



Punmu and Parnngurr Aboriginal Health Clinics by Kaunitz Yeung Architecture. Image: Brett Boardman.

health and happiness in the desert

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They say it takes a village to raise a child, but what does it take to shape a building? We often attribute the design of a building to its architect: an individual who transforms a concept sketch into a built form over months or years. However, for the new Punmu and Parnngurr Aboriginal Health Clinics the decision was made to genuinely open the design process to the community, facilitated by Architect David Kaunitz (Kaunitz Yeung Architecture), while guided by functional requirements of the client, Puntukurnu Aboriginal Medical Service (PAMS). The architect played a pivotal role as a facilitator and empowered the remote communities to design two health clinics they could call their own in the remote East Pilbara region of Western Australia (1,800km north of Perth).

The result is two clinics sited within the Great Sandy Desert, 1,000km apart which serve the communities of the Martu people. Life in the desert comes with its own set of challenges where the semi-arid climate ushers in extremely hot summers (up to 48 °C) and warm winters. Despite the harsh conditions, the Martu, traditionally hunting-gathering people, have lived in the area for at least 40,000 years, making them amongst the oldest living cultures in the world today. For these nomadic communities, being forced to leave country for medical treatment has a significant negative impact on

their wellness. However, community involvement in the delivery of the two clinics has had a resoundingly positive effect.

Working to a modest budget and within the constraints of the sites, the resolution of the two clinics a 14 hour car drive apart has successfully demonstrated how integral health services can be provided in a sensitive and meaningful way in which the communities have a shared ownership. It also highlights the techniques architects can employ to make engagement with communities inclusive, leading to insights of “a hundred little things” as David shares. While David does not have a specific list of these things, he often refers to them as the small design features included in the building that make a community member feel they have been heard and their perspective respected.

The architectural feature of the two clinics that reinforces this most notably are the art screens. These are laser-cut steel panels and inserts that mirror the artwork of four artists, two from each community. Local stories told visually are transposed onto the screens to provide the perfect counter to the utility of healthcare architecture. These screens are created purely for the pleasure of others, and their incorporation enables the buildings to pay respect to elders, the culture and the land upon which they

sit. Encompassing screens engage the visitor by adding an experiential dimension that a traditional painted mural could not; they serve as shading devices resulting in light and shadow that interplay within the interiors of the clinics throughout the day. It encourages a mother and child in the waiting room to tell stories, to talk about the elder who created the artwork and to discuss what the story represents. “I think that creates a whole kind of stimulating event and nourishment for the community” says David.

Materials and construction of the clinics respond to their immediate context, the harsh climate, through a thermally-broken skin within the modular units and a ventilated roof to avoid thermal bridging. Photovoltaics combined with load management drastically reduce demand for external electrical supply to the clinics. The sweeping shade pergola creates a permeable triple roof to avoid radiation. While there were aspirations to push the project brief regarding materials, the sheer remoteness of the two sites meant that Colorbond was one of the few materials to be able to withstand the climatic conditions. “These buildings need to be so robust, because even to send someone out 1,000km to repair something is a huge cost” explains David. For this reason, the clinics were based on a modular system constructed in Perth and



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delivered to site to ensure durability, reduced cost and embodied energy and site visits.

The programme was refined largely due to the extensive consultation process, which sought feedback from the community through a myriad of consultation engagements. “It is actually hard to explain how basic the approach is” says David, “There’s a lot of differences between groups. The general approach, and maybe it doesn’t sound sexy enough, is to go in there and take the time to listen.” This meant providing many platforms for conversations to occur by organising time to meet with the whole community, and further with sub-groups of the community, including women-only and men-only meetings. Gaining insight required listening and responding to elders and mothers groups’ feedback. This was a skill David developed during his time working previously in the Solomon Islands. There, often local culture meant that people did not speak directly about their concerns. “Someone might say something completely innocuous, completely minor, but after you think about it for a while, it might actually mean something.” During one of the Punmu consultation sessions, someone commented on the need for ‘something special’ for the waiting room. Follow up questions revealed

there was a need for segregation. While most of the community said they did not want segregation, a few had said it was important. To accommodate all perspectives, David made provision for the waiting room to be segregated in the future, should this become an issue. It was key in the design process to demonstrate to the community that every effort was made to accommodate even the smallest of wishes.

Taking the opportunity to completely involve the community to deliver high quality architectural outcomes has empowered these communities to maintain their viability. The reaction from the community of an empathetic design approach has been overwhelmingly positive. “When the artist for the screens came down the corridor, turned a corner and saw her work, she just lit up, burst into a smile and cried with happiness” recalls David. Another positive outcome for the community was the inclusion of a request for a cold-water bubbler integrated to the facade of the building. The bubbler provides the community with much needed respite from the heat, and has since made the clinic into a hangout for children who will benefit from drinking less soft drink.

The all-encompassing design process meant that the community felt a real ownership over the design of the

clinics. The community elders reported to PAMS CEO Robby Chibawe they were happy with their new buildings, to which Robby replied, “that’s good, they were designed by the white guy, the architect.” To which the elders responded “that guy was very respectful, and we like him, but he did not design the building. We told him what to draw”. ■