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Entanglements of Architecture and Comfort beyond the Temperate Zone - 1

Debate

Comfort, Violence, Care: Decolonising Tropical Architecture at Blida, 1956

Confort, violence, assistance: décoloniser l'architecture tropicale, Blida 1956

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Entrées d'index

Index de mots-clés: architecture tropicale Index by keyword: tropical architecture Indice de palabras clave: arquitectura tropical Schlagwortindex: Architektur der Tropen Parole chiave: architettura tropicale

Index géographique : Afrique, Afrique du Nord, Algérie, Blida

Index chronologique: XXe siécle

Personnes citées: Fanon Frantz (1925-1961)

Texte intégral

Uncomfortable histories

Late 1956. Doctor Frantz Fanon has resigned from his post at the psychiatric hospital at Blida-Joinville in Algeria. The Gold Coast is a year away from independence. Maxwell Fry and Jane Drew, back in London from West Africa, and before that Chandigarh, are publishing a manual called *Tropical Architecture in the Humid Zone*. In Bogota, a Pan-American network of planners and housing consultants is coalescing to support the U.S.'s interests in Latin America. Fidel Castro lands in Cuba to lead the rebellion against the Batista regime. The Middle Eastern Technical University, a project

promoted by Charles Abrams and supported by the United Nations Technical Assistance Board, opens in Ankara, Turkey.³ A flu epidemic, probably from mutating duck and human viruses, is about to emerge from Guizhou, China.⁴

A new strain of architecture connects these moments. It accompanies the formation of new nation states, the spread of communism in Latin America, Western engagements with oil producing regions, and mass public health campaigns along with the increasing mobility of revolutionaries and professionals who would reshape the world of the ever more global "South," an area coinciding, more or less, with countries located between the tropics.⁵ It hinges on "comfort" as an imminently mobile concept in the apparent neutrality of its scientific approach, and its overlaps with other globalizing knowledge fields. It is adopted by the Eastern, Western, and non-aligned blocs, the new multilateral agencies, and many of the elites of the new nations.⁶

It came with new linguistic terms. In this "zone," transnational modernisms mutated into something called "tropical architecture," which in turn had sub-categories clustered around sub-climates, in which varied building envelopes afforded the requirement of biologically defined physical comfort. Comfort in tropical architecture related to specific metrics⁷ including "wet bulb" thermal ranges of 54-71°F (12-22°C), ventilation openings of 4% of room floor areas, natural lighting of 5-12.5% of floor area, material transmissive values and spatial standards such as minimum room sizes of 6 square meters for a bedroom. These goals were reached through largely passive means like shading, thermal mass, and ventilation. In all of these dimensions, the pursuit of comfort, much like its cognate disciplines, medicine, sanitation, and engineering, claimed to be helping to build a better world. It allowed for greater productivity within workplaces, and better sleep at night.

It is 2020 now, and the world is hotter, in some part because of architecture's turn away from passive ventilation. Public health is still a grave concern. Why then, should we - a global we, encompassing all architectural historians, including those from the South - look back on comfort, as articulated in the 1950s and 60s, as an uncomfortable chapter in the history of architecture's discourse and praxis? How was its operation the consequence of more than physics and climate, and why does that provenance of its development even matter at a time when lowering energy impacts is such an urgent concern?

Taking up the call by Michelle Murphy to push beyond the understanding of technoscientific praxis, no matter what "positive feelings" it engenders, to embrace "discomfort, critique and non-innocence" as generative categories, this essay extends disquiet with comfort as an authoritative category, especially in its application in the global South. It unsettles the obscured racial content of a science that developed as an instrument of colonial and neocolonial expansion through its divisiveness, and notes the ongoing use of its values in philanthropic architecture projects. It suggests that this field, predominantly based in the global North, fails to balance the geographic act of including the global South in their sites of study with situated and temporally diverse lifeways. It concludes with Fanon's uncomfortable and extreme reaction to this form of comfort through his practice of revolutionary care, as a way to break open this subject's ambivalent envelope - in both its concrete and disciplinary forms - in order to restore connections between science and humanity in their fullest potentials.

Comfort at work

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Comfort, as *technè*, disciplined the bodies of the indigenous subjects of the tropics who would access its spaces and who conditioned themselves by following the timetables of modern institutions and dressing in modern gear. It was used to rationalize material choices in tropical architecture, choices that range from the proliferation of concrete, steel, aluminum, and asbestos-cement,⁹ to the replacement of landscapes with extractive and neutral zones, with attendant and cascading toxicity, to the destruction of urban and rural ecologies in favor of lawns. Although the episodic

projects of tropical architecture were constructed unevenly, if not symbolically in their sparse distribution, they catalyzed both planned and insurgent forms of urbanization and so set apart these havens of relative comfort from the spaces of the majority of citizens who were fated to be uncomfortable.

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As the conditions of these excluded people finally reached global audiences through the 1970s, the specific and transnational practice of tropical architecture was displaced by other scales and foci of action, particularly through the events and agencies of the United Nations and World Bank.¹⁰ The conceptual breadth of *habitat* as a planning concern¹¹ expanded the narrow project of developing comfort through environmental design. Tropical architecture was relegated to a "building science" and reproduced through the didactic publications for technical advisors and international students that practitioners pulled together on their return to locales conducive to that kind of work.¹² With this normalization, the subject of comfort became itself comfortable, dissociated from design experimentation, and not even urgent as air-conditioning became available to compensate for its inadequacies.

Comfort, along with tropical architecture at large, only re-emerged as a matter of cultural concern for architects in the late 1990s. Architectural history re-engaged with its sites and application under the influence of postcolonial theory in the 1990s, drawing on Foucault's readings of bio-power, 13 Said's identification of Orientalist tendencies, 14 Homi Bhabha's hybridity, 15 and Anthony D. King's geography of colonial networks. 16 This conceptual scaffolding, however, did not necessarily bring a close, in situ, or anticolonial scrutiny of the work in question. It was often studied from a distance, and from the archives with resting places in colonizing countries, supported by national funds or grants with their own colonial ghosts, so inscribing the unequal relations of north and tropics in the sites and subjects from which research was generated. The work that redocuments tropical architecture across colonial and non-aligned territories in midtwentiethth century is now quite substantial, but limited in its response to the difficult questions of colonial extraction, abandonment, restitution, and disciplinary decolonization. Alongside these texts, the disturbing visuality of decaying facades of tropical architecture in various photographic projects¹⁷ has come to broadly represent a tragic intersection of welfarist projects and failed post-colonial governance, but seldom traces the long histories that produced such contrasts.

There is now a push back against this neo-colonial scholarship and aesthetics from a new generation of scholars from the "global South" struggling to make sense of colonial debris and crises, and calling for a more active form of engagement with these problematics.¹⁸ Accepting their challenges as urgent, how do we approach histories of comfort differently, inclusive of their dark content? This question is of equal importance to those for whom it remains an academic concern, and those for whom tropical architecture apparently means nothing, given the ascendance of people themselves as a substitute infrastructure.¹⁹ A decolonial history of tropical architecture already has some foundational work to reference. Jiat-Hwee Chang's genealogical work in the development of comfort as techno-science maps its mutual entanglement with colonial military and extractive logics, and supported removals and new typologies of control.²⁰ Micro-histories from fieldwork are also valuable. Some of them focus on its effects over time, its afterlives, the embodied resistances, and alternative tropical architectures, to build up a distributed critique of its shortcomings.²¹ This documentary work, however, falls short of constructing and contributing a theoretical and de-colonial rebuttal to the persistent logic of comfort, which lies in its location as a subcategory of applied science with claims to universal reason. There remains a need to conceptually pry apart the two sides of comfort, its purported universalism and the experiences of its application, to use their differences to contest and heal its damage, and to build on tropical architecture's capacity to incubate more radical and inclusive acts of transformation.

Comfort without care

On either side of the benchmark year of 1956, two documentary traces of tropical sites mirror each other. The one lies within the period of colonial rule; the other, a postcolonial moment, enabled within a metropolitan design project. Read together, they illustrate the application of comfort to lived space. The first is recorded in a spread in the 1947 guidebook, *Village Housing in the Tropics*²² that drew on the experience of West Africa of Maxwell Fry and Jane Drew as town planning advisors for the British colonial government. They applied a survey-to-plan approach in considering how villages could be modernized, using an unnamed cacao producing community as example. In this field sketch they redlined the existing spaces of interaction, condemned an area as "very congested," marked another "for expansion," and relocated the washing place from where the riverside met the bridge to a spot with less surveillance. These annotations pushed back at thickets in favor of plantations, and unbent the road in order to smooth the paths of trucks to the port, prioritizing the efficiency of an extractive system and its agents²³ over the everyday practices of the villagers. We can only guess at the consequences.

Twenty years later, the British planner Max Lock was commissioned to develop a plan for Kaduna in Northern Nigeria as a proposed capital territory, for which he produced a dense document with nesting scales of proposals from regional to house designs.²⁴ Sixteen anonymized Nigerian students from Ahmadu Bello University were assigned to conduct social surveys in the "village-barrack" of Kawo, and two excerpts from their studies appeared in the planning proposal. These three pages of narrative convey a voice that starkly contrasts with the techno-scientific tone of the report at large. From the "healthy slum" of Kawo, occupied by people from many "tribes," one student reported that:

"Each house is part of a compound and predominating the whole area is a sense of yearning to live near people who will *care* [my italics] about one's business, who will bring help and support when one needs it—who will help to close a destructive gap in one's affairs. It is true that in many instances people of different tribal ethnics live together but there is at the bottom of all the apparent formality existing—a sense of the fact that if the man occupying the opposite room shouts, the other will immediately run out for help. He will be regarded with suspicion and perhaps the landlord appealed to if he is a man who decides to live all by himself and never say good morning to his fellow tenants. Consequently almost everybody in the same house knows where the other might be found at any one particular moment. So innate is the feeling of living together with others besides one's immediate family that people who build houses of their own and who do not want tenants invite others, who they know to be good people to come and stay with them free of charge."²⁵

Speaking from his position as an indigenous researcher, the student replaced a colonial modernizing and extractive logic in favor of indigenous interrelations, contesting *comfort* with *care*. The architecture of Kawo, a gridded set of compounds, can be imagined intimately in the text in its density of "opposite rooms" and houses with rooms to spare.²⁶ Mindful of how perspectives such as those contained in the notes on the Fry, Drew and Ford's sketch had been used as the rationale for evictions,²⁷ this record of lived realities tried to preserve the slum-village by highlighting its value as a space of health and care. Despite the time and yes, care, spent in survey and mapping, the callous distance from the lives of residents in the earlier drawing reads today as epistemological and possibly literal erasure. In Kawo, the student's articulation of the typological form of care reads as a shrewd act of resistance to the reductive application of comfort. It seems that this reportage was acknowledged in the design of courtyard housing in the village's eastward extension.

Limits of care

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Enfolding care into practices and histories of tropical architecture is often insufficient to prevent the erasure of indigenous space, but it can in turn mobilize other forms of resistance. The care found and applied in the social survey of Kawo resonates with the contemporary use of the term by feminist scholars of science and technology, including Maria Puig de la Bellacasa, Michelle Murphy, and Isabelle Stengers.²⁸ Their sites of research include chemical residues in the environment at large—soil, air, water, and fields of genetically modified crops—as well as practices of women's health and the structure of science itself. As Aryn Martin, Natasha Myers, and Ana Viseu²⁹ reflect, the application of care in sts has two layers: one enacted relationally by researchers with the worlds that they study, and one that looks at care itself as it circulates within the techno-scientific worlds that they encounter.

Transposing STS into histories of tropical architecture would entail care for its subjects while considering how the politicized techne of comfort cared, or didn't, in relation to differentiated bodies. The first dimension of care would locate the architectural artifacts beyond colonial time and space to understand their full dimensions of impact through "situated perspectives," as Isabelle Doucet and Hélene Frichot suggest,30 paying attention to who cared, and for whom. These impacts require interrogation in relation to the "slow violence," the term coined by Rob Nixon for the incremental damage done to the environments of the poor.³¹ An attitude of care can be used to theorize and create conditions of interdependency that would "interweave" bodies, selves, and the environment into complex webs. Angelika Fitz and Elke Krasny³² suggest this re-worlding needs to incorporate the "more than human,"33 which should though this is not made explicit from their largely Northern set of case studies of care in architecture-acknowledge the worlds of those colonized subjects deemed less than human whose rights, ecologies and knowledge have been damaged by colonial extraction. As Rachel Lee and others have noted in relation to indigenous urbanity in Dar es-Salaam, "things don't really exist until you give them a name," often requiring work in oral histories,34 or in texts outside of architectural histories that capture the lived experience of the colonized.

Caring about Fanon

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This search for testimony brings us back to Frantz Fanon, whose life path as reflected in his journals and books has come to serve as a model first for revolutionaries and increasingly, for decolonial scholarship and creative practice. Invoking Fanon, whose expertise and writings appear to be tangential to histories of spatial technologies in relation to colonial comfort, may seem to stretch this tendency. However, his short but transformational appointment to a modern psychiatric hospital near Algiers produced some cogent observations in relation to its architecture and its effects.

Fanon arrived at l'hôpital psychiatrique de Blida-Joinville as a young doctor-psychiatrist in 1953.³⁵ Born in the Caribbean colony of Martinique, where his parents belonged to the "assimilated" classes brought up in the same institutional structures as France, he was shocked by his experience of racism as a student and intern in France. His first book, *Black Skin, White Masks*³⁶ reflected on his dismay at being identified as a less-than-human "negro" in metropolitan France. His move to Algiers in 1953, on the eve of the civil war, was to "a country where they need me."³⁷ At Blida, he became one of four *médecins-chefs* whose practices included drug, hydro- and electroconvulsive therapy. Fanon also experimented with socio-therapy, a practice of institutional reform that broke down some of the barriers inscribed in the modernist hospital layout.

The Blida hospital complex, built in the 1930s to the transitional architectural designs, part colonial, part modernist and in the details, Arabesque, of the French architects Georges Garnier and René Vasselon,³⁸ was still relatively new, although overcrowded. The pavilions for patients' and doctors' housing were spaced within maturing landscaped gardens. Fanon lived in a villa on the grounds with his wife and small son. The hospital's *éclairage et chauffage* are a point of elaboration in a 1937 description. Thermal comfort was created mechanically through the inclusion of a system of thermostats and electrical heating, and passively by the orientation of wards

to the south-east, following in digenous practices that colonial architects had assimilated in the region. 39

Blida became a model of the colonial world at large for Fanon, reflecting in the writing that he completed immediately after his resignation, The Wretched of the Earth (1963), now referred to as "the Damned...". His famous observations that "the colonial world is a world divided in compartments," a world "cut in two,"40 mirror the segregated layout of the hospital. There were separate pavilions for men and women, for Europeans and indigènes, for patients who were "quiet" and for those who were "agitated." Fanon opened up the spaces between pavilions to allow his patients to do embodied work - gardening for food, socializing at the Moroccan café, re-converting the mosque to its planned use, and clearing and playing on a soccer field.⁴¹ He also released himself from the confines of the institution to explore village practices, including the rites performed to exorcise the demons responsible for illness. These healing frenzies release the bodies of the indigenous men who were "immobilized" in the wards, tensed to spring into action. Fanon suggested that acting with violence against the colonists might have an analogous effect.⁴² While Fanon's support for violence and his commitment to medical care might appear irreconcilable, the hospital acted as the architectural setting in which he came to his position.

Fanon's actions and reflections at Blida trace this conflict and resolution between medical and de-colonial perspectives, in reaction to its typology. By opening the wards to allow inmates to access outside exercise and social spaces, he returned some active agency to the patients, whose bodily needs were only recognized in passive physiological terms.⁴³ In later practice, in exile, he chose to work in a day clinic. This first act of reconnecting lifeworlds for his patients as well as through his own ethnographic trips to Kabylia, however, came to be insufficient as acts of care. By 1956 he was secretly aligned with the FLN (National Liberation Front) and considering becoming a guerrilla, a choice he turned down, as one biographer suggests, because the hospital could support the rebels both overtly in their treatment after the trauma of torture, and clandestinely through his access to medicinal supplies for the wounded.⁴⁴ In other words, Fanon never repudiated his professional identity as a carer, even when he found it impossible to support the colonial regime that had trained him. However, Fanon's position after Blida, expressed in the Damned, is that the only path to a "new humanity" that would recognize black lived experience, and enable its fullness, entailed the use of "cleansing" and "equal and opposite violence" to counter and rebuild consciousness destroyed by colonial violence.45

Architectural histories need to consider the radical nature of care in Fanon's terms. To act as a transformative practice, it requires the intellectual and embodied work of ongoing engagement with colonial architecture, intersecting proximity in observation, interrogating diverse actions in space, and creating reciprocity with indigenous subjects. Fanon stepped out from a position of comfort afforded by buildings constructed with the resources of a colonial machine to effect compensatory gestures. But he also noted the limits of both comfort and care in his patients' unrelenting discomfort with the violation of their fragile worlds, and turned their protests into a call to arms.

Notes

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L'appropriation de l'aide : des récits multiples. Entretien entre Hannah le Roux et Viviana d'Auria

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