
THE DESIGNER BECOMES THE PATIENT



FIGHTING LEUKEMIA GAVE ME A NEW PERSPECTIVE ON HEALING GARDENS.

BY KEVAN BUSA

In May 2012, my mind was focused on the streets of Barcelona. I was a senior in landscape architecture at the State University of New York College of Environmental Science and Forestry in Syracuse, and I was planning to spend my next semester abroad. But my studies—and my life—took an unexpected turn when I was diagnosed with acute lymphoblastic leukemia.

By the time it was discovered, the leukemia had spread to 92 percent of my body. At one point, a doctor looked me in the eyes grimly and said that I wouldn't have lived another week and a half if I hadn't come in when I did. My best chance for surviving was a bone marrow transplant, and I needed to be monitored around the clock.

I spent most of my 23rd summer in a hospital room in Syracuse. Eight lumbar punctures, four chemotherapy rounds, three bone marrow biopsies, one case of pneumonia, and 56 nights in the hospital later, I transferred to the Roswell Park Cancer Institute for my transplant. Rather than Barcelona, Buffalo, New York, became my home for the next 100 days. It was not the foreign culture I set out to study, but I got a whole new view on designing landscapes from living in a hospital.

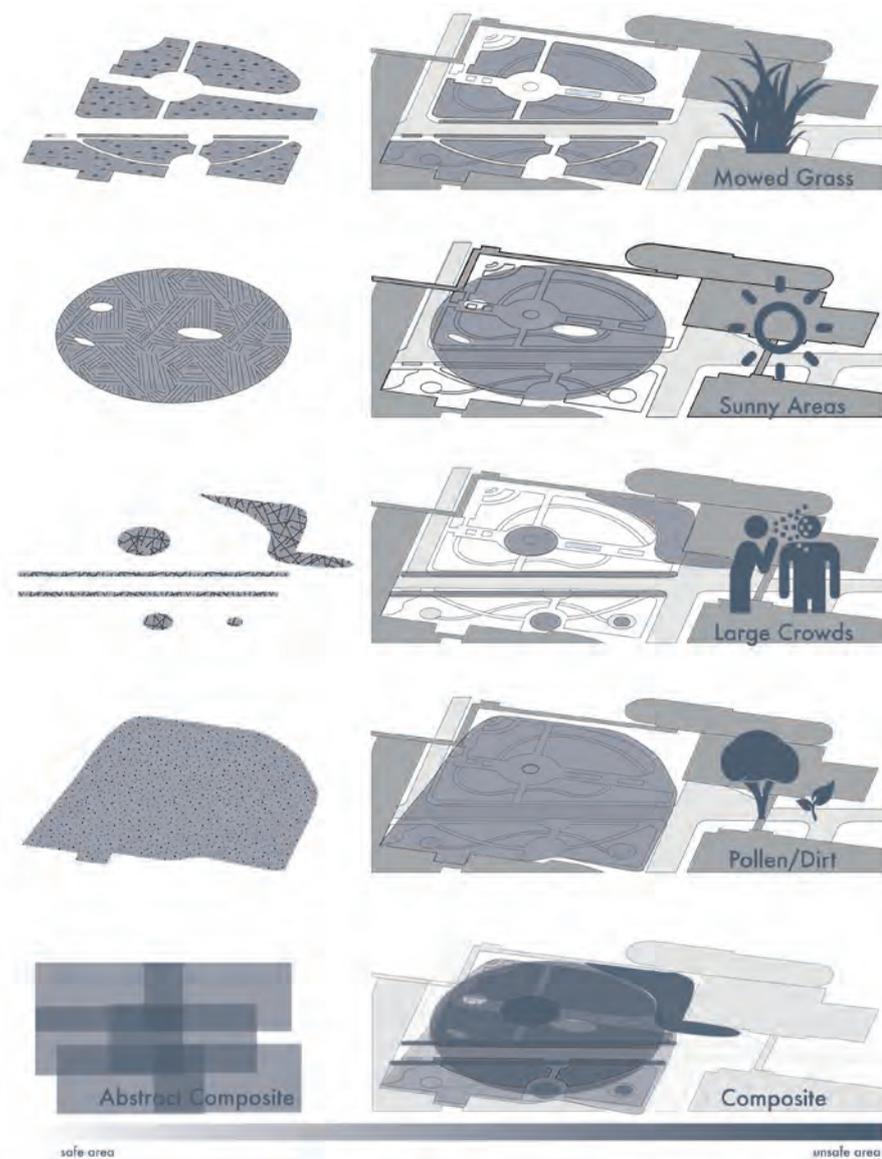
Some research has suggested that the ability to take in natural views is correlated with quicker healing, so landscape architects are designing more and more green spaces at hospitals. But

ABOVE

Kevan Busa, a landscape architecture student at SUNY ESF, received a bone marrow transplant at the Roswell Park Cancer Institute in Buffalo, New York, last fall.

JUST ONE INFECTION COULD COST ME MY LIFE.

UNSAFE AREAS BY LAYER



ABOVE
Busa mapped out various hazards at the cancer institute's garden that discourage people who have recently received bone marrow transplants from using it.

for as many designers as are at work on these kinds of projects, I would guess that not many are familiar with the kinds of challenges I faced.

I never would have thought that spending time outside in nature could be bad for me, but among the first things my doctor told me was that it would be quite risky. During the first two months I spent in the hospital, I was not allowed to leave my room. And all I saw from my window were brick buildings and pavement.

After my transplant, I was never able to visit Kaminski Park & Gardens, an outdoor space at the hospital that is designed to be used by patients, family members, and staff. The park covers roughly two and a half acres. It is separated from the street by a fence, trees, and a planted border that mixes herbaceous and woody plantings. In one corner of the park, there is a stark plaza area with tables and a lot of seating, and the rest of the space is mostly open lawn, crossed by a series of paths.

Having received a bone marrow transplant and gone through chemotherapy and radiation, I am extra sensitive to exposure to direct sunlight. Most of the patients at Roswell go through chemotherapy and have this problem, so it was puzzling that there was so little shade in Kaminski Park. The main seating area has none at all.

But my problems went much deeper than that. Having a weak immune system is seriously restricting. I was not even allowed to see flowers that people would send to me. Pollen, dirt, and fungi that normally functioning immune systems deal with routinely can create problems for someone like me. Most recovering cancer patients have lungs compromised by disuse. In my case, pneumonia had magnified the problem. Typical landscape maintenance practices like lawn mowing, weed whacking, and particularly the use of high-powered commercial leaf blowers stir up particles that can affect my breathing. My doctors also suggested I stay away from children and elderly people during this time and strongly



ABOVE
Kaminski Park, outside the cancer institute, offers little shade, a potential problem for patients receiving chemotherapy.

advised me to avoid large crowds. Just one normally inconsequential infection could now cost me my life.

From my room, I obsessively analyzed Kaminski Park in aerial photos and mapped out the hazards for bone marrow transplant patients. I highlighted areas with full sun, mowed lawn, pollen, and crowds and was disheartened to find I'd highlighted most of the park. There was one area in the shade, away from crowds, that didn't have plantings nearby, but I had to walk through unsafe areas to get there.

For many patients with compromised immune systems, the solution may be gardens that can be experienced from indoors, through glass. This idea may not sound terribly inviting, but it is a far preferable alternative to 100 days of brick walls.

Other types of patients may be able to enjoy the outdoors but still may need various kinds of accommodations that designers don't always think about. An aspect that is often overlooked is the relationship that the inpatients have with their IV pole. I spent two months with this companion,

and whenever I did anything, it was by my side. Any small bumps in the floor surface would catch its little wheels. A serene walk in the park could easily turn into a major hassle if the path surface was even moderately bumpy. Although asphalt is not a particularly sexy material, the smooth, even surface it creates might make it a good pick for hospital landscapes. Brick and stone might be reserved for edging rather than the path itself.

In the end, I learned what many students do on their study abroad: an understanding of people who are different from me and the value of communicating across cultures. In March, I shared some of my experiences with a firm here in Syracuse that's working on a hospital garden. If landscape architects want to design effective healing gardens, it would help first to understand much more about the people who will use them. Take it from a guy who's been on both sides of the divide. ●

KEVAN BUSA IS A RECENT GRADUATE OF THE STATE UNIVERSITY OF NEW YORK COLLEGE OF ENVIRONMENTAL SCIENCE AND FORESTRY. HE IS INTERESTED IN SUSTAINABLE URBAN DESIGN AS WELL AS HEALTH CARE LANDSCAPES.