Reading 3 Response

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1 Reading Summary

The three chapters cohesively talk about the authors' association with Healthy Buildings. They present their case of making buildings healthy by talking about the important health parameters any building needs to follow and also provides the facts and numbers for the predicaments that postdate the failure to maintain these health parameters. 9 Foundation health parameters are discussed in detail and recommendations are suggested for each of them about their monitoring and maintenance in healthy buildings. Further the chemical implications of the materials used for building as well as the furniture used on health of the occupants is discussed as well.

2 My thoughts

The reading provides a good exposure to the different types of health parameters that are involved in a healthy building and the current status of them. Although the reading does point out various health implication of not monitoring the health parameters, it still does not provide enough incentive for a case for healthy building from a non-occupant perspective.

3 Discussion points

1. The authors start the book in chapter 1 by saying that most of the data about the building implication on health are drowned in the academic world with not much awareness in the practical world, but I feel like from the perspective of an investor or builder, there isn't much incentive to know about the health parameters of a building and act upon them for their building. As mentioned by the authors, there is the issue of split incentives that needs attention to realise healthy buildings.

2. The reading mentions that real-time monitoring needs to be accompanied with annual standard measurement techniques as well. Can just an annual standard check be enough for a healthy building rather than real-time monitoring? What would be the significant losses in that case?

3. "In order to maintain the humidity level in the building, over-cooling is necessary." I didn't know about this and always complained about cold temperatures in colder climate. Are there more such comfort related complaints that buildings face which are in fact a health measure?

4. The reading talks about the biological differences between men and women and both have different windows for thermal comfort. Over the years, women's comfort level has been included while designing a healthy building but has there been any work done to understand the occupant gender in a building or zones of a building to design local thermal comfort levels accordingly? Is that a necessary overhead?