Fig. 01  Binnengasthuis area Amsterdam (2014). View from the south.  
ANALYSES & RESEARCH BINNENGASTHUIS AREA AMSTERDAM

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1. Introduction

The Binnengasthuis area is located in the heart of the historic center of Amsterdam.

The Binnengasthuis area is selected for the master track Heritage & Architecture as the location for the MSc 3 and 4 studio Design & Heritage (2014-2015).

The aim is to define a design project on the basis of analysis of the urban context, architecture, building technology and research on a subject which comes from a personal fascination.

The next stage after the phase of analysis and research will focus on the design. The design will focus on one of the buildings (building cluster) on the Binnengasthuis area.

The following diagram is a representation of the path to be followed up to the actual graduation:

![Diagram]

RQ: Research question(s)
P5: Final graduation

(Source diagram: Lidy Meijers, TU Delft)

The research will focus on: ‘Theory generic’ based on my personal fascination. The site specific analysis will be related to the ‘generic theory’.

2. Problem statement

Related to the site:

Currently most buildings on the Binnengasthuis area are in use by the UvA (University of Amsterdam).

The UvA aims to concentrate its activities in Amsterdam in four areas with a campus character.

1. DOWNTOWN CAMPUS BINNENGASTHUIS-AREA (ALPHA SCIENCES)
2. ROETERSEILAND (GAMMA SCIENCES)
3. SCIENCEPARK (BETA SCIENCES)
4. AMC-COMPLEX (MEDICAL SCIENCES)

The UvA is just beginning the work to realize the downtown campus according the current long-range plan 2010.

According to the plans of the UvA, the Binnengasthuis area will become a concentrated campus in downtown Amsterdam.

Motto UvA:
‘The connection with the city is essential to the attractiveness of both the UvA and Amsterdam.’
city of Amsterdam profit from each other. The concentration promotes interaction between students and staff. The location in downtown Amsterdam should stimulate students to interact with cultural life in Amsterdam.
(Source text so far in this chapter: ‘De campusplannen van de UvA en de binnenstad’, studiecommissie PvdA afd. Binnenstad Amsterdam, Hendrik Battjes en Leon Deben, Amsterdam 8 november 2011)

But what is the real profit for the inhabitants of Amsterdam? It seems to me that the University becomes a more introvert system inside the city by concentrating it’s activities on one location, unless there will be a mix of activities on site for either the students and staff and the residents and other users of Amsterdam. Than there is a chance of a real coexistence between the UvA and the city of Amsterdam.

Related to my personal fascination:

The Dutch population is expected aging sharply in the coming decades. The number and proportion of elderly in the Dutch population is increasing. In 2012 more than 16 percent of the Dutch population was older than 65 years. In 2040, around the peak of the aging population, more than a quarter of the Dutch population will be 65 years or older and approximately 14 percent over 75 (in 2012 that share was 7 percent). In Amsterdam the percentage of elderly above 65 will increase lesser than the national average but the number of elderly will increase considerably (Amsterdam is a large city).
(Source for this alinea: Central Bureau of Statistics (CBS) & pbl.nl)

Older people prefer to continue living independently as long as possible and therefore move hardly. There is no evidence that residential mobility is increasing among the elderly. On the contrary; in recent years the already sedentary elderly even became more sedentary, probably due to the increasing extramuralisation and home ownership among the elderly, which slows the residential mobility. Older people not only move little, but when they move, they often do this over a short distance, preferably within their own neighborhood. In the future, this is probably no different than today. Knowing that older people are so sedentary, especially modifications to existing homes are needed - next to additions to the housing stock of housing suitable for the elderly, preferably in
existing residential neighborhoods. Due to these adjustments elderly may be able to continue to live independently into old age even if their mobility decreases and the need for care increases. Due to the expected increasing homeownership among the elderly, the adaptation task shifts more and more from the housing associations to the homeowners. However, research shows that the current generation of older homeowners is reluctant to invest in major home modifications. Given the trend of a receding central government with a growing recourse to the independence of citizens in the future, they presumably will be noted to invest more often in the future. The question is to what extent (future) older homeowners want and can use the equity in their home as a savings buffer from which home modifications (and care) can be financed. Future older homeowners are in fact less likely mortgage debt free and have less surplus value than the current generation of older homeowners. The possibilities of cashing these savings buffer should therefore not be estimated too optimistic. (Source for this alinea: Groot, C. de et al. (2013), Vergrijzing en woningmarkt, Den Haag: PBL.)

As mentioned above elderly prefer to live independently as long as possible. However, until 2040, a large increase of elderly people will be expected. Not all older people in the center of Amsterdam have opportunities to adapt their existing home to their needs. Some will probably want or need to move to a smaller (one floor level) house in their current neighborhood. For those people sufficient ‘independent housing for the elderly with a need for care’ should be present.

3. Research question

The research will focus on my personal fascination; independent housing for elderly with a need for care.

Research goal:
The aim of the study is to examine whether there are good reasons to transform a part of the Binnengasthuis area in Amsterdam into ‘independent housing for elderly with a need for care’.

Related research questions:
Which factors determine whether a part of the Binnengasthuis area could be suitable for housing for elderly with care?
Are there identifiable building-/environmental factors that positively influence the quality of use for housing for elderly with a need for care?
Is there a match between existing and needed typologies?

4. Research method

The research method consists of literature study, research on precedents and current reference projects in downtown Amsterdam.

![Figure 5.01: Binnengasthuis area downtown Amsterdam.](Source: Own drawing; original source map: Kaartenkamer TU Delft Library)
5. Analysis urban context & architecture

The site; the Binnengasthuis area (Fig. 5.01) is located in the centre of Downtown Amsterdam (Fig. 5.02).

The intention of this analysis is to give me more insight into the site in relation to my research on housing for elderly with a need for care.

The structure of the analysis is in general divided in: question(s) (why, what, how.....), analysis, conclusion.

Some parts of the analysis are more descriptive and meant to give me information to get into the ‘dna’ of the site.

In chapter 8; conclusions, i will make conclusions and interpretations as a combined result of my analysis and research.

Fig. 5.03
Sketches made during my first site visit. I noticed the small archways to enter and exit the site, an open corner (carparking) at the border of the site and a lovely courtyard (Oudemanhuispoort).
(Source: Own drawing)

Fig. 5.04
Diagrams which indicate how the site ‘opened up’ to me, during my first site visit, without exactly knowing what to expect. The last diagram relates to my second visit after knowing what i missed at my first visit.
(Source: Own drawing)
How did the site develop over time and what kind of functions were present?

1544 - 1578 (Alteration)
Old & new nuns monastery

1578 - 1730
Binnengasthuis ("hospital")

1730 - 1740
First renewal Binnengasthuis ("hospital")

1740 - 1840
Modernisation of the Binnengasthuis ("hospital")

1840 - 1879
Since 1981
University of Amsterdam

Fig. 5.05  Morphological historical development Binnengasthuis area (all buildings)
(Source: Own drawings; original source; group analyses Msc 3 studio's Heritage & Architecture Q1 2014-2015)
UNTIL 1578 (ALTERATION) OLD & NEW NUNS MONASTERY
1. Gasthuis church
2. Garden
3. Long gallery
4. Kitchen
5. Regents office
6. Regents office
7. Pharmacy
8. Soldiers Gasthuis
9. The bandage house
10. Bakery and brewery
11. The oxenstable
12. Carpentry garden
13. Small womenshouse
14. Large womenshouse
15. The Beyart
16. Gasthuis archway
17. Gasthuis warehouse
18. Gasthuis courtyard
19. Clayeniers shoot targets

Binnengasthuis area:
**1578 - 1730 BINNENGASTHUIS (‘HOSPITAL’)**

**Fig. 5.08** Binnengasthuis (‘hospital’) around 1690
(Source: Own drawing; original source; group analyses Msc 3 studio’s Heritage & Architecture Q1 2014-2015)

**Fig. 5.09** Amsterdam around 1690
(Source: Own drawings; original source; group analyses Msc 3 studio’s Heritage & Architecture Q1 2014-2015)
Binnengasthuis area:

1730 - 1840 FIRST RENEWAL BINNENGASTHUIS (‘HOSPITAL’)

Fig. 5.10 Gasthuispoort realised in 1736
(Source: http://stadsarchief.amsterdam.nl/archief/10097)

Fig. 5.11 Amsterdam around 1835
Binnengasthuis (‘hospital’)
(Source: http://upload.wikimedia.org/wikipedia/commons/3/35/1835_S.D.U.K._City_Map_or_Plan_of_Amsterdam_The_Netherlands_-_Geographicus_-_Amsterdam-SUDK-1835.pg)

Fig. 5.12 Complete renewal Oudemannengasthuis 1754
(Source: http://stadsarchief.amsterdam.nl/archief/10097)

1777 1832
(Source: Own drawings; original source; group analyses Msc 3 studio’s Heritage & Architecture Q1 2014-2015)
Binnengasthuis area:
1840 - 1981
MODERNISATION OF THE BINNENGASTHUIS (‘HOSPITAL’)
Binnengasthuis area:

**SINCE 1981 UNIVERSITY OF AMSTERDAM**
How did the presence of housing on the Binnengasthuis area develop over time?

1544 - 1578 (Alteration)
Old & new nuns monastery

1578 - 1730
Binnengasthuis (‘hospital’)

1730 - 1840
First renewal Binnengasthuis (‘hospital’)

1840 - 1881
Modernisation of the Binnengasthuis (‘hospital’)

1881 - 1981
Modernisation of the Binnengasthuis (‘hospital’)

1981 - 2014
University of Amsterdam

Conclusion: Dwellings form more and more a border around the site at first and then slowly disappear.

Fig. 5.19 Morphological historical development Binnengasthuis area (Dwelling)
(Source: Own drawings; original source; group analyses Msc 3 studio’s Heritage & Architecture Q1 2014-2015)
How did the presence of main functions on the Binnengasthuis area develop over time?

Fig. 5.20 Morphological historical development Binnengasthuis & Oudemanhuispoort (Main function; Monastery, Gasthuis / Hospital, University of Amsterdam) Conclusion: Main function moves towards the outside borders over time
(Source: Own drawings; original source; group analyses Msc 3 studio's Heritage & Architecture Q1 2014-2015)
The Binnengasthuis area is part of the Bufferzone. What does this mean for the Binnengasthuis area?

The binnengasthuis area is located in the bufferzone and protected city zone.

Protected city zone:
The designation has resulted that in the zoning ‘Code Area 1012’ (Binnengasthuis area) rules are included to protect and strengthen the cultural historical values.

For the zoning area ‘Code Area 1012’ a valuation map (fig. 5.22) is made and all the buildings in the area, built before 1970, are valued at significance for the cityscape. The existing buildings in the planning area are addressed first premises and should be maintained.

Bufferzone:
The seventeenth-century canal ring forms the core area (the “property”), the area that is placed. The remaining part of the downtown city, forms the for a World Heritage required bufferzone. The result of the placement is that the district has to protect the ‘outstanding universal values’ of the core area. It’s not clear to me what that means for the Binnengashuis area.
What do the valuations on this map mean for the Binnengasthuis area?

This map shows the valuation from the city of Amsterdam for the buildings on the Binnengasthuis area. ‘Orde 1’ buildings have the highest value (monuments) and ‘N’ has the lowest value (building built after 1940). ‘Orde 1’ buildings are not allowed to be demolished. Most buildings on site are monuments and have the highest value rate.

(Source: http://www.centrum.amsterdam.nl/)
Bij de uitspraak van de Afdeling bestuursrechtspraak van 4 februari 2004, no. 2002 06477/1 onthouden van goedkeuring

**GEMEENTE AMSTERDAM**

**BESTEMMINGSPLAN "BINNENAGASTHUISSTRAAT E.O."**

**Legenda**

- Groen van het beheerdiagram
- Beheerdiagram
- Toegestane ondernemingen
- Zelfstandige ondernemingen
- Huisvesting
- Openbare groen
- Openbare ruimte
- Totem object

**Bestemmingen**

- Gewone doelstellingen
- Geografische doelstellingen
- Uitspraak diensten en voorzieningen
- Toren en zones
- Openbare groen
- Openbare ruimte
- Totem object

**Aanduidingen**

- Wereld in aangepaste bevoegdheid toegestaan
- Zones II en IV in aangepaste bevoegdheid toegestaan
- Zones II en V toegestaan
- Zones IV en V in aangepaste bevoegdheid toegestaan
- Ondergronds parkeringsaanleg en ondergronds diensten toegestaan
- Ondergronds faciliteitsaanleg toegestaan
- Het vinden
- Terplanting niet toegestaan
- Ondergronds bouwgrond
- Stijger bouwgrond
- Gebruik publieke diensten toegestaan

Bij de uitspraak van de Afdeling bestuursrechtspraak van 4 februari 2004, no. 2002 06477/1 onthouden van goedkeuring

**Fig. 5.23** Zoning map of the Binnengasthuis area

(Source: http://www.centrum.amsterdam.nl/)
What can I conclude from the map on page 16 in relation to public and semi-public spaces on site?

Left page (zoning plan):
Combining the zoning plan with my own observations on site, I conclude that there are two kinds of public space in the Binnengasthuis area: Public space (grey color in the zoning plan) and private or semi-public space (gardens, green in the zoning plan).

These gardens originally have a connection with each other via a ‘secondary network’ on the site. Not all connections are still there. A few passages are permanently closed with fences.

What can I conclude from the maps (fig. 5.24 & 5.25) on this page in relation to housing on site?

Dwellings were originally placed around the edge of the Binnengasthuis area. The main function, around 1811-1832, ‘hospital’, was located in the heart of the area. Currently the main function (University) has almost covered the hole area and the original characteristics are lost in this sense. There are two kind of dwellings on site left; a few still in the edge zone and one block is placed in 90 degrees on the edge and cutting right into the inner area. This last housing block was build in 1986 as part of the so called urban renewal projects.

In my view the housing should only be placed in and near the edges of the Binnengasthuis area to preserve the original characteristics of the site.

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Fig. 5.24 Cadastral minute map (1811 - 1832)

Fig. 5.25 Map current situation (2014)

Fig. 5.26 Public space
(Source: Studiecentrum Annex Bibliotheek, Uva-Binnengasthuis-terrein-Amsterdam, BiermanHenketarchitecten, 2012)

Fig. 5.27 Semi public space (courtyard netwerk)
(Source: Studiecentrum Annex Bibliotheek, Uva-Binnengasthuis-terrein-Amsterdam, BiermanHenketarchitecten, 2012)
Who are the main users of the infrastructure and which zones are busy or quiet?
The main users can be identified as: Students and tourists. The site is a campus with 7,000 students and downtown Amsterdam has around 3 million tourists visiting the downtown city per year. The main function of the site is a campus and the site is in the middle of a touristic area with two attractions on site. The most busy route (bicycles and pedestrians) is the Vendelstraat. The most quiet zones (almost no movements in the gps tracking) are the two inner courtyards in south zone of the Binnengasthuis area.
Although there are many bicycles on site, there still is a quiet atmosphere.
What can I conclude from this map?

Masonry is the main used material in the facades of the buildings on the Binnengasthuis area. Masonry facades give the site its main materialized character.
What can I conclude from this map?

There are many architectural styles on site. This is the result of its layered historical identity. The latest gives opportunities for adding an extra modern layer when adding new or transforming existing buildings. Every time has its own architectural interpretations and provides / provided opportunities for adding extra / new value to the site.
What can I conclude from this map?

The construction dates range from 1642 until 1993. So a layered historie of 350 years is forming the current layout of buildings. Historie plays an important roll when transforming and / or adding buildings to the site. One should understand the ‘dna’ of the Binnengasthuis area before doing anything else.
Fig. 5.37 Binnengasthuis area, 2014 & ‘chosen buildings’ for architectural analyses
(Source: Own drawing; original source: www.bing.com)
Former ‘Zusterhuis’ & ‘Tweede Chirurgische Kliniek’

The arguments for choosing this buildings for analysis can be found in chapter 8; conclusions.

The Zusterhuis and Tweede Chirurgische Kliniek arose under the phased modernization of the Binnengasthuis. Both buildings have been established just before 1900 to a design by the architect FWM Poggenbeek. The shape and design of the buildings are largely determined by the limitations of the available triangular site. The Zusterhuis is an independent building, with a functional link with the Tweede Chirurgische Kliniek. Nurses were no longer housed in the clinics in that time, but in a special residential building with private facilities; a Zusterhuis. The Zusterhuis was significantly expanded in two phases. Namely in 1900 by Poggenbeek and in 1913 by the Public Works Department of the City of Amsterdam.

The Zusterhuis lies on the southern edge of the site, in the façade of the Nieuwe Doelenstraat. The building was initially flanked by houses. At the rear is a triangular inner courtyard or garden, belonging to the Zusterhuis and the Kliniek. When expanding in 1900, a magnification occurred in the west, in which the Zusterhuis could be connected by means of a short transverse wing to the Kliniek. Connections were omitted. The Zusterhuis was extended eastwards in 1913 at the Kloveniersburgwal. This expansion closes at an obtuse angle to the oldest part of the building.

The Tweede Chirurgische Kliniek is located on the northern edge of the site. The building consists of nearly perpendicular adjoining wings, with a diagonally placed middle building. The façade of this building lies in the axis of the former entrance to the Binnengasthuisterrein and along a muted ditch. The facades of both wings were originally located in passages between buildings, in particular the west facade of the right wing has a secondary character.

A second operating room and two laboratory rooms, with a bay window and large windows, were added to the building in the early twenties. In 1959, another expansion took place with an operating room.

A bicycle underpass in the Zusterhuis, between Kloveniersburgwal and Vendalestraat, was realized in 1986.

(Source: Binnengasthuisterrein te Amsterdam, Zusterhuis en Tweede Chirurgische Kliniek, bouwhistorische verkenning, april 2004; Bureau voor bouwhistorisch onderzoek, J.A. van der Hoeve.)
Tweede Chirurgische Kliniek en Zusterhuis


**KLINIEK**
- bouw: 1897, F.W.M. Poggenbeek
- verbouw: 1913, Dienst der Publieke Werken
- verbouw: 1922, Dienst der Publieke Werken
- verbouw: 1924, Dienst der Publieke Werken
- verbouw: 1950, Dienst der Publieke Werken
- verbouw: 1959, Dienst der Publieke Werken
- verbouw: 1981-heden, Divers

**ZUSTERHUIS**
- bouw: 1897, F.W.M. Poggenbeek
- verbouw: 1913, Dienst der Publieke Werken
- verbouw: 1915, Dienst der Publieke Werken
- verbouw: 1922, Dienst der Publieke Werken
- verbouw: 1924, Dienst der Publieke Werken
- verbouw: 1950, Dienst der Publieke Werken
- verbouw: 1959, Dienst der Publieke Werken
- verbouw: 1981-heden, Divers

Het Zusterhuis is een zelfstandig gebouw, dat een functionele band had met de Tweede Chirurgische Kliniek. Verpleegsters werden namelijk niet langer in de Klinieken ondergebracht, maar in een speciaal woongebouw met eigen voorzieningen: een zusterhuis. Het Zusterhuis is in twee fasen aanzienlijk uitgebreid, namelijk in 1900 door Poggenbeek en in 1913 door de Dienst Publieke Werken van de gemeente Amsterdam.


De Tweede Chirurgische Kliniek ligt aan de noordrand van het terrein. Het gebouw bestaat uit twee bijna haaks op elkaar aansluitende vleugels, voorzien van een overhoeks geplaatst middengebouw. De voorgevel van dit gebouw ligt in de as van de voormalige hoofdentree tot het gasthuisterrein en langs een gedempte sloot. De voorgevels van beide vleugels liggen oorspronkelijk aan doorgangen tussen de gebouwen, waarbij met name de westgevel van de rechtervleugel een ondergeschikt karakter heeft.

In het begin van de jaren twintig werden een tweede operatiezaal en twee laboratoriumruimten, voorzien van een uitgebouwde erker en grote vensters, aan het gebouw toegevoegd. In 1959 vond nog een uitbreiding plaats met een operatiezaal.

In 1986 werd een fietsonderdoorgang in het Zusterhuis gerealiseerd tussen de Kloveniersburgwal en de Vendelstraat.

**Bron:**

Binnengasthuisterrein te Amsterdam; Zusterhuis en Tweede Chirurgische Kliniek; bouwhistorische verkenning; april 2004; Bureau voor bouwhistorisch onderzoek, J.A. van der Hoeve

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**Fig. 5.40** Construction and refurbishment history of the Zusterhuis and Tweede Chirurgische Kliniek (Source: Own drawing; original source: Studiecentrum Annex Bibliotheek, UvA-Binnengasthuisterren-Amsterdam, BiermanHenketarchitecten, 2012)

**Fig. 5.41** Frontfacade Tweede Chirurgische Kliniek (1912) (Source: http://beeldbank.amsterdam.nl/beeldbank/)

**Fig. 5.42** Inner courtyard (1981) Tweede Chirurgische Kliniek on the leftside (Source: http://beeldbank.amsterdam.nl/beeldbank/)

**Fig. 5.43** Main entrance (1979) Tweede Chirurgische Kliniek (Source: http://beeldbank.amsterdam.nl/beeldbank/)

**Fig. 5.44** Inner courtyard (1981) Tweede Chirurgische Kliniek on the leftside (Source: http://beeldbank.amsterdam.nl/beeldbank/)
Both architecturally and functionally, the Kliniek and the Zusterhuis have a different character. The buildings do not have the same floor height, and there are no internal connections. The roof shape of the buildings and scale also does not match.

The original Phone Tower forms a hinge between the two buildings. The tower is also visible from the Nieuwe Doelenstraat. The Kliniek has a staggered building line, making it difficult to distinguish front and rear facades. The separation between public and private space is therefore difficult to see.

The long façade of the Zusterhuis is part of the closed edge of the Binnengasthuisterrein. This wall is, near the junction between the Binnengasthuisterrein and Doelenstraat, disruptive interrupted by a 'wasteland' (currently in use as a parking lot). The ground floor of the Kliniek has a low floor height. In the closed plinth were originally few public functions.

On the ground floor of the complex are several equivalent entrances. These entrances open up directly to the public space or are situated on the inner courtyard. The Kliniek does have a clear front, but with a small entrance. The inner courtyard was originally accessible by means of two underpasses and an open connection. The underpasses have been closed in the current situation.

The two buildings are set up through a corridor structure. The various rooms on the floors are adjacent to the continuous aisle. On this corridor are also the stairwells. The corridors of the Zusterhuis and the Kliniek do not connect to each other.

The omnidirectional building volume is a remnant of the hospital concept from the nineteenth century, which is characterized by a loose construction structure with a diffuse public space. The Tweede Chirurgische Kliniek is one example; the front building line jumps and the building has a large number of equivalent entrances. However, the clinic has a clear entrance which is positioned in the direction of the original main entrance of the Binnengasthuisterrein complex. The facade with clock and hood has a tower on the left. The architecture contributes in forming the urban space.

The scale of the buildings in the inner area differs from the perimeter development, which includes the Zusterhuis. The Zusterhuis has, for urbanistic reasons, a smaller height on the obtuse angle between the Doelenstraat and the Kloveniersburgwal. The closed edge of the enclave, which characterizes the Binnengasthuisterrein from origin, is interrupted by a disturbing undeveloped space at the corner of the Nieuwe Doelenstraat and Binnengasthuisterrein.

The Chirurgische Kliniek and Zusterhuis, built in 1897, form an important part in the oeuvre of the Amsterdam architect F.W.M. Poggenbeek (1860-1922). The complex is designed in a transition style, inspired by the architecture of Berlage. The Kliniek consists of a central building and two wings. On the streetside and on the area of the ground floor were facility spaces, on the floors adjacent to the courtyard, the wards. The wards have large windows and French doors that open onto balconies. The third floor has a hood on the streetside, so the building looks less high. All facades on the courtyard side are clad with simple masonry terminated with a flat roof. Here are the various masonry chimneys, which are part of the original ventilation system.
The Zusterhuis from 1897 originally consisted, on the ground floor, of mainly common spaces including the dining room. This ground floor, therefore, also has a greater floor height than the Kliniek. On the first, second and attic floor were the nurse rooms. The rooms are located on a central corridor, which is continued in the enlargements of 1900 and 1913. At this corridor are also several stairwells. The extensions can be distinguished from the original master volume by the difference in floor height, which are visible through the steps in the passage zones. The long facade on the Doelenstraat is at ground level rather closed, especially the later added white fences. The jutting masonry facade provides some scale. The building has a mansard hood with dormers.

Both the Kliniek and the Zusterhuis have, on the different floors, a corridor structure with rooms on either side. Although the parts on the west side are adjacent to each other, there is no internal connection. The floor heights of the buildings differ and with that also the facade formats. What is connecting the buildings is the inner courtyard, both the Kliniek and the Zusterhuis are oriented towards it and have access to it.

The corridor structure of both the Kliniek and the Zusterhuis is typical. The high corridor of the Zusterhuis is typical. The high corridor of the Kliniek is locally provided with natural light through windows facing the street. This corridor connects to the high wards. The staircases of the building components have balustrades of beautifully detailed ironwork and local wainscoting tiles. This particularizes the interior of a further sober building. In particular, the semi-circular staircase at the location of the main entrance is beautiful. The large closed lift in the middle of this staircase hinders the original spaciousness of the stairwell.

The former semicircular cutting room / lecture hall of the clinic is special. This was originally fitted with a glass shade.

(Sources:
Studiecentrum Annex Bibliotheek, Uva-Binnengasthuisterrein-Amsterdam, BiermanHenketarchitecten, 2012.)
The floor heights and scale of the Zusterhuis differs from the floor heights and scale of the Tweede Chirurgische Kliniek.
Fig. 5.53  Corridor in the Tweede Chirurgisch Kliniek. (Floor height - 4.50 m.)  
(Source: Own photo)

Fig. 5.54  Floor construction Tweede Chirurgische Kliniek: Probably steel beams with arched masonry in between.  
(Source: Own photo)

Fig. 5.55  One of the wards in the Tweede Chirurgische Kliniek. View from the corridor towards the large windows with French doors to the balcony.  
(Floor height - 4.50 m.)  
(Source: Own photo)
Fig. 5.56 View on the facade of the Zusterhuis in the Nieuwe Doelenstraat. The long façade of the Zusterhuis is part of the closed edge of the Binnengasthuisterrein. This wall is, near the junction between the Binnengasthuuisstraat and the Nieuwe Doelenstraat, disruptive interrupted by a “wasteland” (currently in use as a parking lot). The extensions of the Zusterhuis can be distinguished from the original master volume by the difference in floor height, which are visible through the steps in the passage zones, but also in the facade (white dotted line). The long facade on the Doelenstraat is at ground level rather closed, especially the later added white fences. (Source: Own photo)
Fig. 5.57 View in the Vendelstraat, the Tweede Chirurgische Kliniek on the right. A second operating room and two laboratory rooms, with a bay window and large windows, were added to the building in the early twenties. A bicycle underpass in the Zusterhuis, between Kloveniersburgwal and Vendelstraat, was realized in 1986. (Source: Own photo)

Fig. 5.58 View on the front facade of the Tweede Chirurgische Kliniek with the original main entrance. The building consists of nearly perpendicular adjoining wings, with a diagonally placed middle building. The façade of this building lies in the axis of the former entrance to the Binnengasthuisplein. (Source: Own photo)

Fig. 5.59 View into the ‘open’ entrance to the inner courtyard (from the Vendelstraat). The courtyard is not directly visible from the Vendelstraat. (Source: Own photo)
The facades of both wings were originally located in passages between buildings, in particular the west facade of the right wing has a secondary character. (Source: Own photo)
6. Analysis building technology

How are the Tweede Chirurgische Kliniek and the Zusterhuis constructed? And what can I conclude from it in relation to my design?

I will elaborate on the building technology in the same order as the buildings where build; from foundation to the roof.

Foundation:
The Amsterdam wooden pile foundation (fig. B01) such as frequently used from about 1860 to about 1925 consists of a double row of wooden poles and is used in both buildings (fig. B03). The kesp: a beam on its flat side, on top of the double row of wooden posts and perpendicular to the building wall. On top of the kesp lies the long wood (the wood plate (plaathout) and the slide timber (schuifhout) that lies beneath the walls of the brickwork in the longitudinal direction. The foundation masonry (fig. B02) is usually 33 cm (1.5-brick) thick. The ideal design was actually 44 cm (2 brick) thick.

Saving arches are applied in the foundation masonry of the Tweede Chirurgische Kliniek and Zusterhuis. The amount of masonry in the foundation was saved by adding arches between pile groups of four poles on which the building walls rested.

(Source text ‘foundation’: http://www.zuid.amsterdam.nl/wonen_en/bouwen/funderingen_in/achtergrond/)

Fig. B02 Masonry foundation walls on wooden poles (1897). (Source: Stadsarchief (beeldbank) gemeente Amsterdam)

Fig. B03 Wooden foundation (1897). (Source: Stadsarchief (beeldbank) gemeente Amsterdam)

Fig. B04 Fragment wooden foundation (1897). (Source: Stadsarchief (beeldbank) gemeente Amsterdam)
Floors & walls:
The concrete ground floor slabs are placed on the masonry foundation walls with a double and a single row of poles (fig. B04). The foundation with a single row of poles is meant to reduce the span of the concrete ground floor slabs (fig. B10, B12). The loadbearing masonry walls are placed on foundations with a double row of wooden piles (fig. B01). The floors above the groundfloor are constructed with ‘troggewelfjes’ (fig. B05, B06, B07). The walls in the facades and the groundfloors of both the Chirurgische Kliniek and Zusterhuis are non insulated. This was a regular way of building around that time in Amsterdam and the Netherlands (fig. B08). The first cavity walls were applied around the beginning of the twentieth century, but not on a regular basis. From 1960 cavity walls were legally required in the ‘modelbouw-verordening’. After the oil crisis in 1973 in the Netherlands, insulation was added to the cavity walls (fig. B08).

In the Tweede Chirurgische Kliniek cavity walls are partly applied, but not for insulation or moisture penetration reduction purposes. The cavity walls were used as shafts as part of a natural ventilation system (fig. B09).

The window frames and doors in the exterior walls are made out of wood and are none loadbearing constructions. They can be replaced without having to make additions to the construction of the exterior walls.

Roofs:
The roof of the Zusterhuis is a mansarde roof (fig. B11a). The roof of the Tweede Chirurgische Kliniek is an almost flat roof (fig. B11b). The construction of both roofs is made out of wood and carry their weight down to the loadbearing walls. The sloping roof surfaces of the Zusterhuis are covered with orange ceramic roofing tiles.

Conclusion:
The typical loadbearing walls in the Zusterhuis are not the space seperating walls (fig. B06), so there is relative little effort needed to create a new division in spaces in the zone between corridor and exterior facades. The typical loadbearing walls in the Tweede Chirurgische Kliniek, unlike the Zusterhuis, are the space seperating walls in the building zone at the side of the inner courtyard (fig. B07), so they should remain and this
defines for a large part the space separation on that specific zone.
All the facades of both the Zusterhuis and the Tweede Chirurgische Kliniek are loadbearing walls, so this limits the possibilities of replacing them for new ones.
The facades of the Chirurgische Kliniek, facing the inner courtyard, only carry the load of a part of the roof construction and a half ‘troggewelfje’. These facades could be altered or removed without affecting the main loadbearing structure of the building to much.

The floors, exterior walls and roofs are non insulated and need additional insulation in order to meet the current requirements and wishes concerning building comfort and energy consumption.

Both the Zusterhuis and the Tweede Chirurgische Kliniek are currently not in permanent use and the installations for heating / cooling and ventilation are only present in parts

Note:
PEIL = AP, Amsterdams Peil (1684). This was a local reference agreement related to the average flood level of the IJ. Because of the differences in “Peil”, in the cities in Holland, there is now an universal national NAP reference (Normaal Amsterdams Peil) which is the same in every place in Holland and is a corrected (1885-1894) version of the AP. (Source: http://nl.wikipedia.org/wiki/Normaal_Amsterdams_Peil)
or not there. The installations as present, are not there, broke, or don’t meet current standards. Because i am planning to redesign both buildings mainly into a housing function with compartments of around 50 to 100 m², all the installations concerning ventilation, cooling and or heating should be renewed.

The wooden foundations form a risk in the future. The poles need to stay permanently under groundwaterlevel to prevent them from rotting away and cause prolapse of the buildings. Most buildings in downtown Amsterdam are build on a wooden foundation and a lot of them show subsidence due to rotting, or poorly applied wooden foundations. The foundation needs to be checked very carefully before starting any building activity.
Grote steden in de Randstad staan getalsmatig dus voor een aanzienlijk grotere opgave dan de plattelandsgemeenten.

Niet alleen het toenemende aantal en aandeel ouderen heeft gevolgen voor de woningmarkt, maar ook het feit dat de nieuwe generatie ouderen – geboren tussen 1945 en 1960 – in het algemeen hoger opgeleid, welvarender, vitaler, mobieler en actiever is dan eerdere generaties ouderen. Deze kenmerken zijn van grote invloed op het woningmarktgedrag.

Zo heeft de aanstormende generatie ouderen behorend tot de babyboomers gemiddeld langer, meer en hoger onderwijs genoten dan de ouderen van vroeger. Van de huidige 75-plussers heeft nu ongeveer een kwart een havo- of hbs-diploma of hoger. In 2025 ligt dat aandeel rond de 50 procent, en mogelijk zelfs daarboven (Ministerie van VROM 2010). De ouderen van morgen lijken qua opleiding dan ook meer op de jongeren van vandaag dan op de huidige ouderen (Hooimeijer 2007).

Het gedrag op de woningmarkt is als gezegd gerelateerd aan het opleidingsniveau. Zo is er een relatie tussen opleiding en de mate van eigenwoningbezit, de ruimtelijke uitsortering over buurten en de regionale migratie (Hooimeijer 2007). Hoger opgeleide babyboomers participeren daarnaast vaker op de arbeidsmarkt en zijn gezonder (met minder fysieke beperkingen) en vitaler dan hun voorgangers, waardoor zij bijvoorbeeld mogelijk langer zelfstandig kunnen blijven wonen.

De ouderen van de babyboomgeneratie zijn bovendien relatief welvarend (CBS 2012). Vergeleken met eerdere generaties ouderen hebben zij vaker een aanvullend pensioen opgebouwd, waardoor zij minder financieel afhankelijk zijn van alleen een AOW-uitkering. Ook de gestegen arbeidsparticipatie onder vrouwen is een reden waarom de ouderen van nu en straks welvarender zijn dan de ouderen van vroeger (Hooimeijer 2007; Knoef et al. 2012). Met de (wettelijk) oplopende pensioenleeftijd naar 67 jaar, gaan de toekomstige ouderen langer aan het arbeidsproces deelnemen, wat uiteraard gevolgen heeft voor hun inkomen en daarmee mogelijk voor hun welvaart.
7. Research

The aim of this study is to examine whether there are good reasons to transform a part of the Binnengasthuisterrein in Amsterdam into elderly homes with care.

Introduction

The Dutch population is expected aging sharply in the coming decades. The number and proportion of elderly in the Dutch population is increasing.

In 2012 more than 16 percent of the Dutch population was older than 65 years. In 2040, around the peak of the aging population, more than a quarter of the Dutch population will be 65 years or older and approximately 14 percent over 75 (in 2012 that share was 7 percent).

In Amsterdam the percentage of elderly above 65 will increase lesser than the national average (fig.00) but the number of elderly will increase considerably (Amsterdam is a large city) (fig.00)

(source: Central Bureau of Statistics (CBS))

What are the possible effects of the aging population on the behavior of elderly people on the housing market?

Older people prefer to continue living independently as long as possible and therefore move hardly. There is no evidence that residential mobility is increasing among the elderly. On the contrary, in recent years the already sedentary elderly even became more sedentary, probably due to the increasing extramuralisation and home ownership among the elderly, which slows the residential mobility. Older people not only move little, but when they move, they often do this over a short distance, preferably within their own neighborhood. In the future, this is probably no different than today.

Knowing that older people are so sedentary, especially modifications to existing homes are needed - next to additions to the housing stock of housing suitable for the elderly, preferably in existing residential neighborhoods.

Due to these adjustments elderly may be able to continue to live independently into old age even if their mobility decreases and the need for care increases. Due to the expected increasing homeownership among the elderly, the adaptation task shifts more and more from the housing associations to the homeowners.

However, research shows that the current generation of older homeowners is reluctant to invest in major home modifications.

Given the trend of a receding central government with a growing recourse to the independence of citizens in the future, they presumably will be noted to invest more often in the future.

The question is to what extent (future) older homeowners want and can use the equity in their home as a savings buffer from which home modifications (and care) can be financed.

**Future older homeowners are in fact less likely mortgage debt free and have less surplus value than the current generation of older homeowners. The possibilities of cashing these savings buffer should therefore not be estimated too optimistic.**

(source: Groot, C. de et al. (2013), Vergrijzing en woningmarkt, Den Haag: PBL)

What are the possible consequences of the aging population, linked to the behavior of the elderly in the housing market, for the need for housing for the elderly with care in the center of Amsterdam?

As mentioned above elderly prefer to live independently as long as possible. However, until 2040, a large increase of elderly people will be expected. Not all older people in the center of Amsterdam have opportunities to adopt their existing home to their needs. Some will probably want or need to move to a smaller (one floor level) house in their current neighborhood.

For those people sufficient housing for the elderly with care should be present.

Current policy municipality of Amsterdam:

The Municipality of Amsterdam, housing associations, health care providers and insurers work together to ensure that there are adequate housing options for older people and people with a disability.

Extramuralisation and the separation of housing and care (due to political measures) lead to more older people and people with disabilities to continue living at home independently.

Recently (March, 2014), the municipality established the new note “Met Zorg Wonen (housing with care)”. In this note the need for housing for the elderly and people with disabilities in the future is formulated.

The note “Met Zorg Wonen” contains the actions that the municipality partners will carry out in the coming years. The emphasis is on adapting the existing housing, transforming healthcare real estate and other properties.

The municipality also wants to better respond to collective initiatives related to housing and care in Amsterdam.

Locations of the major ‘Hofjes’ (originally almshouses for elderly people grouped around a courtyard) in Amsterdam.

(Source: Own drawing; original source: www.amsterdamsehofjes.nl)
How was housing for elderly with care, in Amsterdam, arranged in earlier times?

Almshouses (‘hofjes’) are an early form (built from the 17th century) of elderly care and social housing at the same time, an old age pension for poor, old people.

The old people lived there virtually free. From the street the courtyards (‘hofjes’) are often difficult to see, because these small little houses are usually built behind the buildings at the street. A ‘hofje’ is usually a rectangular complex which houses are build in U- or L-shape around a pale field (nowadays usually garden). In the courtyard often flaunts a water pump with a lantern. The gatehouse often contains a regent room (usually on the first floor). The luxurious decor was in stark contrast to the austere little houses.

In Amsterdam ‘hofjes’ are, because of lack of space in the city, often very small and sometimes not much more than a street with indoor cottages behind the buildings on the street (often these houses existed even before the foundation of the ‘hofje’; cottages situated on a “corridor”).

These courtyards (‘hofjes’) are all special, beautiful idyllic spots where the noisy city was completely shut out, and where it seems as if time stood still.

‘Hofjes’ are usually foundations intended for the accommodation of poor elderly. They are so called because they were usually built as a collection of small houses around a common courtyard. Often there is only one entrance which through a corridor or a hallway leads to the open road. And exit, usually there was a porter, who kept an eye on the opening and closing times (at the appointed hour the gate closed and none was more admitted) and further giving helping hand to the residents and the regents. The board of the foundation existed mostly of family members of the founder, but later many ‘hofjes’ came under the control of institutions in the field of poor relief.

Often there was a separate meeting room for the board, the regent room. That room is in some cases extremely nicely dressed. The regents sometimes ruled with an iron hand and bound residents to regulations that prescribed a lot of things. For the residents, it was a great favor that they might live free and that they received benefits in the form of bread, meat, beer, shirts and shoes. It was however expected of them that they were very neat and would behave grateful. Life in a courtyard was usually also a paragon of peace and cleanliness.

‘Hofjes’ were usually founded by wealthy, elderly people. No doubt they hoped that, after their death, the prayers of the residents would help in obtaining a place in heaven.

(source: http://www.amsterdamsehofjes.nl/hofjes-in-amsterdam-algemeen-2/)

What are the main characteristics of the ‘hofjes’ and which elements of these characteristics could be reused in current developments relating to housing with care for elderly people?

Courtyards have a closed form, usually rectangular. Hofjes generally have one closable entrance to an adjacent street.

The houses on the courtyards have an entrance in the courtyard. The houses on the courtyards usually enclose a beautifully landscaped garden.

Courtyards in Amsterdam are an oasis of calm compared to the immediately surrounding public spaces, but are, by their location in town, yet part of it.

The orientation of the houses to the enclosed courtyard provides a protected environment within the city.

The houses on the courtyards are generally small and originally built for occupancy by one person.

Courtyards stimulate, by the compact, oriented towards the communal garden, shape, social interactions between residents.

The above characteristics of courtyards, are all applicable to elderly homes with care at the present time.

The characteristics of a inner courtyard (‘hofje’) are, also in the present time, seen as a suitable type in housing for elderly people with care.
Deutzenhofje (typical ‘hofje’)

The almshouse (hofje) was founded in 1692 from the legacy of Agneta Deutz and built in 1694/95. The prominent almshouse was intended for servants and poor family members. The Dutch Reformed ‘Deutzenhofje’ at the Prinsengracht 855-899 is a pearl of the 17th century, the largest and most considerable of this century.

The ‘hofje’ consisted of 19 little houses. On the spacious courtyard, which in the summer is a colorful flower court, is a beautiful water pump. Opposite to the gatehouse is an open portal with some Doric columns, surmounted by a clock surrounded by sculpted flowers and foliage and flanked by two panels with sculptural motifs. The ‘hofje’ was expanded in 1964 with four small buildings in the Kerkstraat, so the number of little houses became 31.

There are still living older ladies on the ‘Deutzenhofje’.

Fig. R08  (2) Het Karthuizerhofje (1650) Karthuizersstraat 89-171, Amsterdam.
Currently in use as regular rented houses. (Source: http://www.hofjesinamsterdam.nl/)

Fig. R09  (4) Het Suykerhoff hofje (1670) Lindengracht 149-163, Amsterdam.
Currently in use as housing for women. (Source: http://www.hofjesinamsterdam.nl/)

Fig. R10  (3) Het Hodshon-Dedelhofje (1842) 1ste Weteringdwarstraat 83-95, Amsterdam.
Currently in use as housing for elderly women. (Source: http://www.hofjesinamsterdam.nl/)

Fig. R11  (5) Hofje van Brienen (1804) Prinsengracht 89-133, Amsterdam
Currently in use as housing for couples, women and man above 45 years old.
(Source: http://www.hofjesinamsterdam.nl/)
Fig. R12  Elderly homes with care. Clustered independent houses with all amenities in close proximity

How is housing for elderly with care currently arranged in downtown Amsterdam?

In the center of Amsterdam are small and larger clusters of houses with care realized at nine locations. Elderly houses with care (formerly often called Wibo homes) are independent residences located together in the immediate vicinity of a service center with all amenities. Elderly houses are carefully designed for older people without children. The houses have two or three rooms, have one floor level - by a lift if needed.

Services:
The residents can meet in a separate meeting space. This is located in the complex or nearby. The residents may, if it is necessary, make use of a service center. One complex is larger than the other, and in a number of cases, the complex is part of a nursing home. In small complexes is sometimes just a meeting space. Care can be provided by a nearby located care facility.

The service center:
The service center is located either in the complex itself, or in the immediate vicinity. The service center offers amenities that vary by location. In any case is in the service center a point where one can go with questions and problems about the property or the service needed.

Usually there is a meeting space with a range of activities (eg. Gymnastics, relaxation and education). Often these activities are also open to other local residents.

When the complex is attached to a nursing home, one can use the facilities of the center (eg. A guest room for guests, a hair salon, laundry facilities, a cafe or a shop).

When the resident has an care indication, some service centers also provide care. Below a description of this nine locations. The locations are shown on Fig. 00.

(source: http://www.amsterdam.nl/wonen-leefomgeving/wonen/bijzondere-wooningen-0/wibos/wibo-wooningen/)

1. ‘De Sporenboog’ (Funenpark)
   ‘De Sporenboog’ in the Funen Park is a complex of Housing Foundation ‘De Key’, which was completed in 2004. The 40 houses are spread over several floors. There is a common space for residents and a caretaker. Residents can use the Home Care Team ‘Tabitha’. A service center in the nearby Czaar Peter Neighborhood is realized in collaboration with ‘Tabitha’. The Czaar Peter Neighborhood and Funenpark will become a living service area to provide housing and amenities for people of all ages.

   Layout: 2-room apartments: 3. 3-room apartments: 37. Minimum surface area: 59 m².
   Services: Concierge, meeting space.

2. ‘Lepelkruisstraat’ (Lepelkruisstraat)
   This complex of Housing Foundation ‘De Key’ is located in the Lepelkruisstraat, a quiet street in the center of Amsterdam. It is near the Weesperstraat and Weesperplein, where there are many public transport facilities.
   The residents of the homes can use the services in Nursing Home ‘Wittenberg’, which is located in the vicinity.

   Services: Activities area, nearby Nursing Home, no thresholds, domestic help, hairdresser, diy assistance, meals, welfare activities.

3. ‘Nieuwe Kerkstraat’ (Nieuwe Kerkstraat)
   Housing Foundation ‘De Key’ has 12 properties (wheelchair accessible) in the Nieuwe Kerkstraat in management.
   The houses are located on the first up to and including the fourth floor and are accessible by lift. The surface of the housing ranges from 73 m² to 81 m². The houses are equipped with individual central heating, balcony and storage.
   Within the complex are a common space and a communal garden. A supermarket is located under the housing. Public transport is in close proximity of the houses. The homes are close to Nursing Home ‘Wittenberg’. ‘Wittenberg’, if desired, can offer care and services.

   Layout: 2-room apartments: 4. 3-room apartments: 8. Minimum surface area: 73 m². Maximum surface area: 81 m².
   Services: Activities area, nearby Nursing Home, no thresholds, domestic help, hairdresser, diy assistance, meals, welfare services, small shop.

4. ‘Barones Rosenthalhuis’ (Nieuwe Keizersgracht 504-568)
   This property with historical value has been renovated by Housing Foundation ‘De Key’ in 2004. The property has a Jewish history but there live elderly of all persuasions.
   The property is located on the Nieuwe Keizersgracht and the back is adjacent to the garden of Nursing Home ‘Wittenberg’. The houses are spread over five floors and there is a lift. Residents can come to ‘Wittenberg’ through the garden, for a meal, activities, or the hairdresser. The employees of ‘Wittenberg’, if needed, are very quickly present in the Barones Rosenthalhuis, for the provision of care, but also in emergencies.

   Layout: 2-room apartments: 34. Minimum surface area: 46 m².
   Services: Activities area, alarm, nearby Nursing Home, porterage, no thresholds, caretaker, chapel, hairdresser, diy assistance, meals.

5. ‘Goodwillburgh’ (Anne Frankstraat 2)
   The ‘Goodwillburgh’ is a residential care complex where you can be protected and still live independently. In the Goodwill Burgh are 102 apartments. ‘Goodwillburgh’ is part of the Goodwill Centers Amsterdam of the Salvation Army.
   The building has a large courtyard where you can sit quietly right in the center of town. In the building is a hall available where game nights, movie nights and other activities are organized. In addition, one can obtain fresh meals. There is a guest house on site, which family and friends can use. There is also an alarm system, which makes it possible to call for help 24 hours a day. It is also possible to receive services and care, by means of ‘care packages’.
   Indoors there is a special place where extra care, such as physical therapy, social work, is supplied. Since this care is provided within the ‘Goodwillburgh’ it is possible to let let live residents independently as long as possible.

   Layout: 2-room apartments: 102. Minimum surface area: 54 m².
   Services: Activities area, alarm, porterage, day care, no thresholds, domestic care, helper, caretaker, chapel, hairdresser, diy assistance, guest room, meals, laundry service, welfare activities.

6. ‘De Rietvink’ (Marnixstraat 125-213)
   The houses of the complex ‘Marnixstraat’ lie in the street of the same name, located at the edge of the Jordaan district. The apartments are within walking distance of shops (eg in the Haarlemmerstraat), and Westerpark. The houses are easily accessible with public transport. The nearby nursing home ‘De Rietvink’ offers the residents various types of services as the restaurant where you can have breakfast and lunch or an evening hot meal. Furthermore, there are variety of cultural and recreational activities, a hairdresser, chiropodist, internet cafe, Café Rosé (meeting place for (pink) elderly) and a courtyard.
   There is the possibility of care at home, such as domestic care and personal care (from ‘De Rietvink’).

   Layout: 3-room apartments: 8. Minimum surface area: 65 m².
   Services: Activities area, alarm, day care, no thresholds, domestic help, meals, neighborhood infirmary.

7. ‘De Rietvink’ (Vinkenstraat 185)
   There is a restaurant where you can have breakfast and use lunchtime or an evening hot meal. There are a variety of cultural and recreational activities, a hairdresser, chiropodist, internet cafe and a courtyard.
   Café Rosé is opened in January 2010. The cafe is a meeting space for (pink) elderly. Every first thursday of the month there is a performance, lecture or briefing around a pink theme.
   There is the possibility of care at home, such as domestic care and personal care (“Osira Care” organisation via “De Rietvink”).

   Layout: 3-room apartments: 7.
   Services: Activities area, domestic help, internetcafé, hairdresser, meals.

8. ‘LA Rieszhus’ (Vinkenstraat 175-181B)
   The homes are intended for older gay men and lesbians. Each apartment has a video telecom, so that residents can see who is at the door.
   Residents of ‘LA Rieszhus’ can use facilities of ‘De Rietvink’. Via a burglar alarm contact is made directly with ‘De Rietvink’.
   Café Rosé is opened in January 2010. The cafe is a meeting place for (pink) elderly. Every first thursday of the month there is a performance, lecture or briefing around a pink theme.
   At less than 500 meters away you will find shops and public transport.

LA Rieshuis (8) on the left. De Rietvinck (7) on the right.
The courtyard from De Rietvinck is connected with the garden from the LA Rieshuis.
(Source: Own drawing; original source; Google Earth)

LA Rieshuis (8) View from the Vinkenstraat.
(Source: http://zeedijk44winkel.wix.com/stichting-l-a#!l-a--ries-huis)

LA Rieshuis (8) View at the garden.
The courtyard from De Rietvinck is connected with the garden from the LA Rieshuis.
(Source: http://zeedijk44winkel.wix.com/stichting-l-a--ries-huis)

LA Rieshuis (8) Plan first floor (Two two-chamber apartments (50 - 55 m² each).
(Source: http://zeedijk44winkel.wix.com/stichting-l-a--ries-huis)

Services:
- Activities space, alarm, nearby service centre, café, day care, no thresholds, domestic helper, concierge, internet cafe, hairdresser, guest room, meals, laundry service, welfare activities, neighborhood infirmary.

9. 'Westerkaap Noord 1' (Coffijboomstraat 2-102)
The 40 homes on Westerdokseiland are spacious three-room apartments, adapted for seniors who need care. There are also five two-bedroom apartments and ten wheelchair homes. In Westerkaap is also a Surinamese and Antillean commune present. The houses are thresholdfree and accessible by an elevator. Some homes have a conservatory and others have a sliding door. All homes feature a spacious bathroom with shower and toilet. Under the complex is a car parking with parking spaces for disabled. It is possible to store a scooter in the houses at a charging point. There is a catering facility and a meeting place for all residents of the Westerdokseiland. And a service-point, convenience services and healthcare. Osiragroep provides care and support to the residents.

Layout:
- 3-room apartments: 40.

Services:
- Alarm, grocery shopping service, café, no thresholds, diy assistance, meeting space.
Example of elderly houses with care just outside downtown Amsterdam (inner courtyard type).

(Source: http://wesselvangeffenarchitecten.nl/projecten/wonen/aquinohof_amsterdam.html)

Fig. R18  Aquinohof Amsterdam (2006). Plan ground floor.  
(Source: http://wesselvangeffenarchitecten.nl/projecten/wonen/aquinohof_amsterdam.html)

Fig. R19  Aquinohof Amsterdam (2006). View inner courtyard.  
(Source: http://wesselvangeffenarchitecten.nl/projecten/wonen/aquinohof_amsterdam.html)

Fig. R17  Aquinohof Amsterdam (2006). View from the corner Lekstraat and Rijnstraat.  
Example of elderly houses with care just outside downtown Amsterdam (inner courtyard type).  
(Source: http://wesselvangeffenarchitecten.nl/projecten/wonen/aquinohof_amsterdam.html)

Fig. R20  Aquinohof Amsterdam (2006). Plan floors 1 - 4. Every floor contains 8 elderly houses with care.  
The entrances of the houses are located in the inner courtyard.  
(Source: http://wesselvangeffenarchitecten.nl/projecten/wonen/aquinohof_amsterdam.html)
Fig. R21  (A) Inner courtyard of the Oudemanhuispoort (Binnengasthuis area, Amsterdam).
Currently in use by the University of Amsterdam. (Source: Own photo)

Fig. R22  (B) Courtyard between the Vendelstraat and the Oudemanhuispoort (Binnengasthuis area Amsterdam)
Mixed use by students and residents. Houses on the right. (Source: Own photo)

Fig. R23  (A) Inner courtyard of the Oudemanhuispoort (Binnengasthuis area, Amsterdam).
Currently in use by the University of Amsterdam. (Source: Own photo)

Fig. R24  (B) Courtyard between the Vendelstraat and the Oudemanhuispoort (Binnengasthuis area Amsterdam)
Mixed use by students and residents. Houses on the right. (Source: Own photo)
Courtyard between the Vendelstraat and the Binnengasthuisstraat (Binnengasthuis area Amsterdam)

The buildings are currently not in use, except by a few little startups. (Source: Own photo)
8. Conclusions

There are good reasons to transform the buildings (or a part of it) surrounding inner courtyard C of the Binnengasthuis area into housing for elderly with care:

- The inner area of the Binnengasthuis is and was always a collection of inner courtyards.
- The inner courtyard surrounded by houses for elderly with care is a solution which was already used in the ‘hofjes’ and still is used in new and existing solutions for housing for elderly with care.
- There are no elderly houses in the neighborhood of the Binnengasthuis area while there will be a need for more housing for the elderly care in the near future in downtown Amsterdam (preferably by transforming existing buildings).
- Inner courtyard A is currently in use by the University of Amsterdam and is also surrounded by buildings in use by the UvA. In my vision this situation remains as it is.
- Inner courtyard B is currently in use by the UvA and by residents of the adjacent houses at the side of the Kloveniersburgwal. On the other side the inner courtyard is enclosed by a building of the UvA. In my vision this situation remains as it is.
- Inner courtyard C is currently not in use and the surrounding buildings are empty (except by a few little startups). The UvA is planning to build a library and study centre in these buildings including the inner courtyard. In my vision the existing nearby library is sufficient and will lose its function in the future due to an ongoing digitization of the physical books, drawings etc. This creates opportunities for other functions.
- There is however a need for spaces to meet and study by the UvA. In my vision the existing social housing block forms a barrier (private spaces dwellers) towards inner courtyard D and by transforming this block into a study centre for the UvA, there are possibilities to restore the relation with the semi-public courtyard system A, B, C.