

REPORT ON QUESTIONS FROM TAC TO THE PHILLIPS-WANGENSTEEN BUILDING
COMMITTEE

From: Milo Thompson, The Cerny Associates, Inc.

Summary of Discussion on Question 1:

The intention of the Phillips' bequest of \$1,500,000 and matched by federal funds is that it be used specifically for research facilities.

The Committee has estimated that approximately 40,000 sq. ft. net of research facilities should be programmed. The bequest should be used to provide maximum and modularly arranged spaces that can be assigned, changed, and re-assigned. Expansion potential should be assured.

The Committee is particularly concerned about honoring the intention of the donor and will look for an architectural solution that provides a distinct identity for the building without compromising the important functional relationships discussed in Question 2.

The concept of integrated facilities is considered ideal, though it should not preclude the possibility of an architecturally identifiable research facility.

The Committee has suggested the possibility that patient, office, teaching and other functionally related areas be in an adjacent building and connected with linking bridges or corridors. Other architectural solutions providing identity of the research facilities are, no doubt, possible. The Committee is aware of the difficulty in justifying the use of choice land for a relatively small building, and they recognize that conventional site and architectural planning will probably yield unsatisfactory solutions.

Answers to Question 2

- (1) It will be very important that physiologic research studies have close contact with patient care areas.
- (2) The relationships that this unit will have with basic sciences faculty are those of common spirit and intellect. They have little to do with physical connection and, in fact, can be remotely located.
- (3) A relationship to the Out-Patient Department is not of prime importance though corridor connection would be desirable.
- (4) *Need not have any relationship to surgical Operating Rooms*
A relationship to Surgery is not required except that ~~Animal~~ Animal surgery facilities should be provided.
- (5) Radiology should be closely related to the research facilities.
- (6) No animal quarters should be provided, except on a temporary holding basis.

PHILLIPS-WANGENSTEEN BUILDING

1. Proposed expansion of clinical teaching and research is estimated at 141,815 square feet.

It is assumed that the Phillips-Wangensteen clinical research unit will of necessity include in its program clinical research facilities which involve directly the overall requirements for clinical teaching and research expansion.

Clinical task force feels ideal set-up would be to integrate office, basic and clinical research and clinical medicine. Discuss.

2. Will physiologic research studies require close contact with patient care areas? What relationships will this unit have with basic sciences faculty in terms of consultation and collaboration? What relationship to OPD? Surgery, Radiology, Animal Quarters?

Office of the Chief

February 11, 1966

Mr. John H. Westerman
Research Associate
Medical Administration
P. O. Box #1
University Hospitals

Dear John:

I note with a sense of pride that the University plans to construct a Research Building and that my name will be linked with that of the very generous Donor, Mr. Jay Phillips. I must insist, as I indicated to you yesterday in our conversation, however, that this must be called the Phillips-Wangensteen Building, inasmuch as the idea for the building and the money for its support originates with Mr. Phillips. My contribution to the building by contrast is very small indeed.

Sincerely,

O.H.W.

Owen H. Wangenstein, M. D.
Professor and Chairman
Department of Surgery

OHW:bjs

cc: Dr. Robert B. Howard

PHILLIPS-WANGENSTEEN BUILDING COMMITTEE

Minutes of the meeting January 31, 1968 (#1)

Present: Robert Mulhausen, Chairman; William Krivit, Wesley Spink, Milo Thompson (Cerny Associates), Richard Varco, Owen Wangensteen

Next Meeting: Monday, February 5, 1968, 7:00 a.m., Dining Room #3

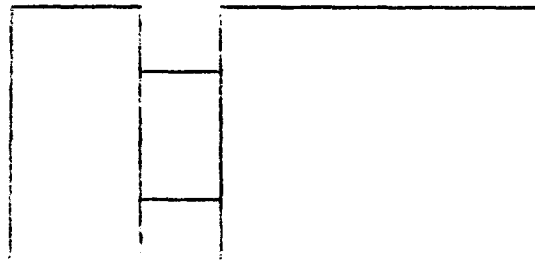
Dr. Wangensteen discussed his understanding of the Jay Phillips donation. The \$1.5 million, matched by Federal funds, was to be used specifically for a research building, including neither office space nor patient beds. Dr. Wangensteen stressed the necessity of adhering to the intentions of the donor.

Dr. Mulhausen raised the question of how the Phillips-Wangensteen building should relate to the Hospitals-Medical School complex as a whole. Would it be ideal to have research areas contiguous with teaching, office, and/or patient facilities? For example, would it be advantageous if surgery research were on the same level as the ORs and surgery beds?

Since \$3 million can buy only an estimated 40,000 sq. ft., Dr. Wangensteen was concerned that the funds not be dissipated over integrated facilities, but used explicitly for research space.

Although it might be ideal, Dr. Varco questioned whether it would be possible to plan integrated facilities considering the limited land and financial resources available. Further, it is imperative to build a discrete Phillips-Wangensteen building, if at all possible. The difficulty might be in justifying the use of choice land for such a relatively small building. Dr. Wangensteen suggested the building might be redefined as a center and other facilities could be built on top of it. The Committee decided it would be preferable to have a discrete building and will proceed to plan on that basis, leaving the question of feasibility for the architects to work out. In addition to a distinct research building, the Committee also felt it would be ideal to have patient, office and teaching areas in a building adjacent to research facilities, and correlated by level:

Phillips- Wangensteen Building	Patient, Office and Teaching Facilities
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PHILLIPS-WANGENSTEEN BUILDING COMMITTEE

Minutes of the meeting February 5, 1968 (#2)

Present: Robert Mulhausen, Chairman; William Krivit, Konald Prem, Milo Thompson, Richard Varco

42.5% of the 70,000 sq. ft. allocated for new clinical research space is designated for the Phillips-Wangensteen building, leaving 30,000 sq. ft. for additional clinical research facilities.

The Committee discussed the relation of the Phillips-Wangensteen building to other Health Sciences units. Although there will be intellectual interplay between Phillips-Wangensteen and Basic Sciences, physical proximity is not required. It is more important for the building to be near the hospital patient area than the outpatient clinics. Easy access, if not proximity, to Animal Quarters is also important. Given the opportunity to locate research facilities near beds, offices or clinics, the Committee considered proximity to beds most important, relation to the clinics next, and the location of offices non-essential.

Dr. Mulhausen explained that centralized Animal Quarters would be constructed prior to the Health Sciences expansion program. The Phillips-Wangensteen building would require facilities for working on animals, not for housing them. Existing Animal Quarters in Diehl would provide adequate holding facilities for animals at the Hospitals.

The Committee agreed that Phillips-Wangensteen space should not be used for clinical beds, animal quarters or offices, but rather for the maximum amount of laboratory modules with a centralized core facility. The core should include an electronics shop, centralized sterilization facilities and an instrument area for equipment that can be centralized, i.e., body counter or ultra-centrifuge.

The Committee wanted to know the feasibility of either adding a portion of the 30,000 sq. ft. allocated for clinical research space to the Phillips-Wangensteen building or building a structure with the potential for expanding to 10 or 12 stories. The Committee stressed the importance of providing a foundation capable of supporting future expansion.

Dr. Prem questioned the necessity of building a separate structure considering the limited funds available. He proposed that it would be possible to satisfy the requirement for donor identity and get more space out of the \$3 million by having the building an appendage of another structure. The Committee agreed that the primary consideration is to maintain the identity of the donor contribution. If an architectural solution can be found that satisfies this principle and is less costly than a separate building, it will be acceptable.

PHILLIPS-WANGENSTEEN BUILDING COMMITTEE

Minutes of the meeting February 14, 1968 (#3)

Present: Robert Mulhausen, Chairman; William Krivit, Joseph Lerner, Milo Thompson, Richard Varco

Dr. Mulhausen asked if there would be advantages in having basic science research laboratories close to the Phillips-Wangensteen building. Dr. Varco answered that it is most important for the Phillips-Wangensteen building to be near patient areas in order to utilize clinical facilities for research purposes in order to save physicians time.

Dr. Lerner mentioned that the Basic Sciences Committee had discussed the possibility of having basic sciences space in the Phillips-Wangensteen building. Dr. Mulhausen explained that the College of Medical Sciences is committed to expand to 200 students. Although basic sciences expansion is scheduled to come late in the development program, basic sciences facilities will have to serve the increased student population first. Alternative ways of expanding basic sciences space are being explored.

Dr. Varco felt that Phillips-Wangensteen space for basic sciences would create one problem to solve another. New basic sciences space should be close to existing basic sciences facilities; it is unsound to isolate one segment of the faculty from the nucleus of the department.

The Committee stressed that Phillips-Wangensteen space should be used exclusively for laboratory modules.

The Committee reviewed the statement prepared by Mr. Thompson in response to the questions from The Architects Collaborative. Dr. Varco wanted to clarify the expansion of animal facilities. Due to increased pressure for animal surgery, animal surgery areas have to be enlarged. This is not to be confused with augmentation of quarantine, storage, or holding areas.

The Committee discussed requirements for securing clinical center designation monies. The foremost consideration is proximity to patient beds; patient beds must be readily accessible to related research facilities. Even though the Committee strongly recommended that Phillips-Wangensteen space not be used for staff offices, Dr. Krivit felt special grants would require that an office for the research director be included in the research facilities.

The Committee again emphasized that the building should be called Phillips-Wangensteen even if 70,000 square feet rather than 40,000 square feet financed by Phillips. Ideally it should be possible to retain the identity of the donor and utilize additional funds.

PHILLIPS WANGENSTEEN BUILDING PROGRAM

February 15, 1968

Questions from TAC to the Phillips Wangensteen Building Committee

Summary of Discussion on Question 1:

The intention of the Phillips' bequest of \$1,500,000 and matched by federal funds is that it be used specifically for clinical research facilities.

The Committee has asked that 70,000 net sq. ft. of clinical research space be programmed in the Phillips-Wangensteen Building. The bequest would generate funds for 40,000 sq. ft. of this space. The design should provide maximum and modularly arranged spaces that can be assigned, changed and re-assigned. Expansion potential should be assured, i.e., either or both vertical and horizontal extension should be a future possibility.

The Committee is particularly concerned about honoring the intention of the donor and will look for an architectural solution that provides a distinct identity for the building without compromising the important functional relationships discussed in Question 2.

The concept of integrated facilities is considered ideal, though it should not preclude the possibility of an architecturally identifiable research facility.

The Committee has suggested the possibility that patient, office, teaching and other functionally related areas be in an adjacent building and connected with linking bridges or corridors. Other architectural solutions providing identity of the research facilities are, no doubt, possible. The Committee is aware of the difficulty in justifying the use of choice land for a relatively small building, and they recognize that conventional site and architectural planning will probably yield unsatisfactory solutions.

Answers to Question 2

1. Relationship to Patient Care Area

It will be very important that physiologic research studies have close contact with patient care areas. Given an opportunity to locate research facilities near beds, offices and clinics, the Committee considered proximity to beds most important, clinics next and offices last.

2. Relationship to Basic Sciences

The relationships that this unit will have with basic sciences faculty are those of common spirit and intellect. They have little to do with physical connections and, in fact, can be remotely located. Relationships to the clinical areas are more important.

3. Relationship to OPD

A relationship to the Outpatient Department is not of prime importance though corridor connection would be desirable.

4. Relationship to Radiology

Only the facilities and equipment (to be specified with program development) that relate to research activity need close proximity to the research labs. A departmental proximity is not necessary.

5. Relationship to Surgery

A relationship departmentally is not required. Animal operating facilities, which are not part of the Surgery Operating Room Facilities, should be included on a limited basis. Quantity and location will be determined with program development.

6. Relationship to Animal Quarters

The Phillips Wangenstein Building will require space for temporary holding but not housing animals. The Committee endorses the idea of centralized Animal Holding Quarters. Easy access to these quarters are important.

Milo Thompson
The Cerny Associates, Inc.

February 15, 1968

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RB	
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REPORT

To: THE ARCHITECTS COLLABORATIVE, INC.
Mr. John C. Harkness
Mr. Roland Kluver
Mr. Robert Turner

From: THE CERNY ASSOCIATES, INC.
Milo H. Thompson

Re: University Health Sciences Building - Commission No. 67-90
Phillips-Wangensteen Building Program
Questions from TAC to the Phillips-Wangensteen Building Committee

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Answers to Question 2 (Continued)

(2) Relationship to Basic Sciences

The relationships that this unit will have with basic sciences faculty are those of common spirit and intellect. They have little to do with physical connections and, in fact, can be remotely located. Relationships to the clinical areas are more important.

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PHILLIPS WANGENSTEEN BUILDING PROGRAM

February 15, 1968

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Milo Thompson
The Cerny Associates, Inc.

February 26, 1968

PHILLIPS_WANGANSTEEN BUILDING COMMITTEE

Minutes of meeting February 14, 1968 (#3)

Present: Robert Mulhausen, Chairman; William Krivit, Joseph Lerner, Milo Thompson, Richard Varco

Dr. Mulhausen asked if there would be advantages in having basic science research laboratories close to the Phillips-Wangansteen building. Dr. Varco answered that it is ~~not~~ most important for the Phillips-Wangansteen building to be near patient areas in order to utilize clinical facilities for research purposes and in order to save physicians time.

Dr. Lerner mentioned the Basic ~~Sciences~~ Committee had discussed the possibility of having basic sciences ~~based~~ ^{space} in the Phillips-Wangansteen building. Dr. Mulhausen explained that the College of Medical Sciences is committed to expanding to 200 students. Although basic sciences expansion is scheduled to come late in the expansion program, basic sciences facilities will have to serve the increased student ~~population~~ first. Alternative ways of temporarily expanding basic sciences space are being explored.

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The Committee again emphasized that the building should be called Phillips-Wangansteen even if ~~700~~ 70,000 square feet rather than the 40,000 square feet financed by Phillips. Ideally it should be possible to retain the identity of the donor and utilize additional funds.

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PHILLIPS-WANGENSTEEN BUILDING COMMITTEE

Minutes of Meeting March 4, 1968 (#4)

Present: Robert Mulhausen, Chairman; William Krivit, Joseph Lerner, Konald Prem, Milo Thompson

Dr. Mulhausen announced that Dr. Frederick Goetz will join the committee.

Total Body Counter

Dr. Krivit indicated that before programming Phillips-Wangensteen space begins, he would like to bring to the attention of the committee the requirement for a total body counter.

A total body counter would require 5,000 sq. ft. in a subbasement of the Phillips-Wangensteen building. The counter itself is a three dimensional counting system with 1 recorder, 1 data processor, and 24 detectors. The area required would include a computer room, equipment room, patient room and a smaller room for dressing.

The body counter at Mayo Clinic is used 100 per cent of the time. If centrally located (beneath Phillips-Wangensteen with access to clinical areas and the Basic Sciences), a unit at University Hospitals could be used 24 hours/day: for body absorption studies during the day and for animal studies at night.

The foremost concern in constructing a cave for the body counter is to prevent exposure to outside radiation of any type. While the area does not have to be deeper than sub-basement level, the shell has to be constructed out of old steel (with low Cobalt 60 level) and the concrete has to be monitored. In addition, it is necessary to avoid proximity to pipes carrying radioactive wastes.

Dr. Mulhausen felt the issue was whether 5,000 sq. ft. for the body counter merited the sacrifice of 5,000 sq. ft. of other laboratory space. Dr. Prem asked if there were any reason why the unit should not be constructed underneath Phillips-Wangensteen but from separate funds. Dr. Krivit indicated that funding possibilities have not been fully explored. However, he did suggest that there would be greater opportunity to fund the equipment if the care were included in Phillips-Wangensteen construction. The Committee agreed that Dr. Krivit and Mr. Thompson should visit the Mayo Clinic total body counter facility.

Foundation Monies

Dr. Krivit also expressed concern that the legislature may not fund the entire development package. He suggested alternative sources--such as Hartford, Kennedy, Atkinson or Stone--be explored by the Dean. Dr. Mulhausen suggested that there are advantages in not securing additional funds until the legislature reaches its decision.

Allocation of Phillips-Wangensteen Space

Dr. Mulhausen reviewed the preliminary allocation of space originally proposed for Phillips-Wangensteen Building and suggested that the Committee reconsider the assignment of space. He presented a breakdown by department of projected space for research facilities edited in accord with the proposals published in FUTURE PLANNING FOR THE HEALTH SCIENCES, PART III (February, 1967).

PHILLIPS-WANGENSTEEN BUILDING COMMITTEE

Minutes of Meeting March 13, 1968 (#5)

Present: Robert Mulhausen, Chairman; Frederick Goetz, William Krivit,
Konald Prem, Owen Wangenstein

The Committee was asked to consider alternatives for the use of the 27,558 sq. ft. clinical research space not included in the Phillips-Wangenstein Building space. The Committee had previously recommended that the additional space be incorporated into the Phillips-Wangenstein Building, but the architects have requested a viable option.

Dr. Mulhausen expressed conviction that the architects would respect the Committee's request that Phillips-Wangenstein should be a distinct entity with potential for growth. While the spirit of the Committee's thinking is part of the planning, the architects require an alternative to having all research facilities in one entity.

Dr. Mulhausen also proposed that the Committee take this opportunity to re-evaluate research space allocated for each division and make recommendations to the French Committee. Of two possible procedures--(1) asking divisions for their space needs, or (2) having the Committee evaluate the proposed allocation and make recommendations to the divisions for approval--Dr. Mulhausen advocated the latter.

Although it was agreed that reconsideration of the initial editing across the board is mandatory, the Committee felt it is premature at this time. As Dr. Wangenstein observed, the task is divided into two phases: (1) getting on with the building, and (2) dividing the space. Since research space will be modular, the division of space can afford to wait until the first phase is underway.

Dr. Wangenstein emphasized that Mr. Phillips would like to see the building completed within his lifetime and asked if the 40,000 sq. ft. could be added to Diehl, Masonic or VFW so that the problem of land acquisition could be avoided. He also inquired why no attempt has been made to secure matching funds for the Phillips donation. Dr. Krivit explained the growing skepticism toward federal funds--many have had clinical research grants approved but have not received funds. Dr. Wangenstein suggested that Senator Mondale should be contacted and urged to arrange a sympathetic hearing.

Dr. Krivit felt the Committee should reaffirm its request that the additional 27,558 sq. ft. be incorporated into the Phillips-Wangenstein Building. He also asserted that the building must be adjacent and have direct access to inpatient bed areas. Dr. Mulhausen noted that these two guidelines are not necessarily complimentary: if patient beds are spread out, should research facilities then be decentralized? Mr. Thompson stressed the importance of the continuity of the total program and urged the Committee to consider alternative plans for the 70,000 sq. ft. clinical laboratory space.

November 10, 1969

TO: Vice President Champion and Vice President Kennedy
FROM: C. Thomas Smith, Jr., Coordinator Health Sciences Planning
SUBJECT: Phillips-Wagensteen Building

The following dates are the critical ones in reference to the Phillips-Wagensteen Building.

- (1) Final program determined: 15 January 1970
- (2) Federal grant submitted: 1 July 1970
- (3) Detailed planning completed: 1 September 1970
- (4) Construction begins: 1 September 1971
- (5) Construction completed: 1 October 1973

Since this unit is suspended between Units A and C, it is important to build it in conjunction with these units rather than distinct from them. It is therefore planned that all three units will be completed at approximately the same time. If you need any further information about this unit, I will be happy to provide it.

WANGANSTEEN SPACE

Minutes for the Meeting of July 29, 1970

Present: Dr. O. H. Wangansteen, Mr. Kenneth Taylor

Mr. Taylor explained to Dr. Wangansteen the new proposal for location of his space in Unit B. This proposal indicates a 13th floor location for his research labs, contiguous with the Department of Surgery and sharing animal facilities.

With regard to dogs, Dr. Wangansteen indicated that some 90 dog cages would need to be accommodated, plus space for an undetermined number of cages being used in Army grant projects. Dr. Goodale should be contacted for more definite information. With regard to animal housing however, it appears that not all animals used for Dr. Wangansteen's research need to be housed on the 13th floor, but only those fulfilling current needs, so long as proper access could be provided. Three thousand square feet are available to the department of Surgery on the first floor, for housing of large animals.

Other topics of discussion:

- a. ceiling height
- b. provision of one 12 x 18 OR with one office

UNIVERSITY OF *Minnesota*

P. O. Box #610

NUMBER 4.15.3
3.0

DEPARTMENT OF SURGERY
MAYO MEMORIAL BUILDING • MINNEAPOLIS, MINNESOTA 55455

May 24, 1971

Lyle French, M.D.
Vice President
Health Sciences Affairs
424 Morrill Hall
University Campus

Dear Lyle:

As you know, a number of groups meet across the hall almost continuously here on Level 5 of the Bio-Medical Library. Access to a telephone has been quite a problem and a very bothersome one for us, may I add. Going back to Dean Howards day, I suggested that a wall plug telephone be inserted in the rear of the lecture hall where the large meetings are held (555 Diehl), where telephone calls could be received and relayed. Such a device would mean bringing a telephone from some centrally located area in the building or in Mayo to the meeting.

The matter has now arrived at that dimension where it needs some attention. Some of the persons, may I add, who insist on using the telephone are definitely a little less than polite or appreciative.


A pay station telephone on Level 5 also might prove helpful.

In any case, Lyle, I do hope that steps will be taken to correct this matter which has come to be quite a nuisance for this office.

Sincerely,



Owen H. Wangensteen, M.D.
Regents' Professor
Department of Surgery



OHW/sek
HEALTH SCIENCES CENTER
MEDICAL SCHOOL

cc: Mr. Glenn Brudvig, Bio-Medical Librarian

June 7, 1971

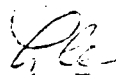
Owen H. Wangensteen, M.D.
Regents' Professor
Department of Surgery
Box 610 Mayo Memorial Building
Minneapolis Campus

Dear Owen:

This letter concerns yours of May 24 relative to the problem of a telephone on the fifth floor of the Bio-Medical Library. I am going to forward it on to Mr. Paul Maupin who is the Coordinator for Health Sciences Planning since he is the one that really should look into this problem.

With best regards

Sincerely,


Lyle A. French, M.D.
Vice President

LAF/ct

cc: Mr. Paul Maupin