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Farvernes medicin

The Medicine of Colours

POUL GERNES OG
AMTSSYGEHUSET I HERLEV

POUL GERNES AND
COPENHAGEN UNIVERSITY HOSPITAL AT HERLEV



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The Medicine of Colours

**PAINTER AND SCULPTOR POUL GERNES' SITE-SPECIFIC WORK:
THE DECORATION OF COPENHAGEN UNIVERSITY HOSPITAL AT HERLEV**

Many experts in the field of contemporary art maintain that the Copenhagen University Hospital at Herlev contains Denmark's largest artistic decoration of public space. But we can put this more succinctly: it is the hospital itself, with all that it contains, which constitutes the nation's largest site-specific work.

What is unique here is that the building and the art that adorns it are integrated on all levels, on all its stories and in all its corridors, in all its halls, bedrooms, conference rooms, sanitation rooms, workrooms, nooks and crannies. You could not move this site-specific work without having to build another hospital. The two—the building and its salient artistic character—have been amalgamated into a reciprocal dependency that has no parallel in recent Danish architecture.

What is unprecedented here is the manner of co-thinking colour, form and function. The colour has apparently been given free rein across all surfaces and in all directions. This is not the way one is used to seeing painting behave. Many people hold the opinion that the work ought to be surrounded by a golden frame in order to qualify as a real painting. This, however, is a convention to which the home and the art museum have accustomed us. A painting can expand across all surfaces and come to be a total decoration, a colour environment, which has not been subjected to limitations other than those that a certain building and its functions impose. In such an event, the frame need no longer be made of gold—or rectangular. Instead, it is made of steel, concrete and glass, and reaches for the clouds.

For visual artist Poul Gernes, being entrusted with the task of decorating Copenhagen University Hospital at Herlev and accordingly transforming one of Denmark's largest buildings into one of the first polychrome hospitals in the world was one of life's important assignments. But even though the



The many colours create a visually stimulating and entertaining environment for the bed-ridden patients.

idea was to have colour everywhere, and different colours at that, nobody was referring to the project at its inception as art—and especially not to “art for the sake of art”. At least, Gernes was not doing so. For him, this was a matter of applied art, on the very largest scale ... art that possessed a utilitarian function.

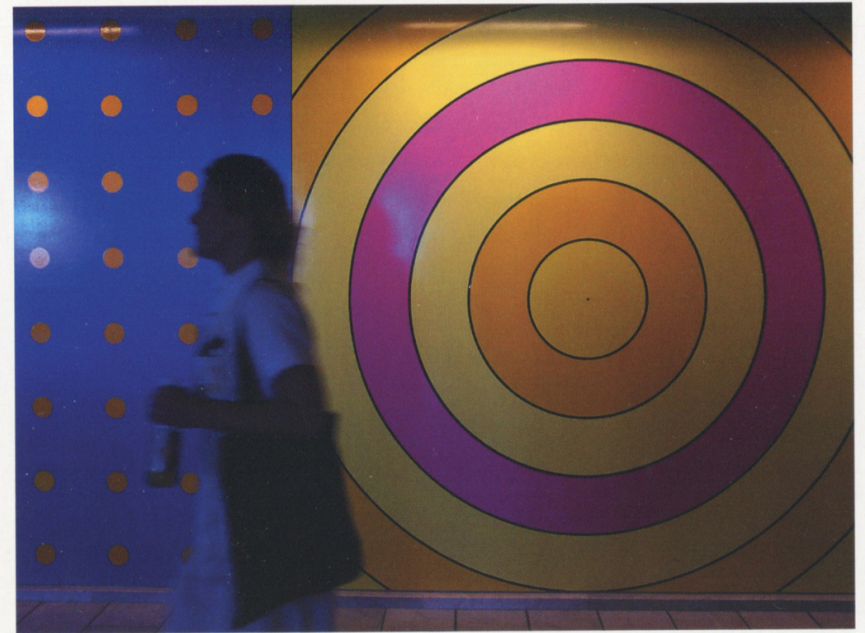
Gernes had tradition on his side: not the tradition that has emerged within the last thousand years, but a much older tradition. The monumental buildings of antiquity and the Middle Ages were not executed by artists in our contemporary sense of the word, but by entrusted and chiefly anonymous craftsmen—in most cases, these masters of the hand and the spirit did not leave any names behind them. They executed the works on demand and often, it was other people who prescribed the content of the task. Nor were they conscious that they were making “great art”—or that they were artists ... maybe they weren’t even familiar with the term. Nonetheless, we ascribe the term “artists” to them—as a token of our acknowledgement.

In his profession, Poul Gernes was a lone wolf. To most other artists, expression is first and last a signature of a personality, a trace of great individuality, carried out—perhaps—in lonesome concentration and, in reality, primarily an offer to those people who, on account of their particular social background or education have been equipped with the requisite tools for appreciating what such an artist is doing. Poul Gernes did not subscribe to this opinion. He was an anti-elitist, maybe the most anti-elitist of all the Danish artists.

His entire achievement shaped itself as a frontal showdown with the attitude that modern art is basically for the elite and cannot be rendered into an affair of—and for—the people. According to his conception, one could not reproach the wide population for not being able to understand the contemporary art that was being exhibited at museums and galleries. For the same reasons, neither



The hospital foyer is adorned with a total of 56 different paintings executed by Poul Gernes and his wife Aase Seidler Gernes.



Poul Gernes favoured clear and simple motifs and clear, strong colours for the paintings in the foyer.

could one blame the people for not being interested in art. The blame was to be placed on the artists, inasmuch as they had distanced themselves from the people, from the ordinary human beings, from the citizens and from the taxpayers, who had indirectly paid for both the artist’s training and the art in the institutions, which these same taxpayers hardly ever felt like visiting.

A MORAL DIMENSION

Gernes’ position about the latter point was clear, albeit controversial: restricting art socially is tantamount to treason against its original function. Art exists in order to make the surrounding world a colourful and stimulating place to be—for everybody. It ought not be hidden away inside institutions that are meant for the enjoyment of only those who are informed. Art should not constitute a proof of investment, but rather an object of utility that can be useful, comprehensible and accessible, in both an economic and social sense. For this reason, he objected to art museums. In order to take part in a so-called artistic experience, the society’s citizens ought not be compelled to push and shove their way up the stately steps leading into the museum. Such an experience should neither be

a Sunday-leisure frolic nor a spare time privilege. It ought to amount to a collective benefit in everyday life. For this reason, modern art has to be removed from its social 'islands' and carried back to society in order to be integrated there where people are moving about everyday as a natural part of their existence: that is to say, in kindergartens and on playgrounds, in schools, high schools and student dormitories, at workplaces, town halls and hospitals. To put this another way, art must, to the widest possible extent, follow the individual human being through existence as an encouraging friend and wise guide, making life easier to live.

It was a question of keeping art's social moral dimension in mind. In response to this problem, Poul Gernes was an incurable moralist. In an interview with Jens-Jørgen Thorsen, he constructed a model of comparison with other professions. "A doctor is there to repair a broken arm. A bicycle mechanic is there to put on a new crank. A carpenter repairs the broken leg of a chair. An artist is there to repair a broken morale." (Aktuelt Weekend, July 15, 1962)

An artist who is only interested in the elite was, to Poul Gernes, a parasite and a flunky. In his own work, therefore, Gernes was aspiring to move away from the individual and private towards the social and collective. The fact that he consequently became one of the greatest individualists among contemporary artists only underscores his singular vantage point in a culture where artists prefer to mark themselves as outstanding and distinct exceptions from the entire social set of rules to which the rest of us are subject. Nor should the hospital in Herlev come to stand as a museum for the artist, Poul Gernes. His opinion was this: in no way did an artist stand on a higher rung than did a traditional craftsman. This was Gernes' reason for dressing as an utterly ordinary craftsman, wearing the white pants typical of a bricklayer and other garments of the sort. And this was his reason for not demanding any more in salary than what the 'other' craftsmen were receiving for their work, although the work in this case eventually became his life's and his country's largest site-specific decoration.

Poul Gernes considered himself as something of a decorator. And the decoration started right there where the architecture no longer extended and where the ordinarily colourless architecture called for assistance from the colour spectrum's visual vitamins. The wall is merely the first link in a long process of embellishment which, formally speaking, has no frames. In Gernes' conception, the decoration was not something you hang on a wall and can just take down again, according to whim. It is integrated into the wall itself, into the wall's function. And when the decoration has first conquered the wall, the other walls in the room will follow, then the adjoining rooms, then the entire floor, then the single building and then the city as a whole. Or maybe even the entire nation. A decoration is only real if it doesn't know its limits. This was the great idealistic notion in Poul Gernes' life: he dreamt of making Denmark a better place to be. He had to wait a long time for the opportunity to realise his own intentions, in the very largest of formats. But it happened in Herlev.

THE HOSPITAL

It all started out as a much smaller assignment. In 1968, Poul Gernes, along with three other Danish artists, was asked by Denmark's National Art Foundation to take part in an invitational competition. The competition revolved around the decoration of a new large hospital, which was on the drawing board for construction in the county of Copenhagen. It was being planned on a plot of land fashioned by Ringvejen 3B, Hjortespringvej and Turkisvej. Each of the invited artists was asked to come up with sketch proposals for the adornment of the hospital's foyer. At the outset, it was the intention to concentrate the art in the foyer building, which functions as an entrance to the entire complex. In other words, the decoration that served as the theme of the competition was basically supposed to be there to delight and divert the building's guests, the relatives and the people who were visiting those who had been admitted for care. The art here was not aimed so much at those who were sick, who were confined to their beds.

The rest of the hospital was to look like any ordinary Danish hospital: neutral and monochrome, so that nobody—neither the personnel nor the patients—could be given any reason to react to what they saw around them. The patients should not be given any chance to be distracted from what they were thinking and feeling about being wherever they were, which means to say, to be distracted from the pain, the suffering and the worrying. A white and completely neutral wall colour would always





constitute the best projection screen for whatever notions one might entertain, since the empty wall would not provide any counter-play for anyone—and would certainly not provide any signals that might get a hospital patient to send his or her thoughts into other more stimulating directions.

This was why Poul Gernes abhorred white walls.

The finished hospital houses a low two-storey foyer building. Here there are an assembly hall, two auditoriums, a number of kiosks, a bank, a restaurant and a canteen—and what is no less important, that which is the hospital's 'face' in the complex: the lobby, also known as the vestibule or the reception hall. It was here that Poul Gernes' site-specific decoration took its beginning. From the vestibule, one can move further into the building complex—to the in-patient building, a giddy-high skyscraper, and to the treatment building, an immense flat initially one-story building which, in keeping with the terrain's declivity, opens up to the south, eventually housing a total of four stories. To the north of the treatment building there is a service building and east of this there is a chapel. Finally, at the entrance from Ringvejen, there are a child-care institution and a nursing school.

The in-patient building has been constructed in the form of three towers, which are built together. At the risk of oversimplifying matters, one could say that there is one tower for the patients, one for the doctors and one for the elevator. The latter, towering 120 meters, is the highest point in the entire complex, while the other two towers are 90 meters tall. The in-patient tower has 25 stories. On each floor there are 48 beds, distributed in six groups, each consisting of four bedrooms, surrounding a core consisting of sanitation rooms and shower- and toiletcabins. In the core of the building, there are also the staff administration areas, the storerooms, the examination rooms, the conference rooms, and so on.

Architects Gehrdt Bornebusch, Max Brüel and Jørgen Selchau designed the hospital, with a total floorage of 190,000 m². But there was a fourth protagonist, the visual artist Poul Gernes. And his importance increased in synch with the construction's taking shape. The first seeds were sown in the foyer. But before they had flowered forth, Gernes had already gone to work on a total colour scheme for the entire building's interior and inventory.

THE FOYER

The site-specific decoration project started out as quite an ordinary assignment of this type in the hospital's foyer. This eventually manifested itself as consisting of a total of 56 individual paintings, executed by Poul Gernes in collaboration with his wife, Aase Seidler Gernes, and a number of assistants. The paintings were created with enamel-paint on pre-treated fireproof boards, which function simultaneously as pieces of the finished wall. Fifty-one of these paintings measure 2.5 x 2.5 meters, while the remaining five are slightly narrower, measuring 2.5 x 1.85 meters. If one adds all the measurements together, including the painted folding doors, one attains a total of a 500 square meters for the decoration.

The motives on these paintings are patterns and symbols, which are easy to recognise, even at a distance. For example, a chessboard, the face of a compass, a numeral, an alphabetical letter, dots, flags, circles, targets, and so forth—even a verse of poetry has stealthily managed to creep its way



Poul Gernes wanted the atmosphere in the foyer to be as friendly, accomodating and varied as possible. The entrance hall is the first impression many visitors receive of the hospital.



The flags of all the nations of the day were depicted on a painting in the foyer. Here, one can pass the time testing one's knowledge of national flags.

into the collection. It goes like this: Roses are red, violets are blue; strawberries are sweet and so are you. This little verse can almost be read as a motto for the symbolic simplicity of the whole project, since colours have always had a meaning. They remind you of something, or they refer to something. A painting of flags from the whole world was, in compliance with Gernes' instructions, executed by a West German sign painter. However, the West German "forgot" to include the East German flag. Gernes regarded this to be a mistake—and he painted over all the flags with red paint, except for one: the Stars and Stripes! After this, he charged the sign painter with the task of creating a new painting with nothing but flags of the day's nations. The older flag painting was also used in the sequence and the texture of flags can be felt—and seen—underneath the red paint.

In addition to the foyer's pictorial frieze, four folding doors (2.5 x 7.8 meters) in front of the foyer's shops have also been painted. Patterns have been executed in a stencilling technique on both sides. After the shops are closed, when the folding doors are extended in their length once again, they fashion four separate decorations. Due to some remodelling in the foyer, two of these folding doors have been removed and replaced by glass walls in recent years.

Poul Gernes himself was of the opinion that the foyer was one of the most beautiful sights he had ever seen. This statement expresses something crucial about his ideal of beauty: he was not a purist and it was important to him that a place lived and was used. The foyer was grand, yet mild and friendly, he thought. "There are several beauty spots; I have made several of them myself, but

nonetheless there is a radiance and an atmosphere that is exciting, elevating and appealing ... there are flowers, plants, chocolates, newspapers, bits of information, paintings, even a glass mosaic, marble, plaster, glass and plastic, concrete, aluminium and so much more. There is a lot of light, and also shade. The explanation for these many things is held in some kind of balance, which is good and maybe also important, so that an all too tailor-made formalism has been avoided. The result is accordingly unpretentious, which in itself is something of a rarity. The balance here, I suppose, is the tension between pretentiousness and, quite precisely, unceremoniousness."

It quickly became clear that Poul Gernes harboured a different view than did the architects on how the rest of the building ought to appear. "Architecture without colours is meagre", was his opinion on this topic. Gernes' obstinacy was not the least formidable of his many strengths. He was an artist who was borne along by simple yet strong visions. When he first got something into his head, it was not easy to make him change his mind. And he had stumbled onto an idea. It wasn't only the foyer, but all the building's interior and all its inventory which ought to be coloured, and in many clear colours, which would engender variation, order and a sense of vitality that would transplant itself to everyone who was present there. The very idea that this might be feasible, in any way, was substantiated by the decoration of the foyer. That he managed to convince the architects and the building owner was also connected with the fact that the proposal was not so peculiar as all that, at least not to the architects. If it had been left up to Poul Gernes to decide, the hospital in Herlev would also have been provided with colour on its exterior. But here, the architects protested. The façade should remain neutral.



The doors to the men's and ladies' toilets are in themselves separate paintings, both informative and decorative.



Simple motifs such as paper cuts and targets characterise the many paintings in the foyer.

The idea of a fully integrated collaboration between the different branches of the arts reaches far back in history. The examples accumulated during the ancient period, the Middle Ages, the Renaissance, the Baroque, etc. And eventually, as Europeans started to be conscious that non-European cultures actually possessed their very own history of art, many more similar monumental endeavours could be spotted. There were rich cultures which weren't lacking at all in what we have come to understand as art. But there were no artists who were sufficiently famous that the knowledge of their names constituted a precondition for apprehending and appreciating their efforts. And their art did not manifest itself in the form of articles that could be bought and sold and moved from one place to another without having a natural attachment to either the surroundings or the architecture.

In our own corner of the world, the idea of this mutual cross-fertilisation of the arts had most recently been put under discussion in the years following the Second World War. In A 5, the architect students' magazine, a new praxis was being spoken about, one that broke with the prevailing procedure; instead of waiting to call artists and sculptors into a building project until the construction process was finished, they were to be involved in the process much earlier on.

One of the architects at Herlev, Jørgen Selchau, actually participated in such an experiment in the nineteen-fifties; it was, moreover, a project that revolved around a hospital building. A painter had been asked to submit proposals for a total decoration of the walls and, in the same breath, a sculp-

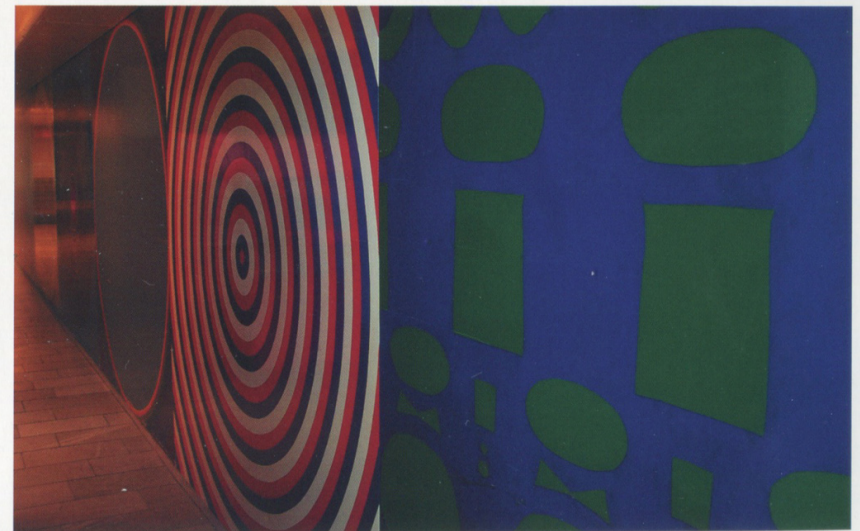
tor had been entrusted with the task of sketching how bearing constructions like the beams and pillars could be fashioned so that they were not only constructive and merely functional, but would also assume an artistically significant form.

There was nothing wrong with the idea. But if the idea was going to move beyond the conceptual phase, it called for a large sum of money. And such funds were simply not available at the time. For this reason, the idea was scrapped.

DRESS REHEARSAL IN GENTOFTE

If such a cross-disciplinary action were going to be successful, several demands would have to be met. It was clear that the project could only be realised if the supporting authorities could be convinced about the idea. But the authorities could only be expected to go along with such an all-pervasive colour scheme if the extra expense in connection with the construction would result, in the long run, in significant savings in some completely different area. The architects were receptive to Gernes' proposal. But whether the municipal decision-makers would agree was going to have to be put to the test.

In order to convince the building owner about the advantages implicit in Poul Gernes' proposal, a mock-up, that is to say an experimental module in the scale of 1:1, had to be created. A module



Variations on a simple theme create an entertaining effect in the foyer's pictorial frieze.

which corresponded to one storey of the Copenhagen University Hospital at Herlev, and therefore came to be known as the "Herlev Ward", was constructed at Gentofte Hospital. Seen in isolation, it was not the appearance that was the most interesting—not yet!—but rather the medicinal and mental health-related consequences of the new polychrome environment. For this reason, the experimental module amounted to much more than a mere mock-up. It was rather an actual dress rehearsal for a hospital environment, its new colour scheme and similarly its new inventory. Among other things, there was a wish to try out some of the new and very advanced technical aids with which the new hospital at Herlev was to be equipped, all of which were to be of benefit to the admitted patients. For example, it was something novel that the beds could be adjusted individually by the patients. By pushing a button, one could decide which position one wanted the bedhead or the bedfoot. The bedridden patient did not first have to trouble the staff. From the bed's system of controls, one could raise or lower the blinds and curtains in the room with the use of a remote control. The flow of water in the basins could be activated by a wave of hand, as one can do today in public restrooms. It wasn't merely a matter of convenience, but also of hygiene and economy.

But the most daring aspect of all was, of course, Poul Gernes' colour scheme. The artist and his wife, Aase Seidler Gernes, virtually lived at the construction site in Gentofte while painting the walls and fittings in the company of a number of decoration painters. The application of colour subsumed the carpets, which were blue, and the furniture itself. The curtains were also transformed, and printed with a pattern of parrots and large flowers, into a veritable orgy of colour.

A clinical experiment was now implemented to determine whether the polychrome environment would function according to its express purposes. This was carried out on a number of different departments who moved into the test module by turns. Over a period of approximately three months, the reactions of everybody involved, the patients as well as the staff, were observed. In addition to the experiences accumulated around cutting-edge hospital techniques, what could be registered in short order was that the colour scheme, on the whole, had a positive effect on the surroundings: the colour was perceived as a psychosomatic asset, an invigorating remedy, which could be ingested without pills or injections. You just had to use your senses and take a look around.

A few negative remarks were also heard. The tabloid, Ekstra Bladet, printed some of them. "Good heavens, this parrot cage is truly awful!", exclaimed one patient. Another patient added, "When I woke up after anaesthesia and saw those colours, I was convinced I had a brain haemorrhage". But most of the reactions were positive, and some were even enthusiastic, such as this one: "It's more wonderful here than at the most expensive luxury hotel. The only thing I actually miss is a bar." Or "I hope it will take at least a few weeks before I'm well, because I've never experienced such lovely surroundings." (Ekstra Bladet; November 18, 1970)



In the in-patient rooms the amount of daylight can be controlled by pulling the curtain to either darker or lighter sections of the pattern on the curtain.

A nurse concluded to Ekstra Bladet: "It takes a while for you to get used to the surroundings, but afterwards, it's hard to feel comfortable anywhere else." That was what others experienced: the strong colours certainly required a certain period of acclimatization. On the other hand, they were extremely addictive. What would typically happen was that a new team of doctors, nurses and patients would move into the new rooms to test out the conditions. Their first reaction to the colour scheme was one of shock, and perhaps even indignation. And for good reason: never before had they experienced such a thing in a hospital setting. But when the same people, after three months, had to move back into their old departments, they were not happy to return to the drudgery of the old interiors. They had been exposed to the experience that colours on the walls could have a stimulating effect on your mind in much the manner of a large bouquet of flowers on a table.

A sequence of questionnaires was handed out among the users of the test module. And a sociologist was asked to analyse the answers. The results were awaited with bated breath, but certainly not by the artist. He already knew the result. He had never been in any doubt. In theory, one could preserve primary colours in a medicine chest, because colours possess both a preventive and a healing effect.



THE COLOURS' CONSTRUCTIVE CHEMISTRY

In his artistic praxis, Poul Gernes took his mark in the fact that through the sense of sight, the spectral colours of the rainbow have a direct impact on our feelings and accordingly, they exert an important influence on our sense of well being. He thought that what is colourful can inspire a radiant mood, while the opposite—an environment devoid of colour—can have a negative impact. He also knew that the effect of the colourless on the mind can be likened to “a fourth day rain”, because grey weather, as the name indicates, is a weather that makes all the colours turn grey.

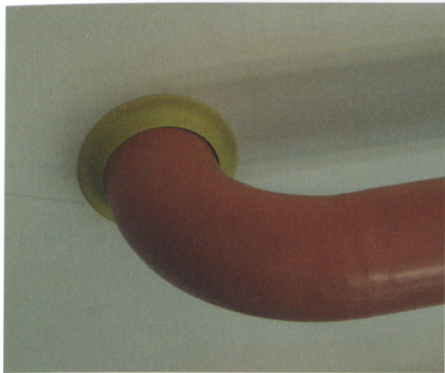
Sunshine and grey weather are complementary, colouristically as well as emotionally. As Gernes put it: “It’s only when the sun breaks through and the colours consequently become radiant that life is really worth living. Everybody is familiar with this experience.” It was thus a source of eternal wonder to him that almost all mass residential housing, factories, schools, offices and the like in the industrial society are confined to the colours of grey weather. That is to say, they are either colourless or “municipally coloured”, i.e. drab and depressing. For there was ample evidence that not only is the reasonably coloured environment a healthier in which to live, it can also promise economic profits. “Well-coloured environments promote a sense of well being, initiative to work, the will to co-oper-

ate, humanity and a sense of identity among others. Even meagrely executed colour schemes have a stimulating effect. And the modest expense of an artistic colour scheme yields a generous return” (Poul Gernes in the magazine, *Impulse*). Journalists visiting the “Herlev Ward” in Gentofte reacted in the manner anticipated by artist. They were impressed with what they saw. The journalist Povl Sabroe (Bro Brille) stated plainly: “If I were going to build a hotel, I would team up with Gernes. With his colours, he would put such a mood in the bridal suite that the mattresses would have to be reinforced.”

However, the hospital environment called for different principles in the colour scheme. When Poul Gernes began embellishing the foyer, he worked partly with that principle of randomness he had invented and experimented with in the beginning of the nineteen-sixties. Instead of consciously choosing the colours on the basis of knowledge about what colours would best suit each other as nearest neighbours, he let chance decide for him. The procedure worked like this: with his back turned to the pile, he placed himself near a pile of colour tubes which he had shuffled together. Then he reached out behind him and whatever tube his hand happened to touch determined the colour in the painting he had positioned before him.

The painting that was created in this “blindfolded” manner was called the “lottery painting” by the artist himself. And this kind of painting was more interesting to him than those where he, according to mature considerations, had decided on the colour co-ordination himself. The reason for this





was that some of the combinations in the new painting were “unthinkable” to the consciousness. With colourist intrepidity, they transgressed whatever one could devise with assistance from a sense of good taste. To him, this was yet another example of the fact that a work of art can sometimes have a more successful birth if one does not intrude too much after having set the process in motion. An artist must never underestimate that moment of surprise which conceals itself in a liberal procedure because an artistic process can embody its own unpredictable dynamics.

A project as large as Herlev calls for systematics. Everywhere in the building, the colour scheme must take its mark in what the architecture is used for in everyday life. The embellishment of the foyer, for example, ought to provide a stimulating experience to the visitor, preceding the visit to the rest of the hospital, especially to the in-patient tower. The colour scheme is therefore tailored to the fact that the visitor remains in the foyer for a relatively brief period of time, whereas in the patient rooms, one stays for a longer period—and seriously ill patients will virtually be living in the hospital, often in a vulnerable and fragile condition.

These two areas thus pose different demands on the embellishment, the environment and the colour scheme, just as the treatment and the outpatient areas are each conditioned by different environmental considerations. In the foyer, a certain degree of randomness and signal-confusion could be allowed to prevail. For the same reason, the form and colour languages are somewhat intrusive. On the contrary, order and systematics must prevail in the in-patient tower and the treatment area—and there must be no randomness. Gernes called such a starting point “ethical” or “moral”, in contrast to the purely aesthetic use of colour that merely reflected the whims of an artistic ego. Purely aesthetic considerations did not appeal at all to his moral and social demands on how colour and shapes ought to be used in art and architecture. His view was that architecture of this kind could be improved through the means of the correct colour scheme, since the colour scheme would not

only add quality and identity to the building itself, but would also generate life-quality and sense of identity for the users who moved around inside its expanse. To realise this, and to work on its implementation was basically considered the crucial role of the artist in the society.

There was nothing new in this. This is what Poul Gernes had been thinking ever since the beginning of the nineteen-sixties, when he was the co-founder of the Experimental Art School, also known as the Eks-Skole. It was the social community around the work that formed the backbone of the school, which was a critical alternative to the Royal Danish Academy of Fine Arts, located at Kongens Nytorv, with the significant difference that while the art academy was educating artists who were striving to profile their own personal talents and get their own careers going, the collective education had a more social aim in sight. Here art was not to be made for the artist’s own sake, but rather for the sake of society.



A total of 65 kilometers of pink-coloured rubber floor-moulding was especially produced for the hospital.