others. Please see the additional article in this newsletter for more information and contact Virgil or myself if you are interested. Finally, during the 100th Celebration, we will also unveil banners with significant architecture from each of the services. Please contact me if you would like to provide images or background on buildings you believe contribute to the military architecture for each of the service. I'm also hoping to include all the submittals in a more permanent compilation so future military architects can have a handy reference. Finally, we have the Urbahn Medal Group that is highlighting the achievements of our Urbahn Medal winners and providing our APC with guidance for the future.

Our APC group is going gangbusters. A huge thanks to those that have been leaders in the past - we would not be where we are without your handwork and encouragement. A huge thanks to those that have volunteered for the future - we will need your energy and dedication.

Thank you!!

Paula J. Loomis, PhD, FAIA, FSAME, AICP, LEED AP

QUARTERLY CALL REPORT

The Architectural Practice Committee hosted a quarterly conference call on **Wednesday, 28 February, 2018 from 12:00 – 1:00 pm Eastern.**

The agenda for the quarterly conference call included an update on committee focus area initiatives, open discussion, and 1 AIA LU/HSW/SD credited presentation.

The AIA credited presentation was given by **Michael Germinario, P.E., CCM, Director of Planning, Facilities Management and Engineering, U.S. Customs and Border Protection on current work titled "Customs and Border Protection Facility Program – Border Stations, the Wall, and ?".**

Customs and Border Protection (CBP) is one of the federal agencies most affected by the Trump Administration policies on immigration and border protection. Their portfolio dynamically moves and shifts with changed in administration policies. Mr. Germinario discussed the on-going facilities design and construction program for CBP as well as some of their more prominent projects. He shared what is similar between his program and DoD counterparts and what is different. He also shared lessons learned from the CBP perspective.

Learning Objectives included:

- » Learn about Custom and Border Protection's portfolio. How is it different from a typical DoD portfolio and how is it the same?
- » Learn about how CBP handles the dynamics of a changing portfolio. What strategies does it use to help the requirements remain "more stable"?
- » What tools does CBP use to manage its portfolio? How are those applicable to a DoD portfolio?
- » How does CBP accomplish design and construction? What is applicable to DoD?
- » How can an agency handle a very high-profile project? What lessons are there for public affairs and strategic messaging?



Michael Germinario
Director of Planning, Facilities Management
and Engineering,
US Customs and Border Protection

Images below from webinar
presentation, courtesy of
Michael Germinario



QUARTERLY CALL REPORT

The Architectural Practice Committee (APC), led by APC Chair Paula Loomis and accompanied by APC Vice Chairs, hosted a quarterly conference call on Wednesday, November 29, 2017. Paula opened the call with comments about the upcoming Small Business Conference and the APC social outing. Paula explained the APC's intent to undertake four initiatives in support of the "Run for 2020" which include the establishment of an APC design awards



John Joseph Moakley U.S. Courthouse, Pei, Cobb, Fried and Partners

program, completion of interviews with all Urban Medal recipients, the design and production of banners celebrating architecture in military installations, and development of an appropriate emergency response action from APC members. In addition, an AIA credited presentation was given by David Insinga, AIA, Chief Architect, Public Buildings Service, General Services Administration on the work of the Office of the Chief Architect (OCA) of the Public Building Service, General Services Administration.

Mr. Insinga gave an overview of the 8,700 structures and 500+ historic structures for which his office is responsible. The OCA support six key functions including Design Excellence, Historic Buildings, Art in Architecture/Fine Arts, Total Workplace Management, the Center for Urban Development, and the Chief Engineer. He shared examples of projects in each category, providing some insight into the diversity of work by the GSA. Historic structures, such as the U.S. Customs House by Cass Gilbert; St.

Elizabeth's West Campus, built by patients; and the U.S. Tax Court by Victor Lundy, challenge Mr. Insinga and his team. The GSA continues to commission art with a 5% allowance in the construction budget of each new building. The amazing "Flamingo" sculpture by Alexander Calder in the Federal Plaza between the Kluczynski Federal Building, Dirksen Federal Building, and the Loop Post Office (all designed by Ludwig Mies van der Rohe) in downtown Chicago is just one example of the amazing artwork owned and managed by the GSA. The Engineering and Support office provides technical guidance to building managers and programs upgrades to facilities, as needed, including basic building maintenance and compliance with local and federal laws, such as the Americans with Disabilities Act. Mr. Insinga was particularly proud of GSA's Design Excellence Program, established in 1994. He discussed design team selection criteria and processes and the Design Peer Review Process and the "Total Workplace" approach to design for public agencies.



Flamingo, Alexander Calder

GSA was challenged to "freeze the footprint", resulting in a reduction of 24.7M sf of facilities since 2012. In closing, Mr. Insinga shared examples of projects completed under the Design Excellence program, starting with the John Joseph Moakley United State Courthouse, completed in 1998. The building, designed by Pei Cobb Fried and Partners, is a magnificent example of public architecture overlooking the historic Boston Harbor. Additional information about the Design Excellence Program can be found on GSA's public website: www.gsa.gov/design-excellence.

As in the past, slides for this presentation are available in the archives of the APC web page at <http://www.same.org/Architectural-Practice>.

UPCOMING EVENTS



2018
JOINT ENGINEER
TRAINING CONFERENCE
MAY 23-25 • KANSAS CITY, MO



COMMITTEE NEWS

SAME National Facility Design Awards Program

Part of the SAME 100th Year Celebration

For the SAME 100th Anniversary Celebration the Architectural Practice Committee (APC) has proposed to start an SAME National Facility Design Awards program. The purpose of the program is to improve the quality of the military built environment through encouragement of quality designs that improve operational efficiency, enhance mission accomplishment, and positively impact the federal agency for whom the facility is designed/built. Winners would show that they effectively and efficiently meet mission and user requirements, produce life cycle cost effective facilities, encourage sustainable and energy efficient designs and enhance the built environment within and around them. This program aligns with the SAME mission statement to get more firms, agencies and people involved in SAME, increase awareness of SAME firms and agencies in the AEC industry, and improve the image of the military built environment.

To be eligible any facility, infrastructure, landscape, planning or facility-related project must be designed, completed, or constructed for an SAME partner agency (DoD, VA, DHS, Public Health Service). Any entity involved in the project to include, but not limited to, A/E firms, general contractors, partner agencies can submit entries.

Awards will be given for projects that exhibit the highest level of quality achievement as described by the purpose statement and determined by the jury. There will be three categories in which awards will be given: 1) Built Projects. 2) Un-Built Projects to include designs, master plans and design studies. and 3) Test of Time for projects that are at least 25 years old.

Submittals will be made electronically through the SAME national website. There will be no cost to submit.

Submittal requirements include:

- o Project narrative limited to one page that explains how project achieves quality requirement outlined in the purpose statement.
- o 6-12 pages of exhibits to include, but not limited to, site plans/information, explanatory floor plans (do not have to submit all floor plans), selective sections, selective elevations and photos.
- o Endorsement letter from project client team or end user.
- o Credits page listing name and contact information for owner, designers (Architectural/Engineering (A/E) firm(s)) and contractor(s).

The APC will select an award jury panel comprising four to five prominent practitioners from A/E industry. One juror will serve as jury chair. You may not serve as a juror if your firm has submitted a project. Judging will be accomplished digitally. The jury chair will attend the awards ceremony and presentations at JETC or other events. The jury will not receive an honorarium for participation.

The Design Awards Program will generally follow the schedule below with the first awards ceremony to be held at the 2020 SAME Centennial JETC Celebration meaning the first announcement for submittals will come in August 2019:

- o August 2019 - Announcement of program guidelines.
- o December 2019- Electronic submittals due.
- o January 2020 - Jury meets.
- o February 2020 - Winners notified.
- o JETC 2020 - Awards given.

We hope to have many submittals for our first awards year. Please be thinking of projects you would like to submit and good luck! Questions can be directed to JJ Tang (Junjian.Tang@hdrinc.com, 312-914-0529) or Paula Loomis (ploomisva@cox.net or 757-630-4773).

BOOK REVIEW

You Say to Brick: The Life of Louis Kahn by Wendy Lesser

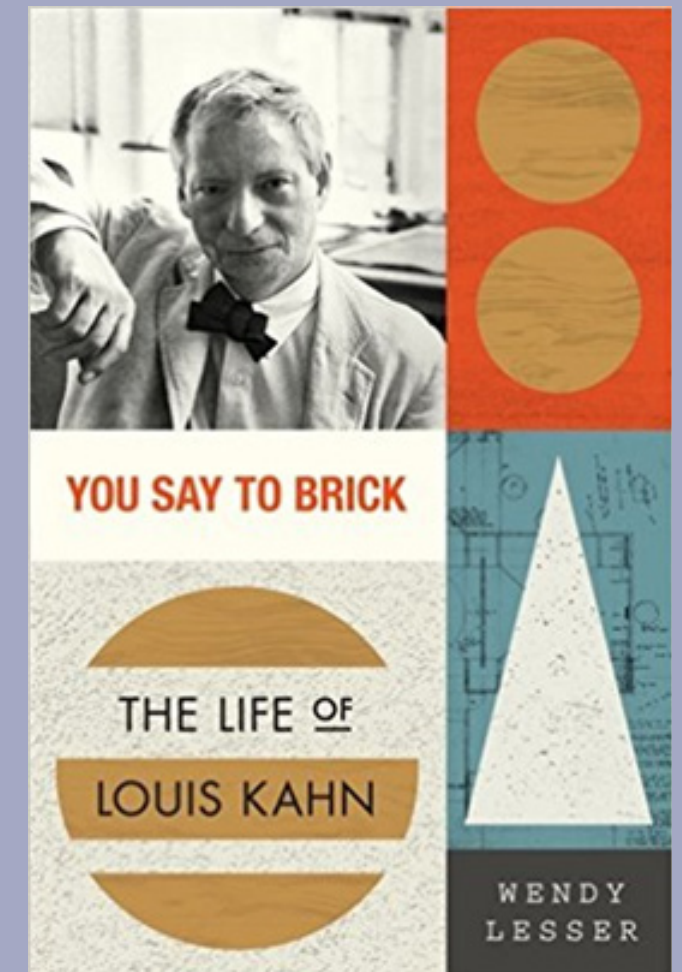
Reviewed by David Packard

The first social event sponsored by the APC included a visit to the Louis Kahn's masterful Salk Institute, a project that had been on my bucket list for many years. The visit cemented my awe of the work by this "little big man" from Philadelphia. While I had read John Lobell's wonderful book on Louis Kahn, "Between Silence and Light", I was left wanting as the book explored Kahn's architectural philosophy, much written in pure poetry, while he remained a mystery. Recently, I was treated to a viewing of the lovingly executed documentary, "My Architect", by Louis Kahn's son, Nathaniel Kahn. The film revealed a man whose dalliances resulted in the birth of three siblings, one from his wife and two the off-spring of relationships with talented co-workers. The complexities of these relationships and of Kahn's home life as a child and later, as a husband and father, of a teacher and entrepreneur, colored the work of this deeply philosophical architect.

Wendy Lesser has written a comprehensive life story of Louis Kahn, aptly starting at the end and ending at the beginning of his life. While the story of Kahn's death in New York's Penn Station is known to many, the path to this end is a riveting story of a young immigrant boy and his family, making their way through a cultural landscape of the early 20th century. A young man, scarred by an accident as a toddler, finds his way through the study of architecture, music, and art, the student becoming the teacher. Lesser's research reveals a relationship with architecture and people, each dependent on the other, to produce some of the world's most iconic buildings. In so many cases, Kahn depended on the support and inspiration of others to achieve something he simply could not have designed alone. Conceptual ideas were transformed to structural reality through collaborative efforts with great engineers. His charismatic personality overshadowed his slight build and unattractive features. His early work with Anne Tyng produced Trenton Bath House and the amazing Exeter Library. The famous plaza between the Salk Institute's Study towers was the product of a partnership with Luis Barragan. The deceptively simple, yet complex, National Assembly Building of Bangladesh and FDR Memorial were both completed posthumously by others, including his long-term partners, David Wisdom and Henry Wilcots. By the end of his life, Louis Kahn had completed the design of only a small portfolio of work, yet left a lasting impression in the world of architecture. Wendy Lesser's work, blending a life with work, helps the reader understand a little more of the complexity that produced such magnificent works that continue to live on well beyond the passing of an enigmatic man.

"Brick says to you, 'I like an arch'".

If you are a fan of Louis Kahn, this book is a must!



CONTRIBUTIONS TO THE AE PROFESSION THROUGH THE EYES OF SAME URBahn MEDALIST PHILIP E. TOBEY, FAIA, FACHA

INTERVIEW CONDUCTED BY LISA J. KURUVILLA, PMP, PCC, CEO AND FOUNDER OF CC PATHWAYS, INC.

The Society of American Military Engineers (SAME) Architectural Practice Committee (APC) in concert with American Institute of Architects (AIA) is proceeding with an article series titled "Contributions to the AE profession through the eyes of SAME Urbahn Medal recipients." This prestigious medal in honor of Max O. Urbahn, FAIA is bestowed annually to one SAME member for distinguished performance in the field of architecture. This series was initiated to increase knowledge and share lessons learned on different platforms in alignment with APC's mission of broadening SAME's exposure in the architectural community, and to achieve SAME 2020 Strategic Plan Goal #2 of providing Leadership and Mentoring.

Mr. Philip E. Tobey, FAIA, FACHA, received the SAME Urbahn Medal in 2012 for his eminent and notable contributions to public and military planning and design practice in healthcare architecture. He is a senior vice president and a national healthcare leader at America's oldest architectural and engineering firm, SmithGroupJJR, which has operated for over 160 years. Phil is widely recognized and highly regarded as one of the professions' leaders in healthcare architecture. Recently, the Secretary of Defense appointed him to two Congressionally mandated Independent Review Panels resulting in assessment, evaluation, and recommendations that are significantly impacting the design and delivery of federal healthcare. He received his Bachelor of Architecture degree from the Rhode Island School of Design and his Master of Architecture degree from Harvard University. He is a Fellow of the American Institute of Architects (AIA) and Fellow and Founding Member of the American College of Healthcare Architects (ACHA), serves on the Board of Regents of the ACHA, and was appointed to the U.S. Defense Health Board, evidence of his federal and military healthcare expertise.

We met in Phil's office located at 1700 New York Ave NW, Washington, D.C., walking distance from the White House where his career started as an officer with the U.S. Air Force on special assignment with the Office of the Surgeon General.

Q: How has your participation in AIA and SAME added value to your career over the years and how has that changed over time?

A: The value of participation in AIA and SAME is that these are learning organizations where knowledge is shared among architects, engineers, military and private sector clients and where we have equal opportunity for enhanced and continuous



Philip Tobey, FAIA, FACHA

learning. Also, developing a valuable network that is constantly building associations, and broader networks. Participation in both AIA and SAME has brought that to me along with providing platforms that facilitate mentorship and opportunities to give back. When you are younger the value of networking is important, when you are older the platform for giving back is crucial.

Q: The timeline of medical breakthroughs that occurred during your career reflects remarkable change in healthcare technology. How does widespread adoption of these and other technologies factor into planning and design and challenges in regulatory requirements impact your thinking in planning and design?

A: It complicates things exponentially, a factor of compounding complication that requires, mandates continuous learning, almost forces a collaborative teaming to be successful from a small nucleus of internal team members to outside partners. Continually educating ourselves on our clients' business is part of

the challenge. We must understand our clients' and our own business to sit at the table and be a trusted advisor.

Q: You have been in the practice for half a century. Of the medical milestones that came about during your career, which has had the most significant impact on the profession of public architecture?

A: There is not one single milestone...the most significant impact on profession is the combined speed of advancement in our own profession and the industry of healthcare. Design must be flexible, adaptable, planning for exponential growth of the unknown. For example, often during planning we are obligated to leave clients with a platform that can be universal space, adaptable to change to meet unknown needs in the future, without compromising today's programmatic needs and concerns is imperative.

Q: How has planning and design changed (patient rooms, diagnostic areas, operating rooms) the buildings and spaces versus the human space given the significant changes in patient care?

A: Planning and design has become less institutional placing more emphasis on the patient and family experience. We have had to take lessons from other project types, such as hospitality to be able to create flexible adaptable systems for patient rooms and diagnostic areas knowing that they may be something else in the future. Similarly, research and innovation spaces and centers are providing good examples for layouts of flexible space. There are also the public spaces to consider that cater to the patient and their families with therapeutic gardens, details, colors and finishes, etc, that promote a safe healing place.

Q: What advice would you give to others that are coming up through the ranks in healthcare design?

A: Build and maintain relationships. Recognize that we are a small fraternity and need to support each other. The junior manager today may be the CEO tomorrow. Learn all you can about your client's business not just about your own. Get involved. Take advantage of the important opportunities that are offered by participating in American Institute of Architects (AIA), Society of American Military Engineers (SAME), Architectural Practice Committee, (APC), American College of Healthcare Architects (ACHA), and other client organizations such as American Society of Hospital Engineers, (ASHE) and American Society of Hospital Executives (ASHE)."

Q: How has the engagement of profession changed over time?

A: Things are moving much faster and are far more complex, which requires far more collaboration in the world of architecture

Timeline of Medical Breakthroughs

1958 Pacemaker and Fetal Ultrasound

1963 Artificial Heart, Liver Transplant

1965 Portable Defibrillator, Commercial Ultrasound

1967 Heart Transplant

1971 CT Scanner

1973 Insulin Pump

1978 M.R.I.

1992 DNA Sequencing, Imaging Thought

2000 Human Genome

2003 Smoke-Free Laws changing social norms regarding smoking reduced heart attacks and asthma hospitalizations

2004 Adaptive Artificial Knee

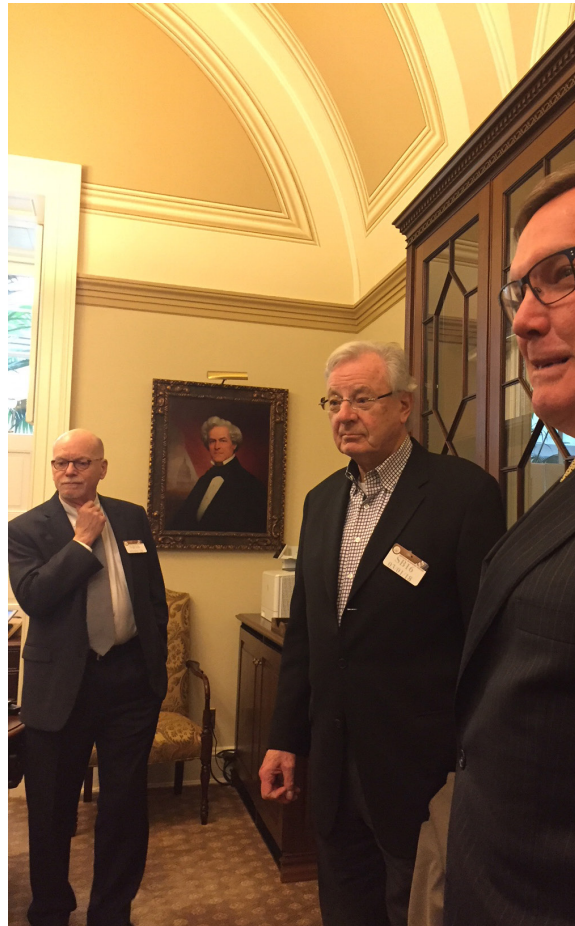
2005 World's first full-face transplant (in France, US was 2008)

2006 Artificial Liver, HIV, Statins and other targeted drugs begin prolonging lives, like the HPV Vaccine (human papillomavirus)

2009 NIH Approves 13 Human Embryonic Stem Cell Lines

2012 Advances in Prosthetics allow computer chips to sync joints with Blue tooth devices

2000s- Laparoscopic surgery- Minimally Invasive and Robotic Techniques Revolutionize Surgery now leading to natural orifice procedures.



Left to Right: Gary Anderson, Phil Tobey, Stephen Ayers
Photo courtesy of Lisa Kuruvilla

and engineering. Also, clients expect more and expect you to know their business in addition to your own. Our profession has become a more allied and inclusive integration of others, such as contractors, to accomplish our mission.

Q: With the advent of harnessing the internet and Information Technology, doctor's now leverage access to big data through mobile devices to provide clinical care research information, formulary coverage of patient meds, transmission of scanned images, and medical history of treatments for specific operations. These are technologies that didn't exist 50 years ago. There is a rapid compression of time and knowledge taking place that is simplifying... While this has made life safer for the patient in some ways, it also has created great vulnerabilities in digital access to private patient history.

How has the profession had to change to accommodate this shift to digital healthcare and managing analytics and big data?

A: We as architects must factor in information technology (IT) costs, constant maintenance and legacy costs, not only in our own profession, but also in the healthcare facilities we design for our clients. Architects must be IT savvy. Profession is recognizing the need to be IT experts, which dramatically impacts projects and budgets as a percentage of overall cost. There is an expectation that architects have a global understanding of meeting technology needs. Twenty years ago, we had zero IT staff. Now we have forty people doing just IT. **Q:** How has strategy evolved to take precautions to avoid the spread of diseases such as MRSA?

A: Planning and working through these issues, materials and finishes can help minimize the spread of disease. Simple layout considerations, such as putting sinks in the line of site at entry and exit of patient rooms can have an impact.

Q: How have the components of the team changed with technology playing a bigger role in healthcare planning and design?

A: Architecture is no longer just about building structures. The world continuum of healthcare is broadening. Healthcare spectrum looks at emerging needs, not only about what the hard building requirements are, but, how communication works within the continuum to address what the clients, patients and families are facing. High acuity hospitals tilting towards emergency surgery, are spinning off smaller urgent care facilities. Keeping folks out of hospitals and in homecare where possible. Providing those links so that homecare is possible involves telecommunications, video links and strong lines of communication that are life lines. Helping the clients with non-traditional delivery systems of healthcare has become critical.

Q: I imagine you have seen numerous changes in the profession of architecture and the building industry (specifically military architecture) because of changes and/or advancements in policy, means & methods, contracts, technology, and mission based on forces at home and abroad (e.g., geo-political, economic).

Can you briefly talk about two or three of the "big" changes that have impacted your work as a military healthcare planner and architect?

A: Emphasis on achieving world class has become the mantra for the Department of Defense (DoD) medicine. Military medicine has had to become more agile and capable of meeting the needs of the returning warfighter and their families despite the challenges of constantly changing budgets. Healthcare facilities for the military warfighters and their families require a lot more flexibility and adaptability. Military hospitals need to flex, compress, expand and be responsive. For example, when shifting troops to different locations, a hospital needs to be able to downsize or upsize with agility. The facility may be geared for the team that is in place, but then a surge requirement deploys a good portion of the team... those remaining must be able to meet the same needs with restricted or limited capacity. Smart buildings are helping resolve some of these challenges.

New contracting delivery processes such as Design/Build (D/B) and Public Private Partnership (P3) have had a big impact in helping overcome the flex in budgeting process. DoD is trying to build budgets to meet long term needs and is faced with challenges of constantly changing budgets and congressional priorities that shift. It is tough to plan these big projects without some surety of funding, particularly when projects are broken into phases. All phases contribute to the completed project, yet one may only get funded for the first phase. P3 will engage private sector investments and potentially bring in private operators of healthcare facilities. That would be a dramatic shift from current policy. Military hospitals are very different from the private sector in that their sole focus is on the warfighter and their families. Elements of uncertainty and discontinuity of funding require strategies for phasing and implementation.

Q: Similarly, how have the sometimes-tumultuous changing of administrations impacted the AEC professionals' ability to deliver large-scale government contracts?

A: Biggest impact we could have is to help consolidate inventory for the Veterans Affairs (VA) since obsolescence is costly. VA and other military facilities could consider going to the clinic and outpatient medical building model that is becoming more common in the private sector. There is also an emerging leasing model with a big

emphasis on avoiding appropriations nightmare.

Q: In recent years, federal government has put construction ahead of design with approximately 60% of contracts going Design/Build and the current administration seems to be setting the new course for Public Private Partnerships (P3) to support future federally funded infrastructure and healthcare projects.

What do you see as the long-term impact on architectural practice with both construction beginning to take the lead potentially on healthcare projects and with the new elements included in P3?

A: Our profession has given some of our responsibility away and architects are now trying to earn it back. The short-term impact is that we need to have shared accountability, integrated project delivery, with contractor, owner and architect sharing the risks. These new contracting methods have opened the door to new project/program management professionals that are more prevalent now to fill the gaps. We need to foster integrated thinking between contractor and architect.

SAME AND AIA IMPACT ON THE INDUSTRY

Q: What lessons came from Center for the Intrepid in advancing highly advanced rehabilitation centers for soldiers recovering from severe burns as new standards for military installation architectural master planning in the continental US and globally?

A: The Center for the Intrepid (CFI) is the world's most highly advanced rehabilitation center for the warfighter soldiers recovering from severe burns and amputations. It was conceived, funded and donated to the DoD by the Intrepid Fallen Heroes Fund (IFHF) to meet the urgent need for this mission-critical center. The planning and design team was mobilized in 48 hours and expedited planning enabled the design and construction of this specialized facility to be completed in just 18 months. The CFI now provides state-of-the-art rehabilitation therapy for wounded soldiers, combined with sophisticated translational research in prosthetics, robotics, virtual reality



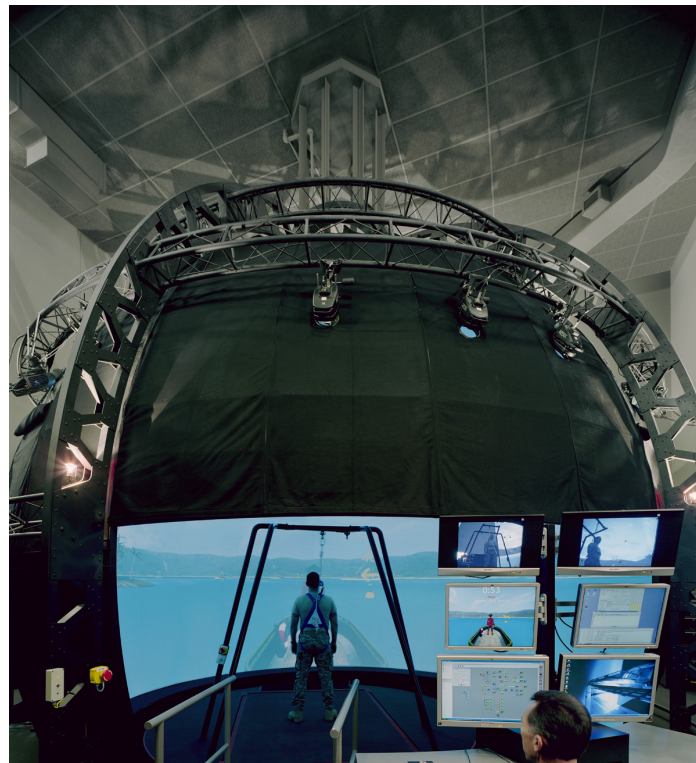
and biomechanics. The 65,000 sf, \$50 million facility also houses first-of-its-kind technology, such as a 300-degree virtual reality immersion environment and an advanced gait analysis laboratory, developed specifically for the CFI.

The CFI project and the National Intrepid Center of Excellence (NICoE), which opened at the National Military Medical Center in Bethesda, Maryland are two of the most meaningful projects of my career. Next-generation healthcare for those who serve is something the DoD is taking very seriously. NICoE is a new global center of excellence designed to advance the research, diagnosis, and treatment of traumatic brain injury (TBI)—a complex injury that results in a broad range of cognitive, physical and psychological disabilities. Combatting these “signature wounds” of the Iraq and Afghanistan wars required a new operational model in rehabilitation medicine that focuses care around the patient, using a multidisciplinary clinic concept that seamlessly integrates next-generation clinical and research technologies, including advanced imaging and virtual reality environments, as well as deeper family involvement.



NICoE was also funded by the IFHF through private donations to meet the urgent needs of combat-related TBI, PTSD, and other psychological health issues. This 72,000 sf, \$65 million project was planned, designed and built in just 22 months. Our programmers and planners worked beside clinicians and researchers as they developed the concept of operations for the facility, including entirely new diagnostic, treatment and research protocols.

These new models of care are breaking new ground in the successful treatment of these devastating injuries. NICoE is being replicated in nine satellite clinics planned around the country. These buildings reflect the DoD’s Military Health System (MHS) attempt to achieve world class health systems in a technologically promising, but challenging time. Our profession provides us with meaningful opportunities to make a difference. Whether we are independently reviewing Military Medical Construction Standards to pursue a world-class system for health or providing Independent Reviews planning for military and veterans hospitals—it is clear that strategy drives function and form.



Center for the Intrepid images, courtesy of the Smith Group

With help from others, including IFHF and the many charitable organizations that support our warfighter and their families we can pursue and provide a world-class system for military medical construction. It all comes back to integrated thinking, and knowledge sharing to address the broad spectrum of veteran needs at a time when the health care industry is undergoing the most significant changes in 50 years.

Q: How would you characterize the SAME and AIA architectural contributions to advancing high performance medical research facility design of buildings and communities?

A: It has taken a while to focus on it, but there is now a much greater awareness and movement to partner with others to combine forces. These organizations allow those of us in the profession to link with agencies and other professionals to develop stronger awareness, integrated problem-solving approaches, lobby on behalf of the profession, and develop research, support and advocacy for military and veterans.

Q: How has the profession advanced and adapted master planning programs for disaster recovery, resilience and community development in the wake of a growing number of natural disasters?

A: By integrating awareness of facilities that are at higher risk ahead of natural disasters, we can be more cognizant and take precautionary efforts to safeguard. For example, we have conducted studies for the VA that analyze hospitals along the U.S. coast that are in or near flood zones to prepare for future impacts of climate change.

Q: How do the SAME and AIA communities leverage joint areas of practice and advocacy to overcome institutional challenges in the world of public and military architecture?

A: As mentioned earlier, these organizations provide platforms to give back, speak out and share knowledge, in a variety of ways from peer to peer networks that can be developed at conferences and shared learning environments that encourage and create partnerships.

FUTURE

Q: What do you see as the biggest challenges in the future for the practice of AEC professionals as we make our way through an era of notable disruptive change (e.g., geo-politically, economically, technology)?



NICoE images, courtesy of the Smith Group

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SECOND ANNUAL SUMMIT OF THE URBahn MEDAL GROUP

Recipients of the SAME Urbahn Medal met for a Second Annual Urbahn Medal Group Summit on Thursday, March 1, hosted by 2012 Urbahn Medal recipient Phil Tobey, FAIA, FACHA. The group was formed last year, under the leadership of 2010 Urbahn Medal recipient JJ Tang, FAIA, F.SAME, LEED AP as an advisory group to the SAME APC. This year, 10 recipients met, facilitated by Lisa Kuruvilla, PMP, CEO, CC Pathways, and joined by SAME Executive Director BG Joe Schroedel, PE, F.SAME, USA (Ret.) and American Institute of Architects (AIA) President Carl Elefante, FAIA. David Packard, R.A., PMP, F.SAME, APC Vice Chair for Communications, joined the conversation by telephone.

The Urbahn Medal Group acts as an advisory board to the SAME APC, to further leverage the wisdom and influence of its prestigious members as we move toward the centennial celebration of SAME in 2020. The group has developed four objectives:

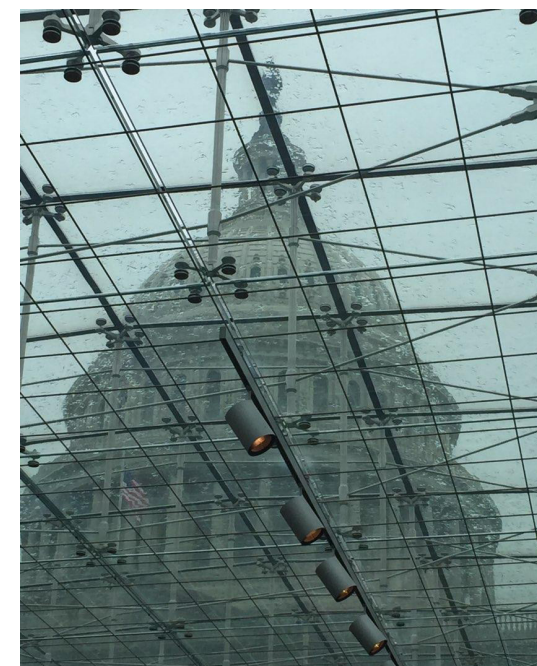
1. **SAME Design Awards Program.** JJ Tang is leading the preparation of an implementation plan for this new program, to be presented to the SAME Board during the November 2018 Small Business Conference. JJ intends to publicize the program for a 2020 JETC awards presentation. Consider the accomplishments of your Post and watch for the opportunity to participate and celebrate the great work of our members.
2. **Interviews with Key Architects.** Lisa Kuruvilla continues to interview all recipients of the Urbahn Medal with the most recent interview with Phil Tobey included in this issue of the APCQJ. All interviews will be posted on the APC web page. If possible, Lisa intends to share video clips with each architect interviewed.
3. **Military Architecture Banners for JETC 2020.** Paula Loomis is designing banners depicting significant works of military architecture for display during JETC 2020. Please share your ideas for great architectural gems with Paula, who would also like to publish a book on the topic. This is a great chance to explore some great works on our military installations.
4. **Disaster Structural Assessment Program.** Virgil Campaneria, a member of the Resilience Committee, has agreed to provide SAP training as a collaborative effort between SAME and the American Institute of Architects at JETC or the 2018 Small Business Conference. Details on time and place for this timely topic will be forthcoming.

Urbahn Medal Group Summit Attendees



Mr. Carl Elefante, FAIA, President of the AIA joined the conversation and shared some thoughts on his realization of the value of federal architecture. In particular, Mr. Elefante noted the challenges of a changing design environment as we try to keep up with the “acceleration of acceleration”, as noted New York Times columnist Thomas Friedman has observed. These challenges land squarely on the desks of government agencies, as we try to respond to changes in technology. He noted the fact that the federal government are the green building procurers. Mr. Elefante is very supportive of the emerging alliance between the two organizations. We look forward to continued communications at every level of the organization. Please do not hesitate to share your stories of SAME/AIA Collaboration for publication in the APCQJ!

Participants in the summit were treated to a tour of the recently renovated United States Capitol by Stephen Ayers, FAIA, CCM, LEED AP, Architect of the Capitol.



TOBEY INTERVIEW, CONTINUED

A: Here are three challenges that I see.

- » The need to prioritize, acquire, and understand the staggering amount of information available to professionals today;
- » The challenge of thinking flexibly, with an integrated team;
- » The requirement to make sure you are sitting at the table with the health care industry bringing as much knowledge of their business as you do your own profession.

Q: What can SAME/AIA do to further enhance our profession and the industry?

A: Encourage and create partnerships with industry, celebrate success, public relations, knowledge sharing, disseminate knowledge, encourage greater participation for emerging professionals, subsidizing programs to get more young people involved in architectural schools and particularly healthcare.

Q: What has it meant to you to be selected for the prestigious Urbahn Medal?

A: It's always nice to be recognized for one's career. The real meaning in being selected, however, is about the opportunity to bring awareness and value of importance of Design Excellence to the Veterans Administration and DoD.

Review Sources:

Research Strategy Drives Function and Form, Pursuing a World-Class System for Health, Independent Review Panel on Military Medical Construction Standards, September 30, 2015

Achieving World Class – An Independent Review of the Design Plans for the Walter Reed National Military Medical Center and the Fort Belvoir Community Hospital, National Capital Region Base Realignment and Closure Health Systems Advisory – Subcommittee of the Defense Health Board

http://www.nytimes.com/interactive/2012/10/05/health/digital-doctor.html#time15_355

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#For clarifications please call: Lisa J. Kuruvilla, PMP, PCC, CMC, CEC, CEO of CC Pathways, Inc., SAME APC Committee Member (206) 714-2884



CAMPANERIA INTERVIEW, CONTINUED



Hurricane Andrew, Image from NASA GSFC

two weeks. **Is there a formal certification?** Currently I am only aware of the California State Certification. This certification is good for 5 years.

DP: What are the time obligations to these activities? Due to each state's regulations and liability laws we are limited to volunteering only. In most cases we are limited to a two-week tour. **Are you required to participate or do you have the option to decline?** Yes, since this is a voluntary effort anyone can decline for whatever reason. For example, a call was made in Miami to help in the keys and in Puerto Rico, but many locals professional had themselves been impacted by the storm and could not serve. That is why it is critical to get as many professional certified as possible.

DP: Are you compensated for your services? Due to each states regulations and liability laws we are limited to volunteering only.

DP: Do you work as an individual or as a part of a team? For safety reasons, it is suggested that we work in teams or groups. **Structural? Electrical? Other safety officers?** Normally for initial or "Rapid Assessment" are limited to building design professionals, building inspectors and technical staff familiar with the building construction. More detailed evaluations are performed by building design professionals and building officials

DP: Are any special health considerations considered? Immunizations? I do not know, I am sure that we would be informed if it is an issue.

DP: This event was local but will you participate in assessment activities outside the region? I am aware of volunteers serving all over the US, Puerto Rico, Virgin Is-

lands, Japan, and Haiti.

DP: How do you interact with local agencies or government functions (community leaders, politicians)? Since their request is made to the Federal Government and intern we are asked by the federal government, we are treated as welcome help and aid. We work hand in hand with local agencies and officials for the common good.

DP: Are you ever hindered by property owners or other members of the community? I have not had this happen, but have heard tales that it has happened.

DP: When a property has been assessed, what are the steps? Your role? All assessments are made following a standardized format and procedures are established and practiced prior to going in the field. Guides books exist to help make determinations and address odd or unique conditions. Steps vary on the type of disaster: flood, storm, earth quake, etc.

DP: I'm sure you've had some interesting personal experiences. Anything you can share? I can only elaborate on my experiences post Hurricane Andrew. Suffice it to say, I am not looking forward to that again. I can speak at length as to how communities come together after a disaster, and give many examples of selflessness and dedication by first responders and those willing to help. I do not think I can do it justice with a short answer.

DP: Is there a general community readiness/preparedness/awareness plan/campaign? Due to the efforts of many for the establishment of better building codes and better public awareness, I feel our state and region has made great improvements in the design of resilient buildings. Last seasons storms proved that these efforts have and do work. Buildings built under the new codes had drastically less damage than those that did not. I think we must stay the course and continue with the public awareness effort, only then will we know if the effort truly paid off.

APC

DISASTER ASSISTANCE VOLUNTEER OPPORTUNITIES

Do you enjoy helping others? Would you like to use your architectural knowledge when doing so? If yes, you may want to volunteer for a State Department of Emergency Management (DEM)/AIA Disaster Assistance Partnership. The Partnership provides you an opportunity following disasters to help local communities access whether structures are safe to enter. This helps allows families and businesses to get back into their homes and offices if possible.

This program is open to persons with building/structures experience (architects, engineers, etc*). The program is available in most states. (AIA National has a master list so we can look for you - if you are in a state that does not participate you can also volunteer with a neighboring state that does participate). All states that participate require persons be trained. Many states accept the California Structural Assessment Program (SAP), a one day course that provides training for how to assess the buildings and the process to report your findings. The training in states that not do use the SAP training is usually one day as well and covers similar material. Even if your state does not recognize the California SAP training, it is beneficial to have the training so you can volunteer in another state. After you have taken the required training you are enrolled in a "call list" with your state and AIA.

When a disaster occurs others provide immediate assistance following the disaster with emergency transport, food, blankets, and temporary lodging. The DEM/AIA program comes after that initial assistance - usually the week after, but the time period can vary. The DEM for each state will contact the people on the call list to see if they are available to assist. DEM will indicate where they have opportunities and the anticipated length of the volunteer opportunity (typically one week). If the state in which the disaster occurred cannot fill all its volunteer positions, it will reach out to other states and AIA National. (This occurred during the hurricanes/flooding in 2017).

If you volunteer, you provide transportation to the site. Typically the local government provides housing and food at the site. (The housing may be as simple as tents). The local government also assigns the structures to be accessed. The assessment is conducted in teams of two. Your assessment is noted on the structure as well as provided to the local government. If the owner disagrees with your assessment (such as the structure is not habitable), the local government works with the owner, not you. Similar to doctors, who help people by the side of the road, your service is covered by the Good Samaritan Law in each state. Almost every state has a Good Samaritan Law.

If this opportunity interests you, please send you name, email and telephone contact information and state of interest to Virgil Campxxx (email, phone) and copy Paula Loomis (ploomisva@cox.net, 757-630-4773). We will provide you the contact person in your state to get the process started. We will also be setting up California SAP training opportunities in conjunction with SAME events such as JETC. We will let you know when those events may be taking place. Feel free to share this beyond the Architectural Practice Committee to your engineering friends. A huge thanks in advance to those that volunteer. You will be helping those in need.

* If you come without an architecture or engineering background or know interested people without an architecture or engineering background that are interested, we will put you/them in contact with the state person. Some states do allow non-architects/engineers to participate, but require additional training.

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