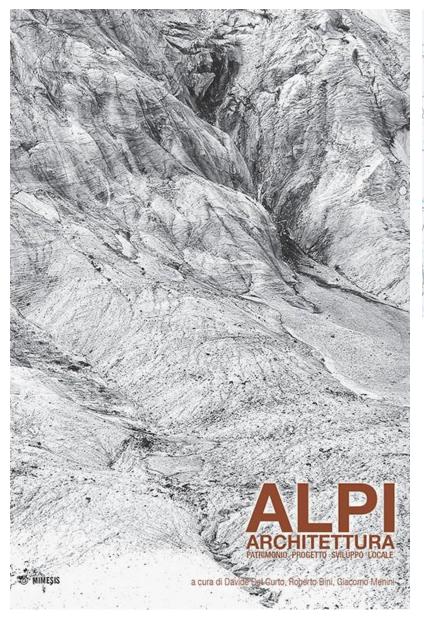
Davide Del Curto, Giacomo Menini

Il consumo di suolo nella montagna lombarda.

Un confronto tra piani e progetti urbani nel Novecento



Rapporto 2018 del CRCS
Politecnico di Milano – Aula Rogers
Martedì 27 novembre 2018



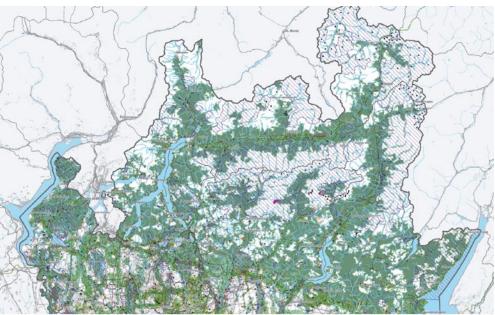
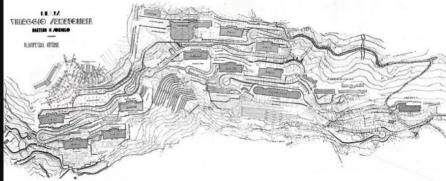




Fig. 5. Rete verde regionale – Rvr (stralcio). La Rvr costituisce un progetto strategico del piano finalizzato alla tutela, al ripristino e alla valorizzazione della qualità del paesaggio









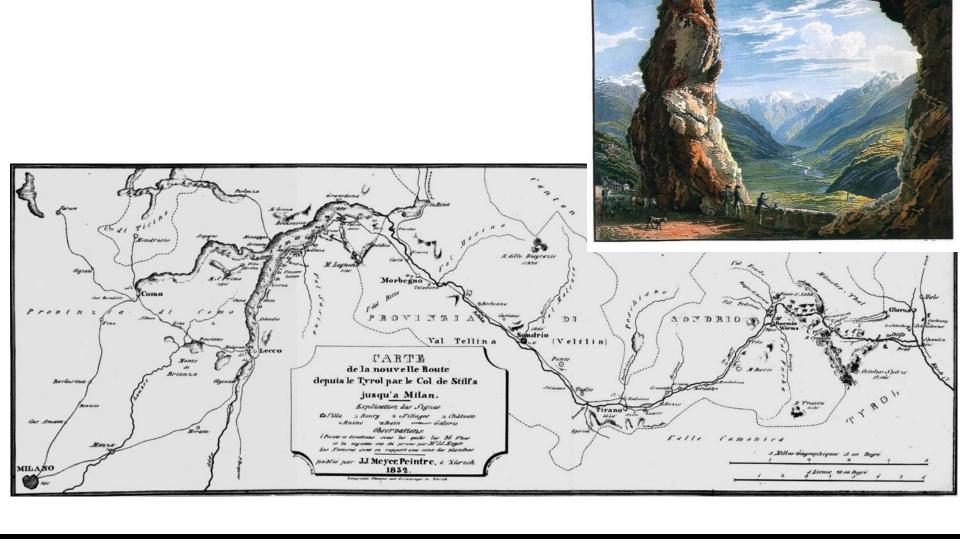
Sondalo 1900 circa





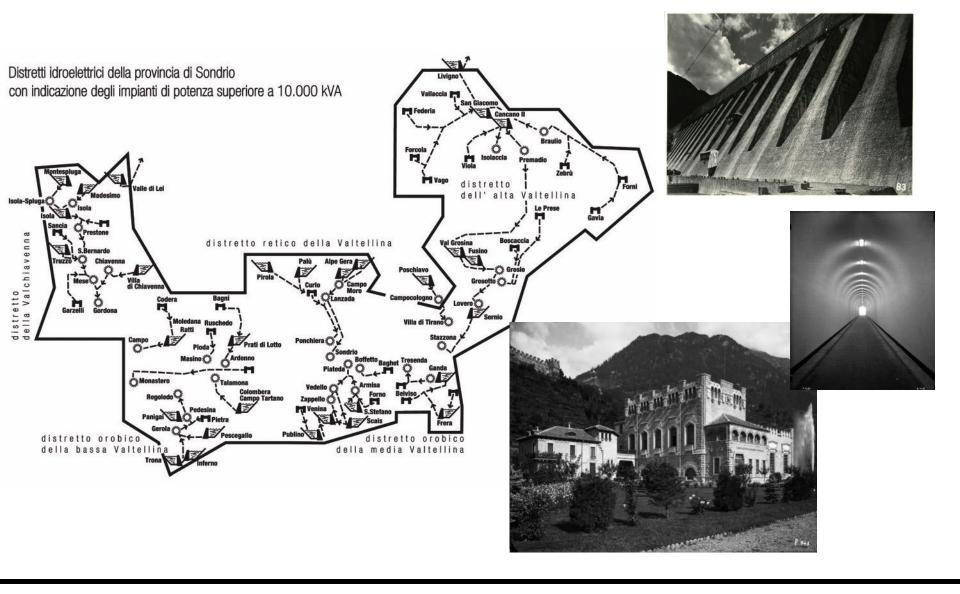
Sondalo 1851

Sondalo 1900 circa



Strada dello Stelvio

Ing. Carlo Donegani, 1818-1825



La rete idroelettrica in Provincia di Sondrio

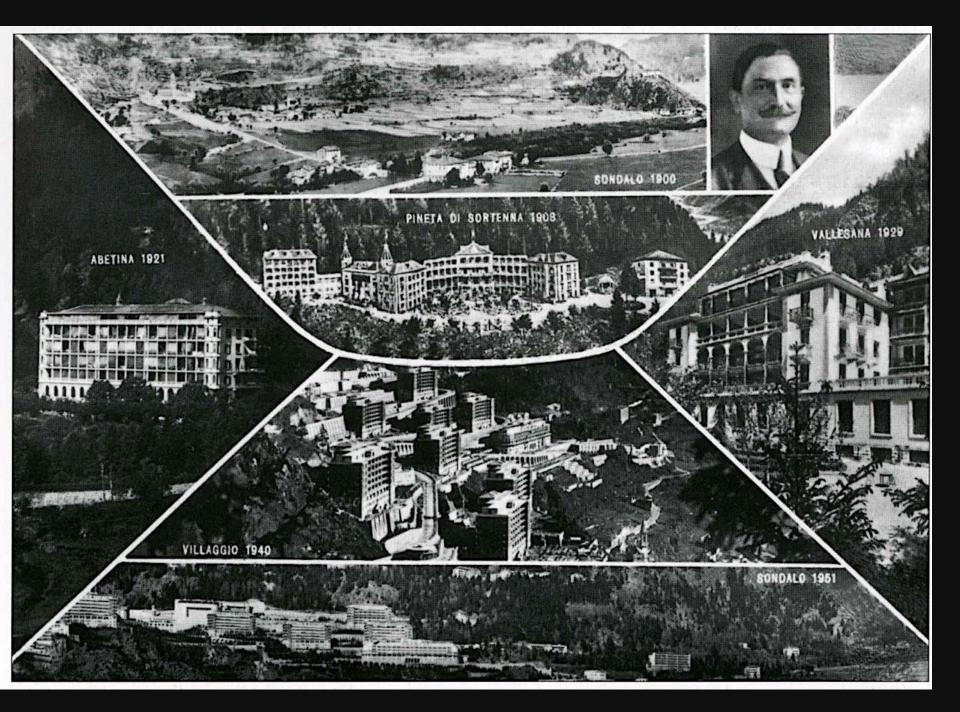
- Territorio distribuito su 3.000 kmq e 3.800 m di altitudine.
- Legge speciale 102/90 dopo l'alluvione del 1987.
- Piano Territoriale di Coordinamento Provinciale: 1990 2010.
- 90% della Valtellina è interessata da almeno un dispositivo di tutela (L. 1089/39 / Galasso / DL 42/2004).
- Rete Natura 2000 / SIC + ZPS / Piano di Forestazione del fondovalle + Sistemi Verdi lungo l'Adda.
- PTRA Media e Alta Valtellina (2013 2017) / ricorsi al TAR.
- Heimat valtellinese? "Distretto culturale" / ecomusei / UNESCO + L. 77/2006.



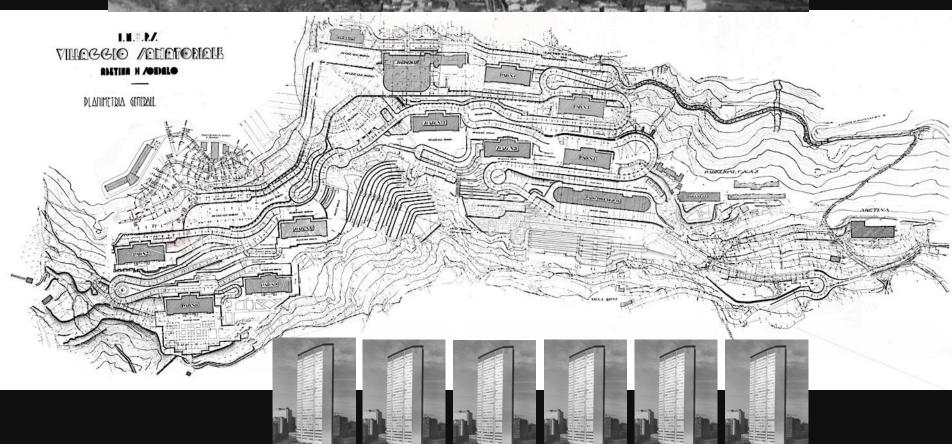


Sondalo 1851

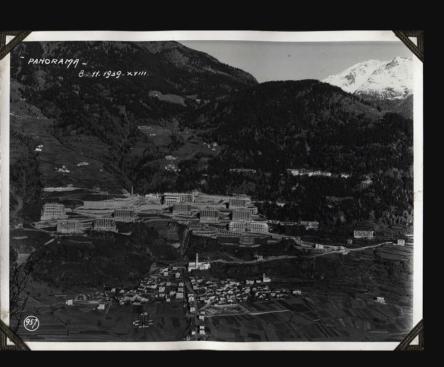
Sondalo 1900 circa







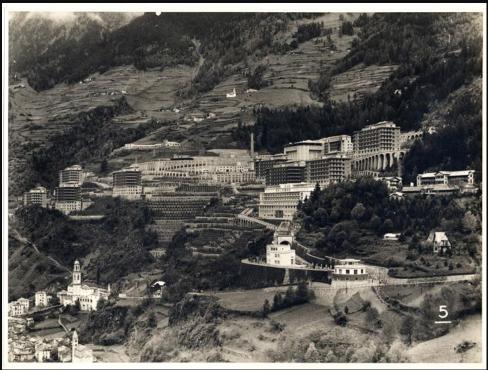


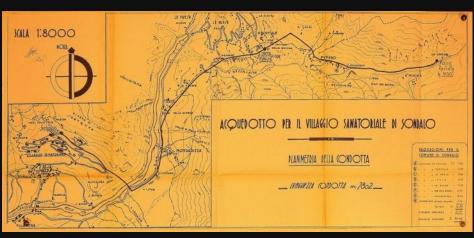


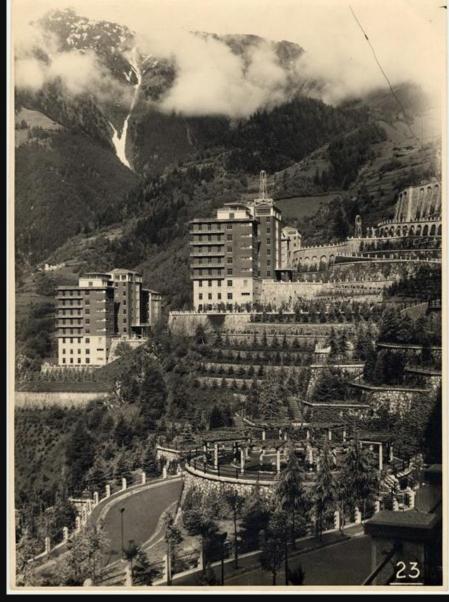










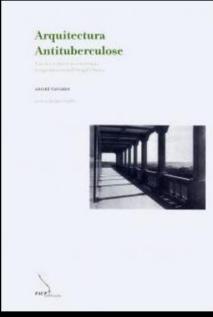














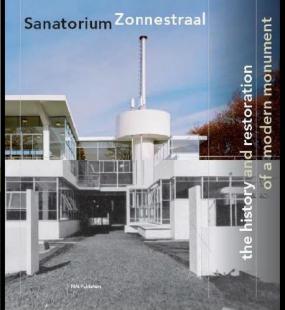
Davide Del Curto

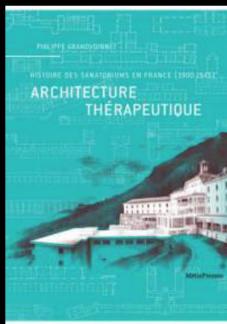
IL SANATORIO ALPINO

ARCHITETTURE PER LA CURA DELLA TUBERCOLOSI DALL'EUROPA ALLA VALTELLINA





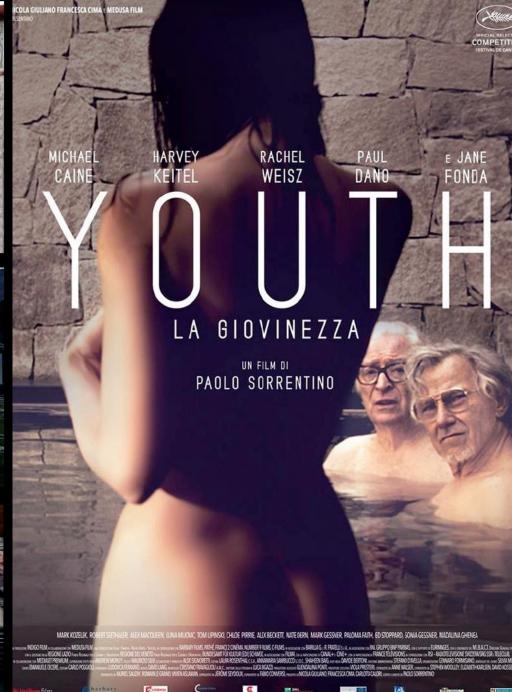






Zürcher Höhenkliniken Wald und Clavadel, Davos







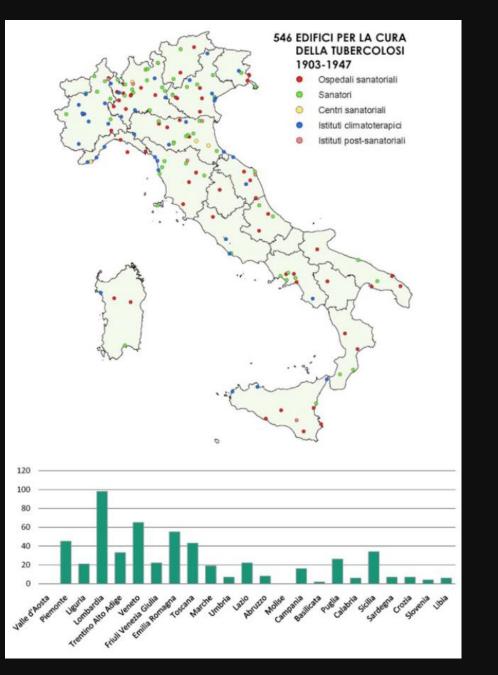


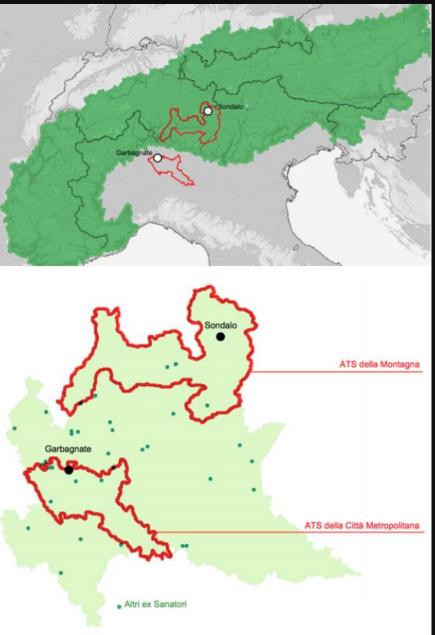


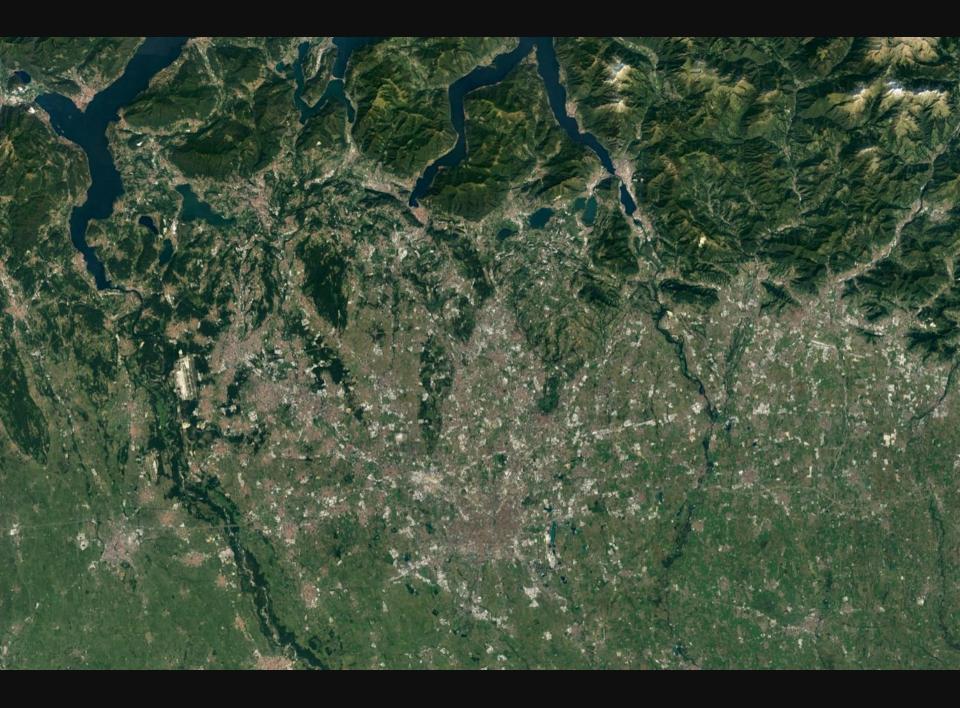


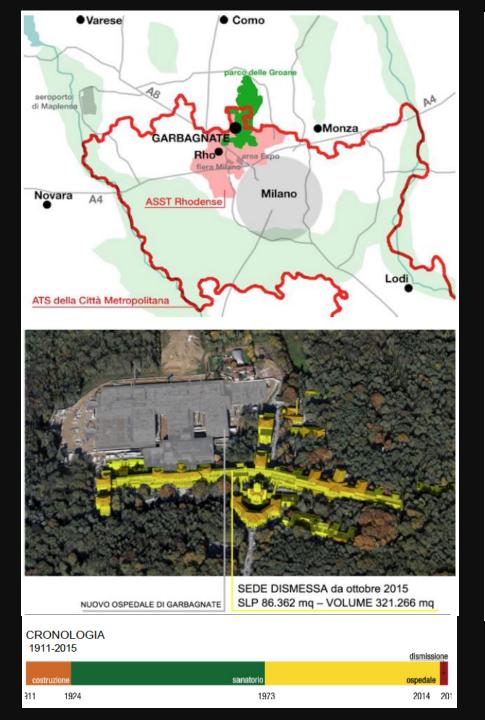




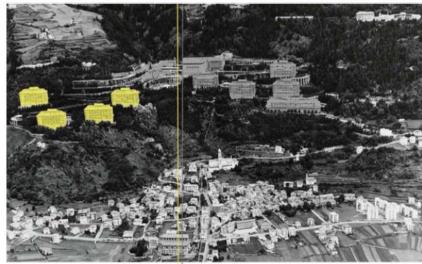












PADIGLIONI DISMESSI

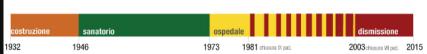
SLP 50.000 mq

VOLUME 163.680 mc

VOLUME 302.400 mc

VOLUME 302.400 mc

CRONOLOGIA 1932-2015



Sondalo e i sanatori:

Sondalo e i sanatori: sviluppi demografici e urbani













Occupazione:

negli anni '60 il Villaggio Sanatoriale dava lavoro a circa 1200 persone;

altre 300 persone erano occupate negli altri sanatori di Sondalo. La presenza dei sanatori, inoltre. generava un significativo indotto





Crescita demografica:

la popolazione di Sondalo, tra il 1946 e il 1971, passa da 3143 unità a 5728 unità.

A questi numeri si devono aggiungere i ricoverati (negli anni '60-'70 circa 1800 degenti presenti simultaneamente)





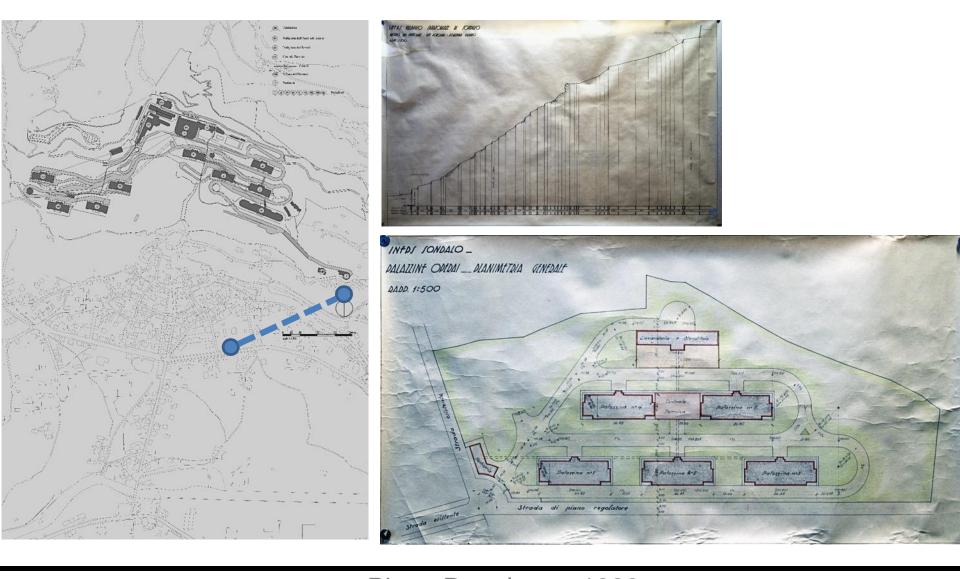






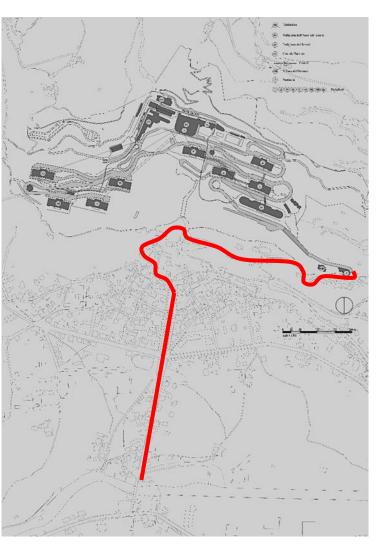
Sviluppo sociale:

le lunghe degenze erano occasione d'incontro tra i ricoverati e la comunità locale, che si è progressivamente arricchita con la formazione di nuove famiglie



Piano Regolatore 1933 Case per i dipendenti INFPS e collegamento funicolare

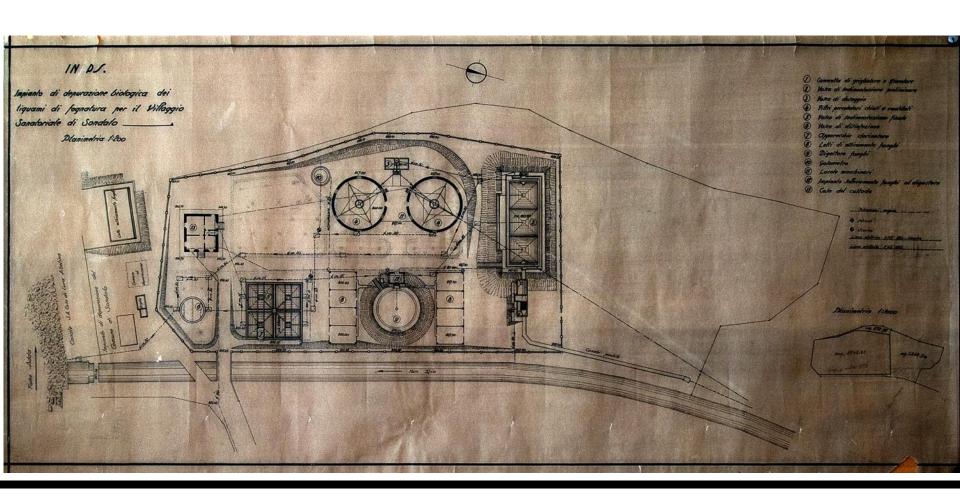
Ufficio Tecnico INFPS, 1933





Piano Regolatore 1933 Costruzione della strada d'accesso

Uffiio Tecnico INFPS, 1933



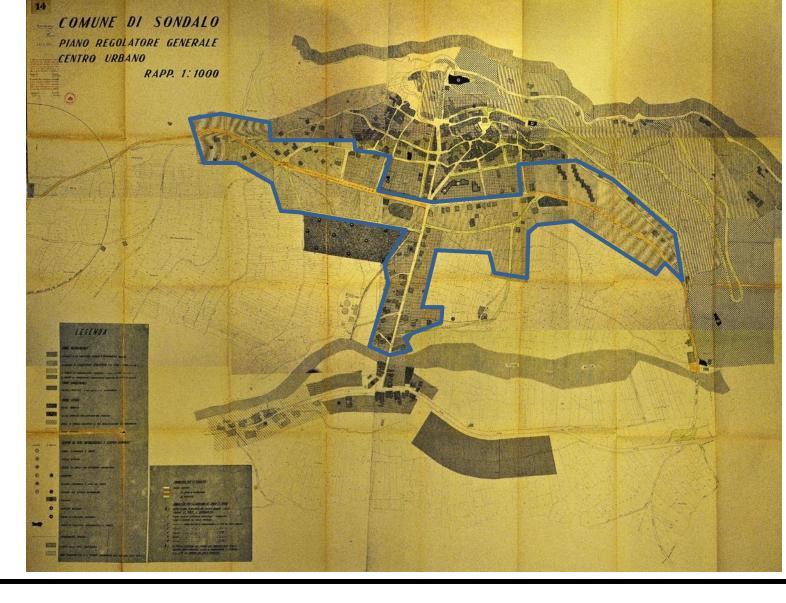
"Urbanizzazioni" del Villaggio sanatoriale di Sondalo

Impianto di depurazione



Piano Regolatore Generale - 1959

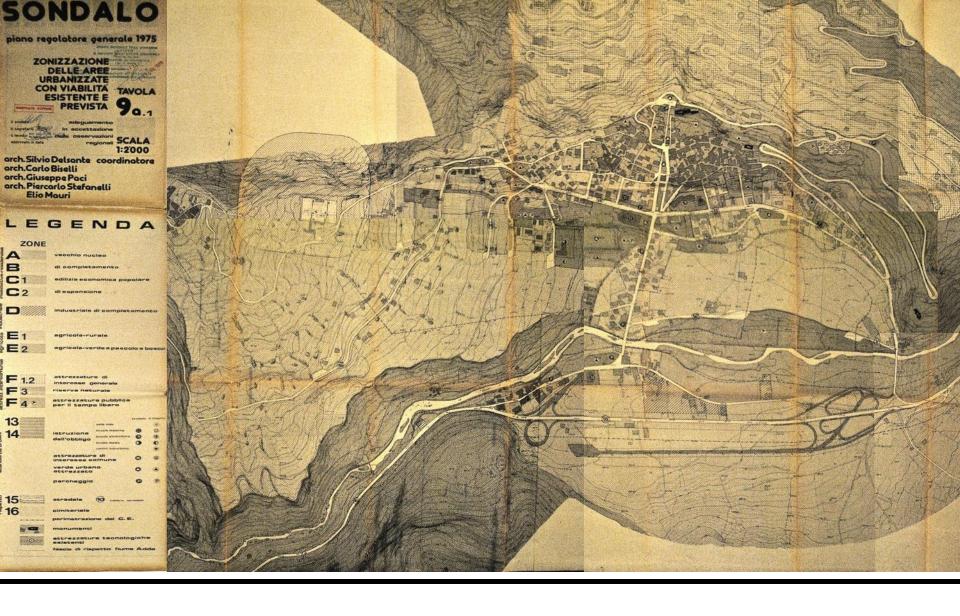
Ing. Luigi Ferrari



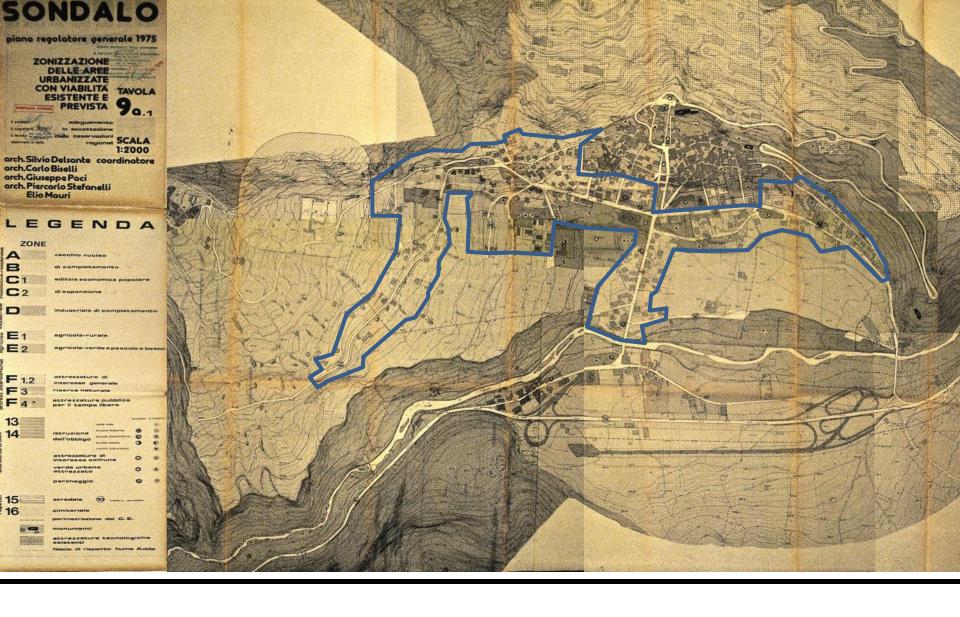
Piano Regolatore Generale - 1959

Perimetrazione della zona di espansione e completamento dell'abitato

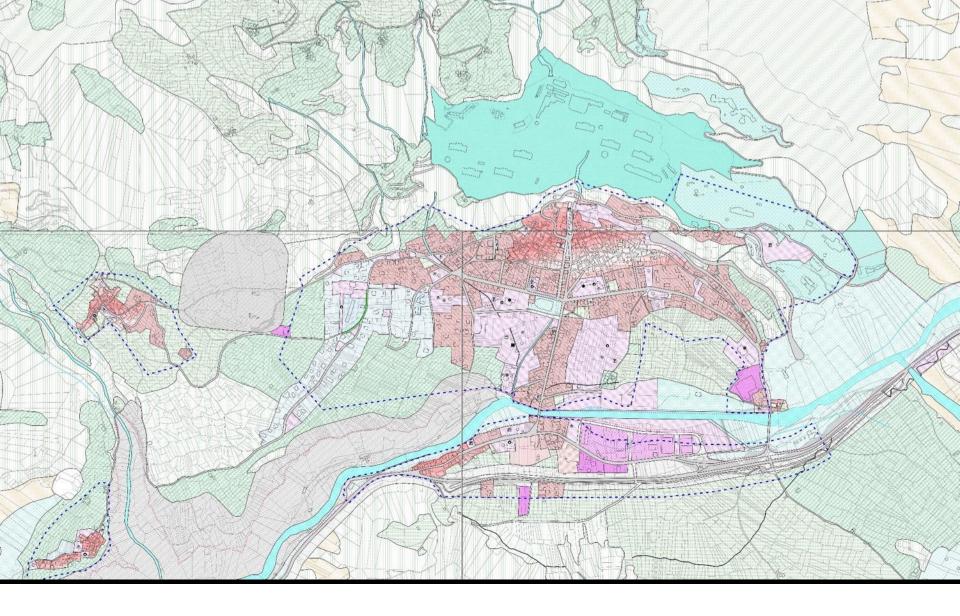
Ing. Luigi Ferrari, 1959



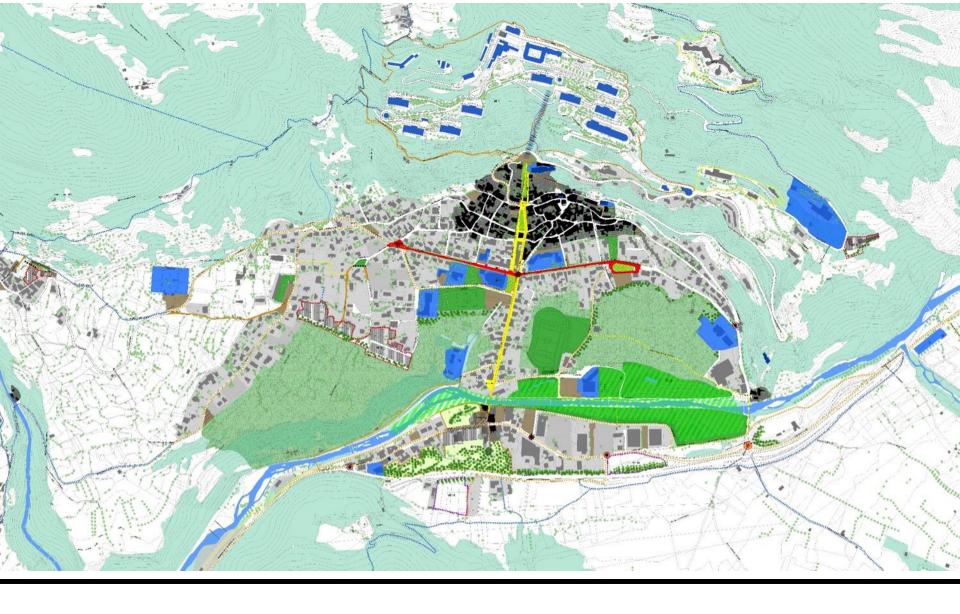
2° Piano Regolatore Generale - 1975 Gruppo archh. Delsante - Stefanelli



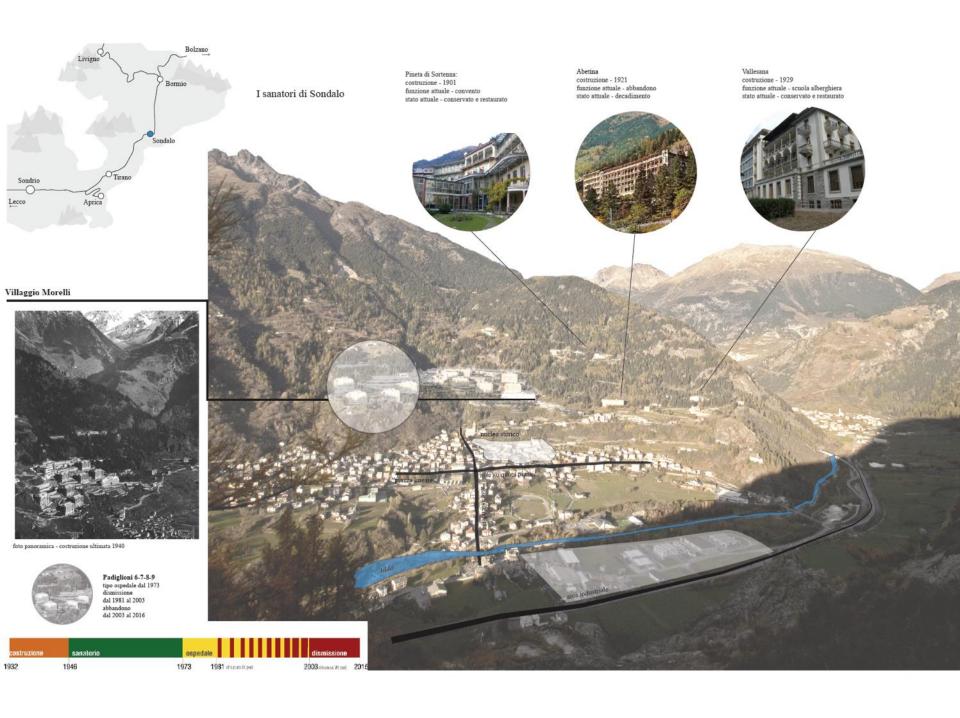
2° Piano Regolatore Generale - 1975 Perimetrazione della zona di espansione e completamento dell'abitato Gruppo archh. Delsante – Stefanelli

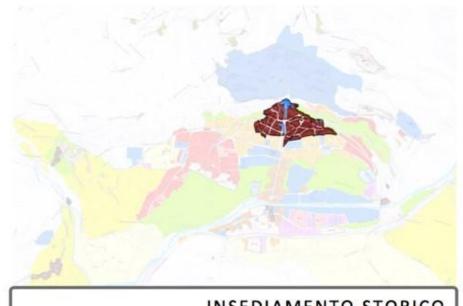


Piano Regolatore Generale 1991 Gruppo archh. Delsante – Tognini – Stefanelli

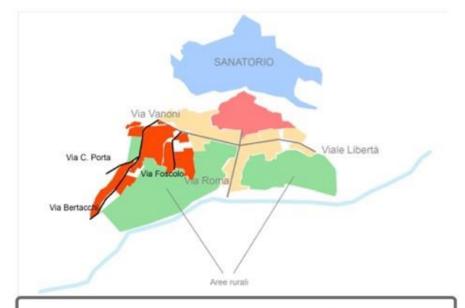


Piano di Governo del Territorio - 2012

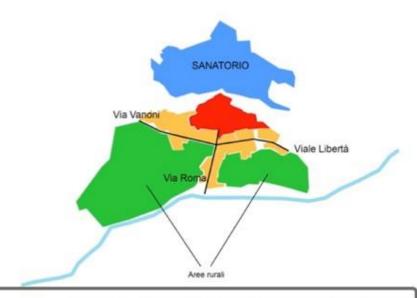




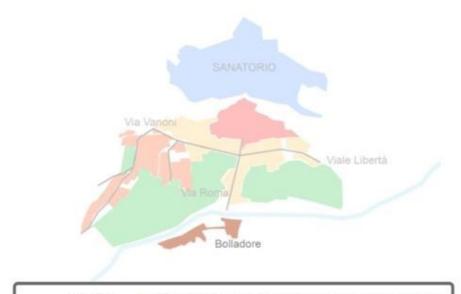
INSEDIAMENTO STORICO



1970 - ESPANSIONE URBANA



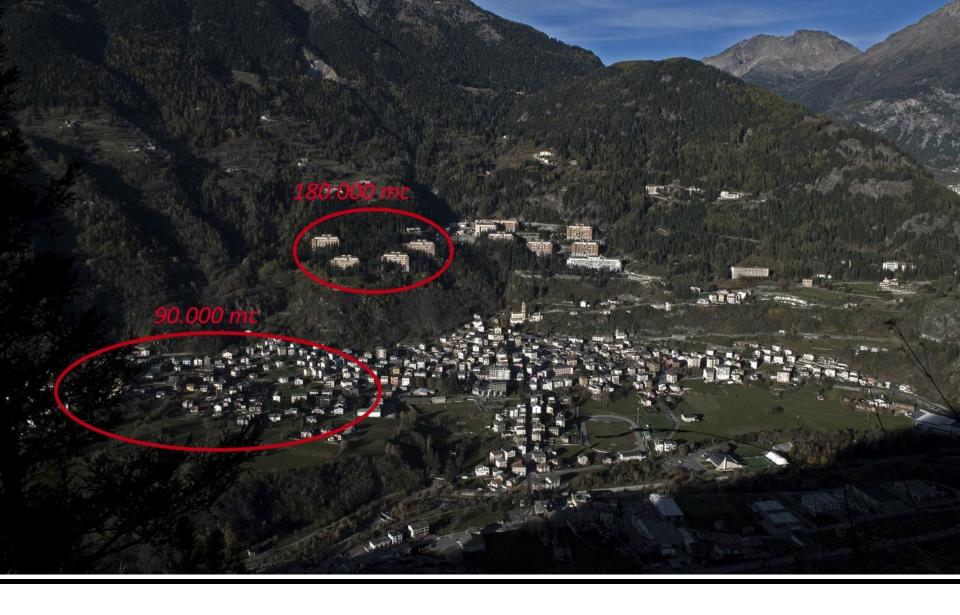
1959 - PRIMO PIANO REGOLATORE



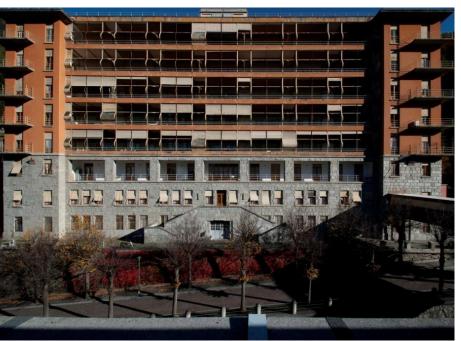
1991 - PIANO REGOLATORE GENERALE



Ortofoto 2007 WMS

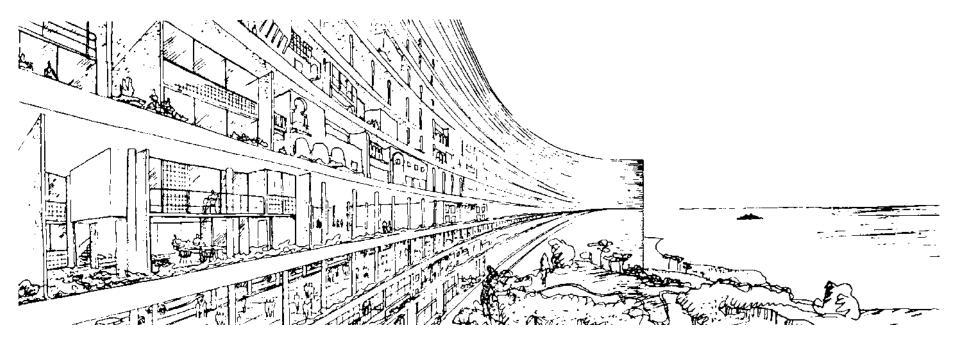


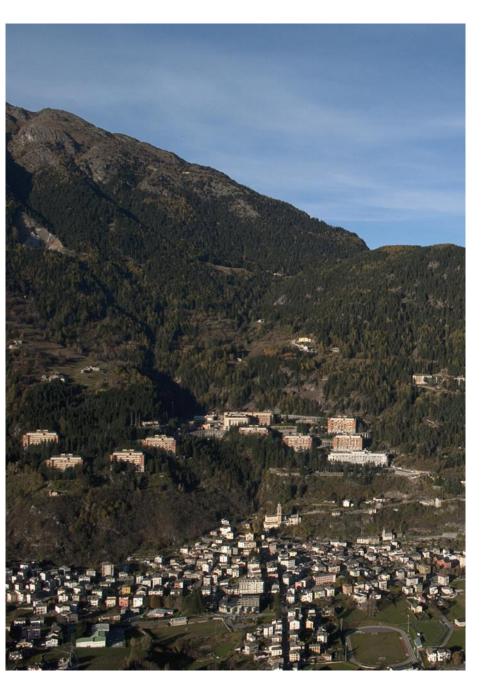
Panorama di Sondalo 2012

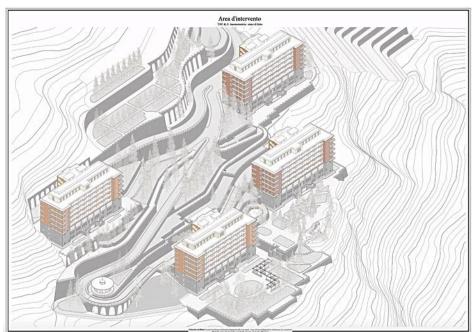








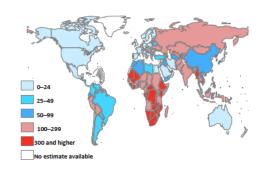






The Global Burden of TB -2011





Estimated number of cases

Estimated number of deaths

All forms of TB

8.7 million (range: 8.2–9.2 million)

1.4 million (range: 1.1–2.0 million)

HIV-associated TB

1.1 million (13%) (range: 1.0–1.2 million)

430,000 (range: 380,000–480,000)

Multidrug-resistant TB (MDR-TB)

440,000 (range: 390,000–510,000)

about 150,000



LANCET 2012: 379:773-75

The global rise of extensively drug-resistant tuberculosis: is the time to bring back sanatoria now overdue?



Keertan Dheda, Giovanni B Migliori

Sanatoria for drugresistant tuberculosis: an outdated response

Responses to the growing epidemic of drug-resistant tuberculosis, including care for patients whose therapeutic options are exhausted, are urgently needed. However, sanatoria (Feb 25, p773)¹ are not the answer.

Of the 650 000 patients with multidrug-resistant (MDR) tuberculosis globally, 10% are likely to have an extensively drug-resistant (XDR) form.² The priority is to diagnose and treat these patients. Appropriate

History provides inspiration, but also allows us to avoid past mistakes. The more recent history of sanatoria for leprosy is one that deprived patients of basic rights, hindered treatment access, was economically inefficient, yet persisted decades beyond its intended public health purpose.⁵ For tuberculosis, innovative, cost-effective strategies that include less restrictive alternatives to sanatoria are needed.

Jennifer Hughes and colleagues rightly propose that health systems should, when appropriate, aim for home-based care services and not traditional sanatoria to manage patients with extensively drug-resistant (XDR) tuberculosis. We agree that the priority is to diagnose and treat existing patients, and also to strengthen tuberculosis programmes so that further cases of XDR tuberculosis are prevented.⁵² Unnecessary hospital stays should be avoided, since infection control is the Achilles heel even in rich countries.³

In reading our Viewpoint, one needs to go beyond the title and the historical images. What we called for were "community stay and palliative treatment care facilities" where patients whose "treatment has failed could voluntarily reside" with the benefit of "social, educational, and recreational facilities, good nutrition and care from support groups, and a multidisciplinary team within an infection-controlled

setting". Nowhere did we propose the traditional dinosaur-like relics known as "sanatoria" as an example to follow.

A multipronged approach is needed. We believe that there is an urgent need to improve health services supporting XDR tuberculosis treatment and to offer

integrated models are necessary to tackle this growing problem in different settings, including domiciliary care, community-supported housing, and specialised institutional facilities (if we want to abolish the word "sanatoria") offering appropriate care. We all have a common enemy in XDR tuberculosis.

We declare that we have no conflicts of interest.

*Keertan Dheda, Giovanni B Migliori keertan.dheda@uct.ac.za





Figure: The 3500 bed Sondalo Tuberovice's Rospital in Italy (A.) and the Saint-Hillaire du Touvet Sanatorium i France in the early 1930s (B)



www.museodeisanatori.com