Imperfect Health: The Medicalization of Architecture is an exhaustive exhibition with all the trappings of book-length catalog, online video channel, and public programs. Curated by Giovanna Borasi and Mirko Zardin of the Canadian Centre for Architecture in Montréal, the exhibition is organized around useful, if somewhat porous themes such as “Epidemics,” “Obesity,” and “Aging,” and marshals an avalanche of diagrams, proposals, miscellaneous printed matter, photographs, air samples in jars, videos, a video game, and more. This array of scrupulously assembled materials is a professional resource of breadth and depth. Yet what is presented here was originally produced with such varied purposes and is so abundant that it can be difficult to discern the intended takeaway.

An overarching theme implicit in the gallery component of the exhibition is spelled out on the front cover of the catalog: “...design and architecture [should] take care of their ‘inhabitants’ instead of seeking an ultimate cure.” This underscores a vital distinction between “care,” the long-term holistic approach to health emphasizing prevention, and “cure,” or business-as-usual treatment of symptoms. The exhibition is dominated by projects, realized as well as unrealized, in the usual form of annotated drawings and models by architects, landscape architects, and urban planners. Unlike most exhibitions, which can be breezed through, Imperfect Health slows the viewer down with informative, thought-provoking wall labels and several texts consisting of open-ended statements and questions such as “Is health an individual responsibility or a public concern?” written large on the wall and highlighted with neon flourishes. It’s often unclear as to where on the care/cure continuum the projects presented here fall.

Intermingled with the projects is historical background information and analysis, from medical graphs to old signage, along with videos showing health concerns in mass media, such as Maki Gherzi’s music video Stop Me (2005) showing toxic e-waste recycling in China. Other ancillary materials include Bernd and Hilla Becher’s photographs of industrial sites, here pressed into service to represent pollution sources, and Stephen Smith’s photographs of homes in the retirement community of Sun City, Arizona (1981–82) depicting isolation of the elderly, in this case self-imposed. In clear contrast—though not specifically juxtaposed within the exhibition—the more enlightened and care-oriented Niall McLaughlin Architects’ Care Homes, Camden, London (2007), seeks to create more communal space and increase interaction among elderly residents.

Some of the projects are viable and have been realized, such as the allergy-free garden in Milan, Italy (2011) by LAND (Landscape Architecture Nature Development) or Morphosis Architects’ San Francisco Federal Building (2007), which includes elevators that stop only on alternate floors to promote walking. A display contrasting allergenic and non-allergic commercially available building materials is eminently practical, while Mel Chin’s Recycled Field (1990–93), an early attempt to reclaim contaminated land through plantings, is inspirational even though the project fell short of expectations.

Several projects appear intended primarily to raise awareness, such as a project by Nerea Calvillo with C+ arquitectos and In the Air, which represents invisible toxic air pollutants and could affect urban planning and policy. Even the more extreme proposals tend to recognize realities while promoting change. MVRDV’s Pig City (2000–01) advocates a shift toward vegetarianism and, meanwhile, proposes an agricultural high-rise in the Netherlands to minimize land use and limit the spread of livestock disease. On a related note, Bas Princen’s Mokattam Ridge (Garbage City) (2009) is a chilling photograph documenting rooftop dumps in Cairo, Egypt, some of which are used to feed pigs and may be tied to swine flu.

Disease and health are now pervasive concerns, and our attitudes toward them are in a state of flux complicated by entanglement with economics and politics. In our imperfect world this exhibition posits that we grasp specifics, wrestle with subtleties, and remain responsive to changes. Architecture and design can make a contribution to improved health, especially if incorporated into public policies, including those aimed at prevention. Imperfect Health provides a resource rich with ideas and information and provokes deep thinking along constructive avenues, but in a world of hurried citizenry, I wish that many of the conclusions found in the catalog were made more explicit in the gallery.

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Note: Imperfect Health: The Medicalization of Architecture was first presented at the Canadian Centre for Architecture, Montréal, October 25–April 15, 2012. The accompanying catalog, Imperfect Health, edited by Giovanna Borasi and Mirko Zardin with essays by numerous authors, was published by the Canadian Centre for Architecture, Montréal, and Lars Müller Publishers, Zurich, Switzerland, 2012. The video channel is available online at imperfectionhealh.com. 