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Indifferent to the place: an architectural type for Madrid

Abstract
The text is the result of an interview conducted by Sahar Taheri with the studio.entresitio regarding three healthcare centers in Madrid, called '3*1'. They share a common form despite being located in different urban contexts. Thus, the three centers embody a strategy of a 'placeless building', offering formal autonomy and conceptual flexibility. The concept of 'programmatic bars' is introduced, emphasizing aggregation rather than division in the design of the healthcare program. The trilogy represents innovative design approaches, reconciling opposites and creating coherent and adaptable healthcare structures.

Keywords
Health centers — Formal autonomy — Project

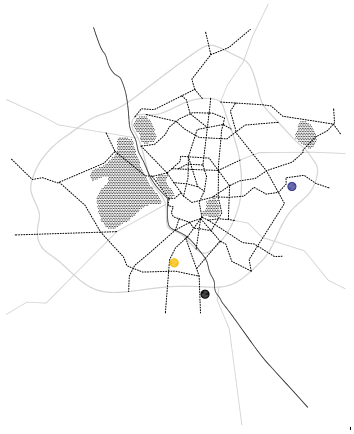

Fig. 1
estudio_entresitio, 3*1, Health care centers in Madrid. Urban location design.
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Through what criteria was the project area chosen?

3x1 is a trilogy of health centers that estudio.entresitio created in Madrid. The reason why there are three may not be factually relevant. It all started with an unusual competition to build two clinics for the same client (the municipality of Madrid) with the same budget, the same functional program and on two different sites.
Our response to those initial conditions was to work with the idea of a "placeless building" as a strategy for inserting a cohesive whole into irrelevant environments. A great sense of autonomy was needed in formal, functional and even conceptual terms to allow the building to exist anywhere. This so-called placeless building takes the opposition between hermetic and open as the conceptual framework and initiator of the project.
The third clinic came into play later as an expanded possibility of variation on the initial pattern. S- San Blas, U- Usera, V- Villaverde are the three neighborhoods in the eastern and southern suburbs of Madrid, where the clinics are located.

What relationships with other service structures in the urban context have been taken into consideration?

"The site is not the place" said Enric Miralles when talking about working on the exact layout of a building on a site. The two words can be synonymous, but have different nuances: place (locus) as a portion of space that satisfies a certain condition (in mathematics, equation). Even though we are used to saying "this building is located on this site", 3x1 can potentially be placed anywhere. As a building without a place, 3x1 is, therefore,

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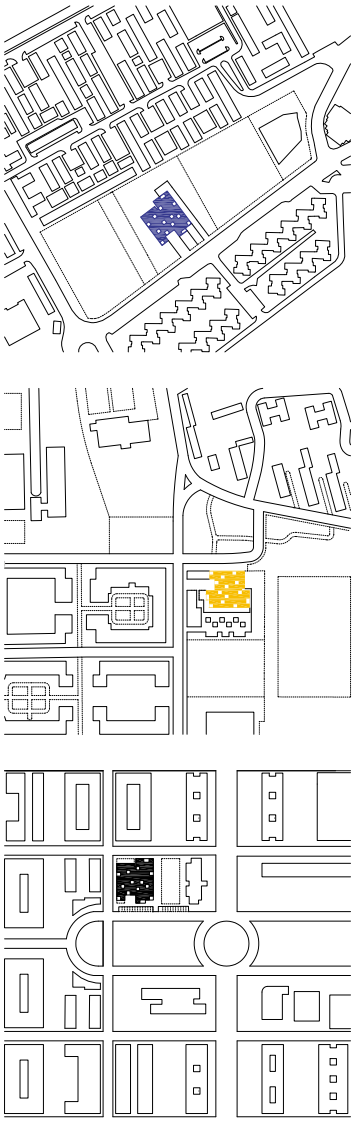

Fig. 2
estudio_entresitio, 3*1, Health care centers in Madrid. Design of the three interventions: SanBlas, Usera, Villaverde.
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Figg. 3-5
estudio_entresitio, 3*1, Health care centers in Madrid, SanBlas 2005-07; Usera 2005-09; Villaverde 2007-10.
Photo credits: Roland Halbe.

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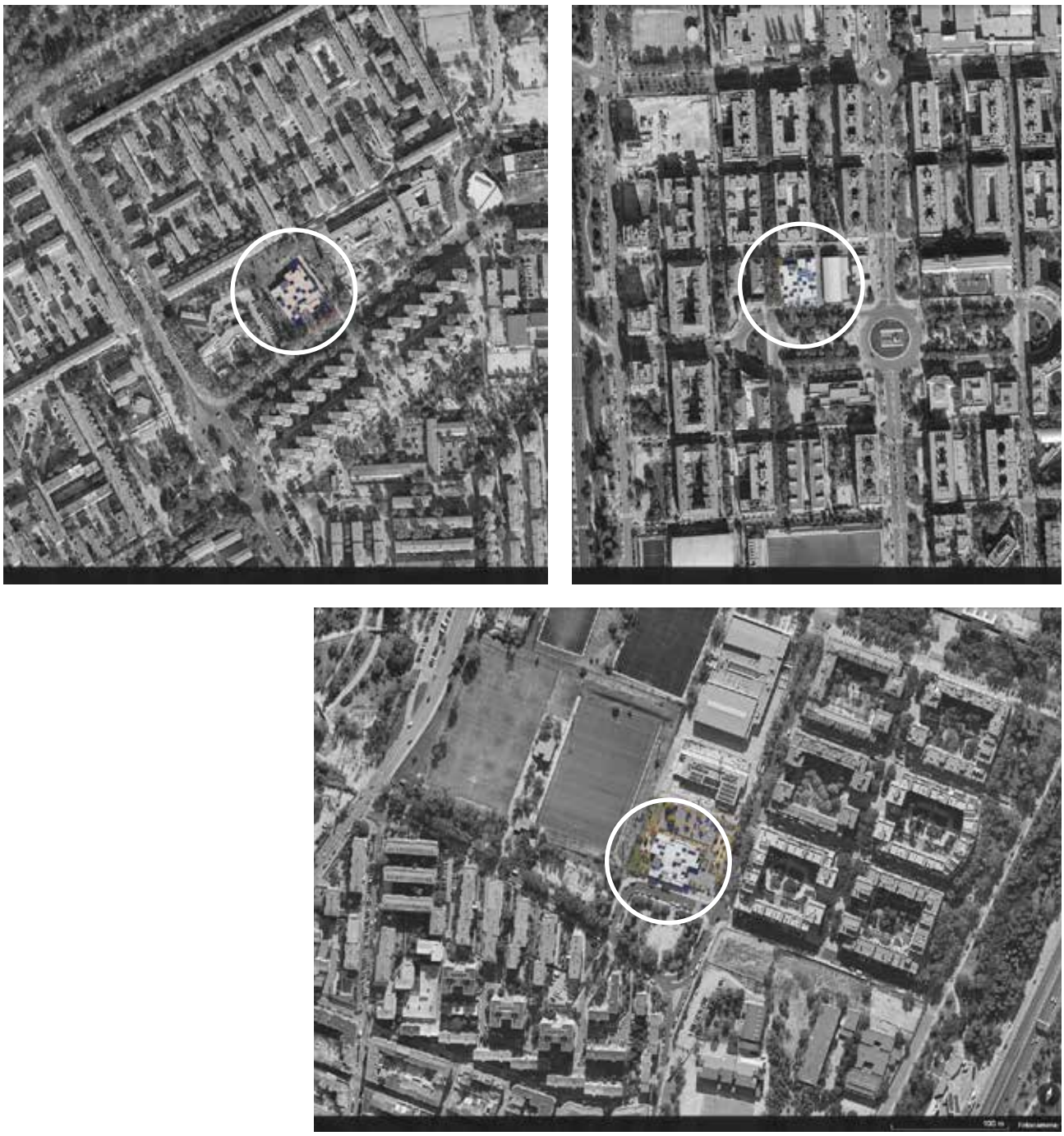

Figg. 6-8
estudio_entresitio, 3*1, Health care centers in Madrid. Zenithal views of the three interventions. SanBlas, Villaverde, Usera. © google maps.

interiority; it is not oriented (the light comes from above). The fact that it receives light from above is the only requirement and the main reason for its autonomy.

Which factors and forms of the urban area in which the project is located influenced the design choices?

The frontality of the entrance favors the relationship of the built volume with the street, the surrounding social housing complex and its different alignments. However, as an inverse consequence, the roof becomes a real backdrop, a façade exposed to the attention of neighboring buildings.

Were citizens involved during the planning? In what mode?
No, not at all.

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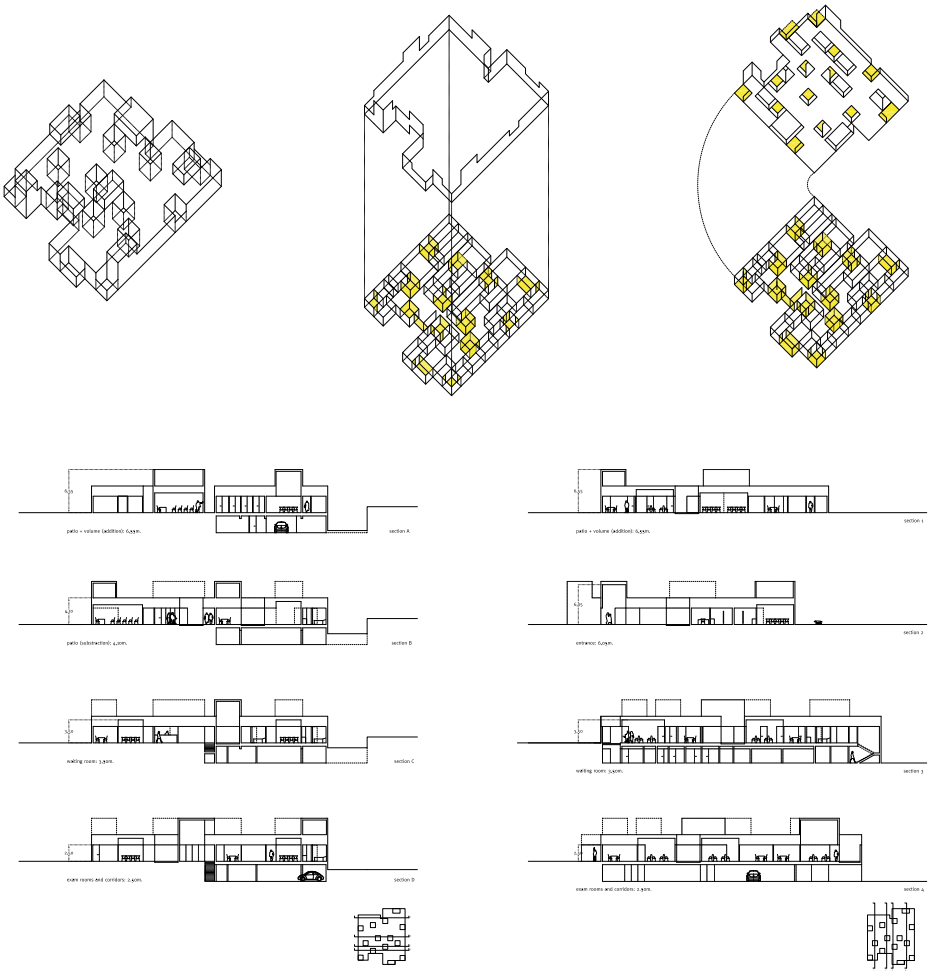

Figg. 9-10
estudio_entresitio, 3*1, Health care centers in Madrid: SanBlas 2005-07; Usera 2005-09; Villaverde 2007-10. Axonometries, sections and diagrams.
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In the planning phase, what was the contribution of health and social workers? (doctors, nurses, social workers,...).

Madrid Salud, the municipal health department, has many doctors and nurses in its team, including the director of Madrid's health network. They provided the program and followed the development and construction process of the project. These are health centers also with the function of preventive medicine.

What typological and formal criteria were taken into consideration?

The three interventions have the exact same configuration; the program is arranged extensively on a single ground floor in an isotropic arrangement that receives light from above through fourteen patios.
Three main conditions arise from this provision:
– Voids and volumes in the shell.
– The internal public space.
– The perimeter of the outer shell.
In addition to being described as a state of equilibrium between opposing forces, the building can also be seen as a box, but in a very specific way. The roofing plane behaves like a sensitive membrane and effectively becomes the fifth (and only) façade, allowing the building to breathe, where double-height volumes or service rooms emerge that channel light towards the interior.
These volumes (both added and subtracted) are not exactly consequences of formal decisions; they are part of "one of many" possible outcomes of respecting the rules. The rules regarding program and structure (spatial and

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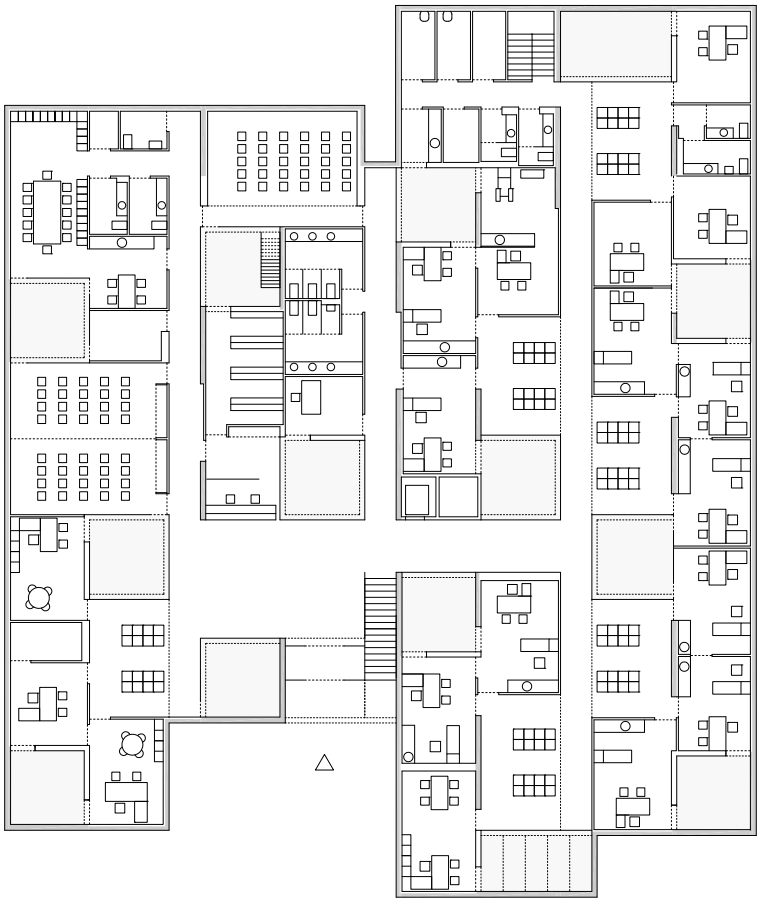

Figg. 11
estudio_entresitio, 3*1, Health care centers in Madrid: SanBlas 2005-07; Plan.
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load-bearing) provide some 3D surprises that are as welcome as they are unexpected.

What role do functional distribution and connections play in the project?

When the architecture must respond to a complex functional program, we understand that simply responding to the program is not the solution, but the solution undoubtedly begins with the interpretation of the program. From generic understanding to the more specific aspects of each unit, the various parts of the program translate into spatial conditions that incorporate their own system of order with the aim of arriving at a planimetric efficiency that bypasses the most obvious solutions. The rooms (cells), although similar in size and characteristics, have a certain coded information that qualifies the connections between them (doctor-nurse contiguity, entry-exit queue for blood tests, distance of newborns from pregnant women, etc.).
Rules for spatial conditions work at different locations:
Private public; administrative rooms - exam rooms: two-level layout.
Programmatic bars; offices and teaching - public area - primary care - specialists: “double-double” loading corridors connected transversely.
Programmatic specialization (rooms as cells); main programs - support areas - waiting rooms: we can speak of programmatic atomization rather than sectoralization; non-hierarchical atomization.

Does this compositional approach allow you to obtain a good degree of flexibility?

When programmatic bars are placed next to each other to become an extended field and the facade is no longer a binding option for illuminating

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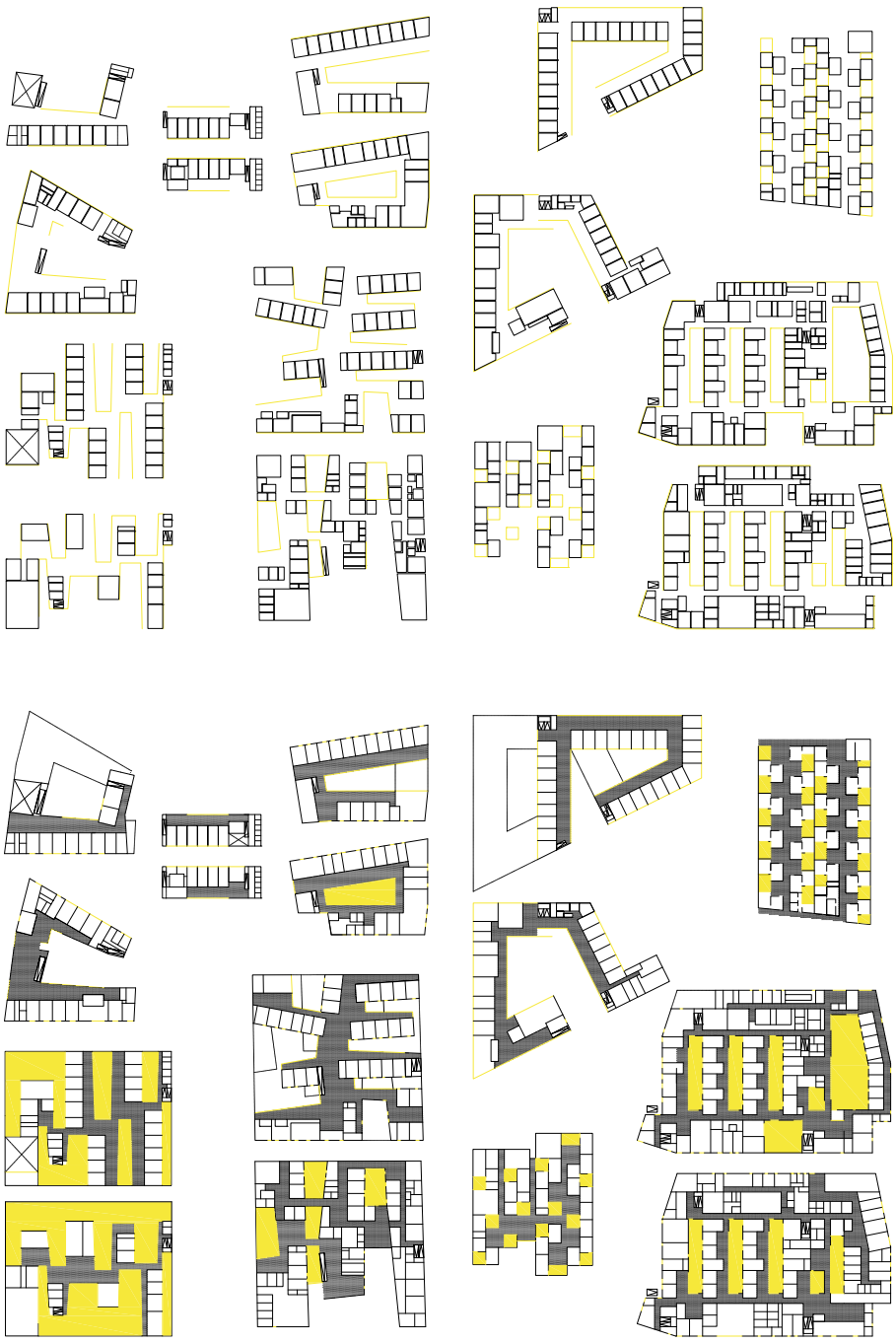

Figg. 12-13
estudio_entresitio, 3*1, Health care centers in Madrid: SanBlas 2005-07; Usera 2005-09; Villaverde 2007-10. Program bars: rooms and patios (top), patios and public spaces (bottom).
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the entire floor plan, new rules apply. “3x1” is a mathematical field condition with a characteristic rhythm that establishes the relationship between order, space and structure. The condition of the mathematical field is linked to the notion of continuity of a given condition (function). The subset that satisfies the continuity condition at all points is called the “continuity field”. Points where the condition is not satisfied are considered discontinuities.

How was the relationship between inside and outside interpreted?

The absence of openings on the vertical walls of the envelope means that the relationship between the interior and exterior of the building takes place vertically, almost with the sky above.
The courtyards bring light into the building and help create a spacious and bright interior, blurring the boundaries between inside and outside, a

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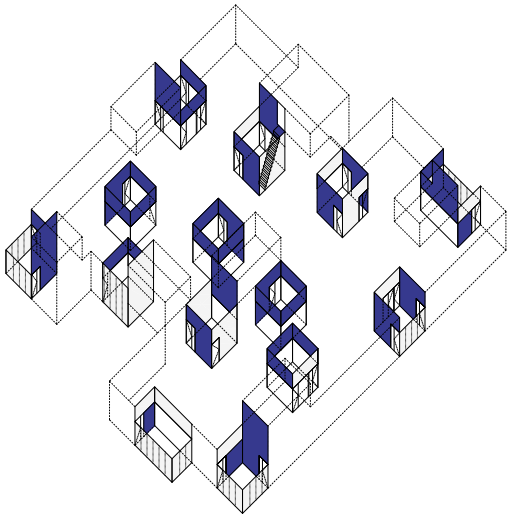

Figg. 14-15
estudio_entresitio, 3*1, Health care centers in Madrid: SanBlas 2005-07. Axonometry and view of the patios.
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Photo credits: Roland Halbe.

dissolution of the built limit. The transparency and mirroring qualities of the glass surfaces also create multiple visions, presences and absences, through reflected symmetry.

What do you expect in the future regarding the architecture of health centers?

A bright future, I would say. The well-being of patients and how they feel in these spaces is paramount. The operators will do the rest. An example of good practice that we admire is the "Maggie's" network of British cancer centres.

What are the key factors in designing a healthcare building?

Believing that pragmatism is not at odds with architectural space.

Can design and architecture contribute to patient healing?

Of course, by all means. The power of our minds is incredible. If you are in a healthy environment, it will be easier to feel better.

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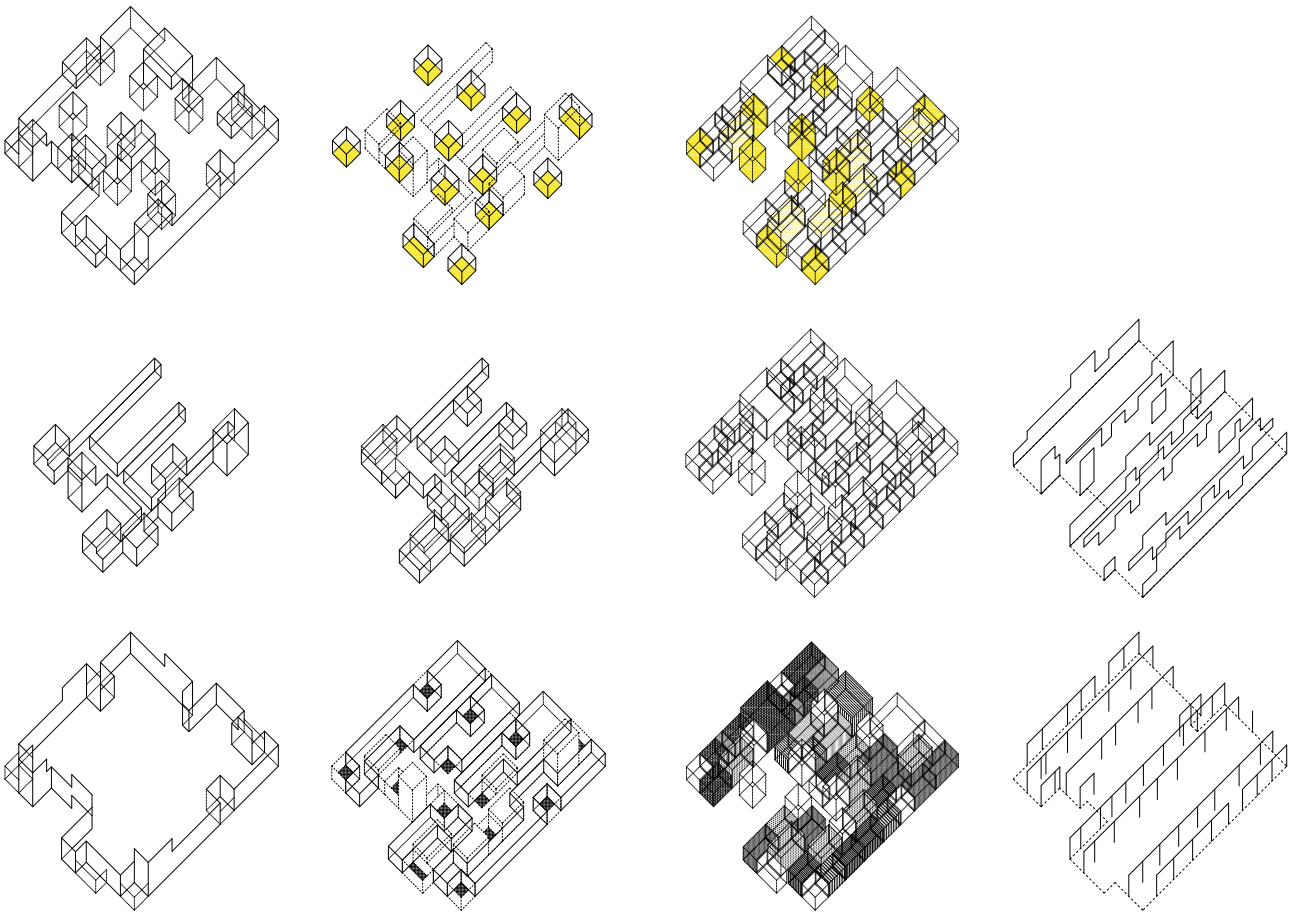

Fig. 16
estudio_entresitio, 3*1, Health care centers in Madrid: SanBlas 2005-07; Usera 2005-09; Villaverde 2007-10. Axonometric schemes: strategies.
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Maria Hurtado de Mendoza Wahrolén and César Jiménez de Tejada Benavides have collaborated since their professional debut in 1993 and both are associate professors of architectural design at ETSAM.
In 2003, José María Hurtado de Mendoza Wahrolén definitively joins the firm after working four years in Rafael Moneo's firm. Together they founded the "studio entresitio", a workspace that represents a full stop in their professional career.
Maria and José María were fellows at the Spanish Academy in Rome, while César received his Master of Science in "Advanced Architectural Design" from Columbia University, New York, as a Fulbright scholar.