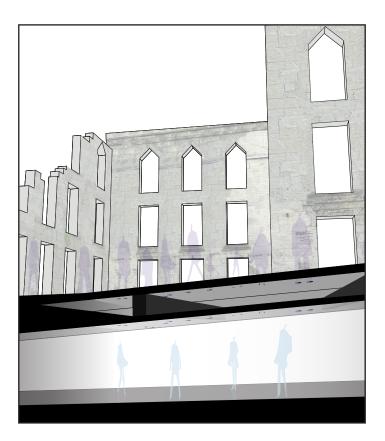
Dichotomy of Connection



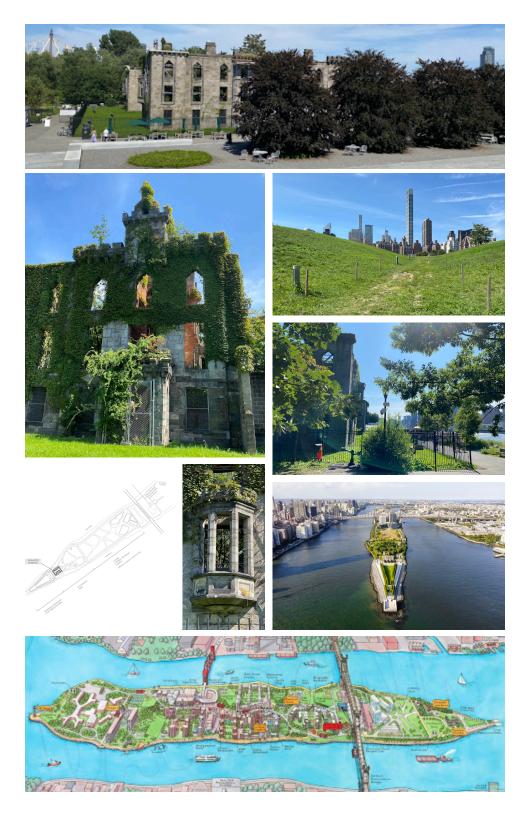
INTRO / SITE (First Impressions & Facts)

First Impressions / Experience:

- Upon visiting, I noticed an abundance of public space available and being used: parks, seating, grass patches and hills.
- The streets on the island were much less crowded than what you'd experience in Manhattan or Brooklyn. This created a quieter and more peaceful atmosphere, while still visually tying you into the city with steller views seen from either side of the island.
- The Smallpox hospital ruins sit on the southern end of the island where it is narrower, giving simultaneous views of both the East and West waterfronts. The ruins are beautifully overgrown, with trees and vines growing inside, but the hollow windows do still create a bit of a haunting presence.
- The space around the ruins and the southern end of the island in general has many pathways allowing for different circulation opportunities.
- Walking North, away from the ruins, are grassy hills which are a unique expereince. Walking through them I felt totally removed from almost everything else on the island.

Facts:

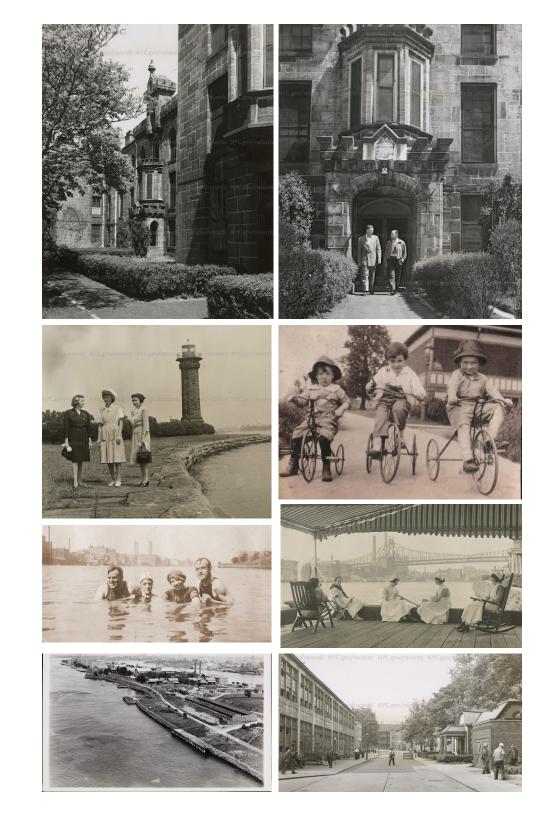
- The city of New York purchased the island in 1828
- Land used for public institutions like prisons, a lunatic asylum, and hospitals, due to its isolated location.
- 20th century island shifted to residential and community development
- 1973 Originally Blackwell's Island, renamed Roosevelt Island in honor of President Franklin D. Roosevelt



HISTORY (Roosevelt Island, Smallpox Hospital, et al)

Smallpox hospital:

- Constructed in the 1850s and designed by James Renwick Jr. in a Gothic Revival style.
- Smallpox Hospital was the first hospital in the country to receive patients with smallpox. New York residents afflicted with the disease were quarantined by law at the Blackwell's Island hospital.
- From 1856 until 1875, the hospital treated about 7,000 patients a year.
- Due to the severity and contagiousness of the Smallpox disease, patients required a more secure form of quarantine. If you had smallpox you were taken to the hospital by police force
- Once a successful vaccine was implemented in the late 1800s, the hospital was closed.
- Repurposed in the late 19th century as a nursing school and ceased operations in the 1950s.
- Added to the National Register of Historic Places in 1975.
- The Smallpox Hospital is faced with gray gneiss. The stone was quarried on the island and used for many of the buildings erected there.
- Prisoners on the island were the ones made to break rocks in the quarry.



HISTORY (Roosevelt Island, Smallpox Hospital, et al)

Marginalized Groups

- The groups sent to live on the island outside of smallpox patients included: criminals, the destitute aged, those suffering from alcoholism, opioid addiction, mental illness, and senile dementia, abandoned and sick children, the homeless, people with disability, and the jobless.
- Aside from those groups, there were people leading regular daily lives on Welfare Island as well.

Queensboro Bridge

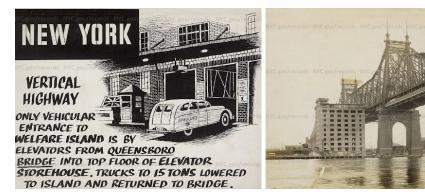
- Originally called the Blackwell's Bridge, Queensboro Bridge is the longest of the East River bridges at 7,449 feet. It passes over Roosevelt Island.
- The bridge used to have direct access to Roosevelt Island via elevator for cars and pedestrians. The car elevator was put out of service in 1970 and the pedestrian model functioned until 1973.

Tram

- The Roosevelt Island Tram opened in May 1976, as a temporary mode of transport while awaiting the completion of the Roosevelt Island F Train station.
- When the F station opened in 1989 the tram was too popular to be abandoned and was kept, undergoing renovation in 2010.
- It was upgraded from a single-haul system to a dual-haul system lets two separate cars operate independently at the same time.
- The renovation also rendered the tram completely handicap accessible. Island Protocall
- Bridge Interruptions: Should there be a scheduled interruption in Roosevelt Island Bridge service - for repairs or in the rare cases when it is raised for river traffic - a fire truck, a police vehicle and an ambulance are dispatched to the Island where they are on call in case of any emergency. This further speaks to the truly remote nature of the island.

Pneumatic Trash system

- Garbage isn't collected and hauled away by maintenance workers, it is whisked away at 65 miles per hour through underground tubes, roughly 24 inches in diameter.
- The trash-sucking system on the island was installed in 1975.
- The AVAC system sucks up roughly 6 tons of trash a day that never sees the curb.
- The lack of garbage trucks on the streets further amplify the quiet atmosphere of the island.









CONCEPT

The correlation between sickness and isolation has long been established. However, I would also like to tie in physical isolation vs visual/virtual connection, emphasizing the utilization of technology as both a bridge and a barrier in maintaining relationships through virtual/visual connection.

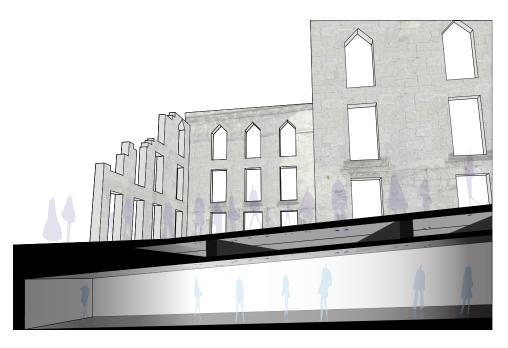
The location of the smallpox hospital itself speaks to this dichotomy between isolation and connection since it is isolated on an island while remaining visible from the waterfront of the Upper East Side.

The history of the smallpox hospital in many ways parallels COVID-19 at its peak, with few successful medical treatments available, strong restrictions, if not outright prohibitions, on visits, and strict quarantine measures. However, unlike during the smallpox outbreak, the availability of technology during COVID-19 provided a unique avenue for virtual connections, allowing a continuity in education and a semblance of access and interaction in a time of stringent physical isolation.

At the height of the pandemic, with many people's loved ones stuck in hospitals with no visitation allowed, this form of virtual access was embraced, leading to the poignant acceptance of virtual goodbyes. I want to use this experience and the feelings that arose during it, to emphasize the imperative to transcend these technological barriers, as virtual connection is an inadequate substitute for genuine in-person interaction. This becomes even more evident when considering the ever-present issue of loneliness that permeates human reality, even outside the confines of a pandemic, while access to virtual connectivity has never been higher.

To elucidate the emotions and experience of isolation, I will use visual and auditory connections such as light, darkness, shadow, compression, and echos to promote a quieter expereince in the lower level of my memorial. This experience will be contrasted by one in the upper level, an open, expansive, brighter space, promoting in-person connection.

Through this juxtaposition, my memorial aims to encourage contemplation on the value of authentic human connections, and prompts a reassessment of the role virtual/visual connection plays in fostering meaningful relationships.



Precendents

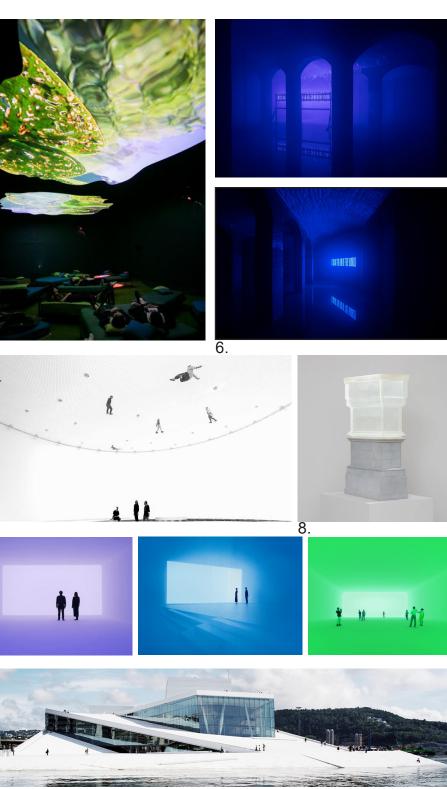
- 1. Memorial Hall of Israel's Fallen Kimmel Eshkolot Architects (Built 2017 in Israel)
- 2. Memory Wound Jonas Dahlberg (Never Built)
- Memorial to the Murdered Jews of Europe Peter Eisenman (Built 2005 in Berlin, Germany)
- 4. Bibliothek Micha Ullman (Built 1995)
- 5. "4th Floor of Mildness" Pipilotti Rist (1st Exhibited 2016)
- It Is Not The End Of The World Superflex (2019 Installation, Cisternerne, Copenhagen)
- 7. Particular Matter(s), Free the Air Tomás Saraceno (2022 Installation)
- 8. Monument (Maquette) Rachel Whiteread (1999)
- 9. Light and Space James Turrell (Various exhibitions)
- 10. Oslo Opera House Snøhetta (Built 2008 in Norway)











10.

7.

9.

Project Research (Proprietary Research, COVID Memory Angle)

- During the COVID-19 pandemic, many people who died of the virus did so in isolated hospital wards.
- While levels of social contact can vary over time, extended periods of social isolation can harm mental and physical wellbeing. People are social creatures, and lacking support and contact with others can contribute to loneliness, cognitive decline, anxiety, and depression
- Although the experiences of people who have died in isolation have not been collected, we know that when asked what they fear most about death, older adults often mention loneliness. In the face of the COVID-19 crisis, in particular, some have said that they were more afraid of dying alone than of the actual virus. Others avoided going to hospital for other potentially lifethreatening medical conditions as a result. Even those who did not feel that fear, said that dying in such a way would be like losing a chapter of their lives—leaving the world as a statistic and not as a whole person.
- The fear of being reduced to numbers and figures on death seems to be addressing what Daniel Sperling has called 'symbolic existence', people's interest to be represented as 'whole' and 'distinct' human beings after their death.
- For many, being unable to say goodbye in person, hold their loved one's hand, or even see the person after their death, bred feelings of isolation, helplessness, guilt, and inability to reconcile with the situation. One woman who lost her father to the virus said that she was not allowed to visit him in isolation, and when he was brought into the ICU, she watched him through glass doors: 'It broke my heart into a million pieces. I didn't want him to feel alone.'
- Some family members emphasised the difficulty of not being able to touch their loved ones or hold their hands.

- Some described the process of watching their loved one die without being able to offer support as being like watching them drown from a distance: 'We are watching from the shore and not being able to do anything ... it is a very helpless feeling'. Another woman described this experience as 'devastatingly isolating'.
- Others reported that being physically separated from a dying loved one made it difficult to recognise what had happened and to grieve properly.
- It is the cruelty of this virus -- to stop its virulence from spreading, to protect loved ones, it forces everyone to stay physically apart. It deprives the dying of comfort from loved ones, and the healthy from saying goodbye.
- Christy Denckla said the long-term impact of the current situation may be something called 'prolonged grief disorder', in which people who are isolated and cut off from the normal grieving process find their lives impaired over time by unresolved grief.
- Denckla said that compounded stressors increase risk for an array of mental health conditions, such as anxiety, depression, suicidal thoughts, hopelessness, loss of interest in pleasurable activities, and interpersonal conflict.
- Denckla said hospital clergy in some cases have donned protective gear and allowed loved ones to connect via video with dying loved ones when pandemic rules prohibit in-person visits. What is unknown, Denckla said, is how effective a substitute these digital practices are and whether they can help mitigate potential problems in the future.
- Because of the centrality of touch in providing such care, it has been recommended that technological solutions in hospice care only be used to supplement face-to-face visits and not to replace them
- Literature on palliative care suggests that family members and other loved ones are essential to comfort and minimise suffering for the dying person. The Dying Person's Bill of Rights outlined a right 'not to die alone'.
- Nurses in all sectors should be aware that visiting restrictions may affect patients, families, and health care services for longer than the actual pandemic.

Project Research (Proprietary Research, COVID Memory Angle)

- According to the Surgeon General's report, loneliness is more widespread today than any other major health issue in the United States. So many people reporting that they feel lonely "much of the time" that the U.S. Surgeon General declared an "epidemic of loneliness and isolation."
- Even before the COVID-19 pandemic, one out of two people in the United States reported experiencing loneliness. Younger people, ages 18 to 24, are feeling it even more—almost eight out of 10 people in this age range reported feeling lonely. This age group especially missed out on some critical opportunities for socialization at an important time in their lives, due to the pandemic and having to graduate high school or attend college online.
- The role of social media for people's mental health and wellbeing is disputed. While some studies have shown that social media allow people to maintain their social relationships, thereby representing one way of coping with loneliness and distress, other studies have found higher levels of social media use to be associated with poorer mental health and higher levels of loneliness.
- Some experts see the rise in depression as evidence that the connections social media users form electronically are less emotionally satisfying, leaving them feeling socially isolated.
 "The less you are connected with human beings in a deep, empathic way, the less you're really getting the benefits of a social interaction,"
- In several studies, teenage and young adult users who spend the most time on Instagram, Facebook and other platforms were shown to have a substantially (from 13 to 66 percent) higher rate of reported depression than those who spent the least time.
- 64.4% of the world's population is now online.

- Experimental research has shown that students whose social media use was limited to 10 min per day over a three week period experienced significant reductions in depression and loneliness.
- When you lose body language, tone and non-verbal cues, misunderstandings and conflicts are much more prone to happen. Overtime, we lose our ability to detect these communication patterns or their value. By only understanding a fraction of an interaction, social media makes us increasingly less social.
- Additionally, the lack of genuine and full interactions over social media has significantly increased loneliness. While we can technically interact with others via social media at any time of the day, that doesn't replace the emotional gratification that inperson interactions possess.
- It was found that people who spend time on social media double the chances of feeling socially isolated from their peers. This isolation tends to push people back to social media to make friends since it doesn't involve the unfamiliarity of face-to-face interactions. It's a vicious cycle of isolation.
- Folks who reported that they were socially isolated or felt lonely are more likely to die early from all causes including cancer, according to a sweeping review of 90 studies that included more than 2.2 million people from around the globe.
- People who are socially isolated or lonely may be less likely to eat a healthy diet and get regular exercise and more likely to smoke and consume alcohol. In addition, social isolation is linked to inflammation and weakened immune systems. People who are socially isolated may be less likely to receive medical care due to their smaller social networks.
- To not the distinction between the two, social isolation and loneliness are not one and the same. Social isolation refers to a lack of contact with other people while loneliness is the feeling of being alone, regardless of social contact.

Conclusion (Next Steps, Further Ideas, Questions etc.)

For future steps I want to further flesh out what the program would be at night. Right now I show that there would be a change in visibility with during the day the people above being visible to those below, while during the night, when the memorial is lit up from within, the silouhettes of those in the lower portion of the memorial is revealed to those outside along the sides of the "wedge". With this I imply that there will be a projection of lights inside the "wedge" but I have not fully figured out yet what that might be.

I also want to go more in depth with the detail of the edge between the two slabs to figure out how air is allowed to flow in and create an auditory enviornment that helps drown out other noise.

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Natalie Bakis

If Memory Serves Eric Moed & Richard Yoo (ARCH-401.20)