

# **REPORT**

*CONSULTATIVE COMMITTEE ON  
THE REUSE OF THE EXISTING BUILDINGS  
OF THE MCGILL UNIVERSITY  
HEALTH CENTRE*

Prepared by

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## I. INTRODUCTION

*De prime abord, il ne faut pas oublier que ces lieux sont porteurs d'histoire, de mémoire, et qu'ils ont un passé riche en héritage de toutes sortes, c'est-à-dire des valeurs patrimoniales, commémoratives, sociales et humaines.*

Michèle Picard  
Société pour l'Étude de l'Architecture au Canada /DOCOMOMO Québec  
(Transcript, volume 5, p. 22)

*The redevelopment of these sites represents a sea change in the downtown; a magnificent opportunity for renewal and redynamization, but there is also real danger (of) mediocrity, disharmony, and irreparable mistakes.*

Cameron Charlebois  
Urban Development Institute of Quebec  
(Transcript, volume 4, p. 44)

Only rarely does a mature city face a challenge as great as that posed by the McGill University Health Centre's decision to vacate its existing sites in order to occupy a new, modern complex of buildings.

The existing sites include some of the most beautiful buildings in Montreal. All of the buildings have significant historical and social value to the entire community, and particularly to the anglophone community that built them and has long considered them a central element of its fabric. Some of the buildings, notably the Royal Victoria Hospital and the Montreal General Hospital, occupy crucial space in relation to Mount Royal. Some of them are of high and unique architectural value. Furthermore, these buildings are an intimate part of the downtown core that determines the city's primary identity; that fact gives extra depth and dimension to their social and urban value.

The buildings also, however, are expensive to operate and, in most cases, need serious renovation to be useful for future generations. Finally, but not least important, these sites are vast; the floor space alone is the equivalent of Place Ville-Marie. Determining an appropriate package of reuse possibilities for such a large expanse of real estate would be difficult in any circumstances. Given the unique importance of these sites, it is an enterprise of enormous delicacy and complexity.

Without exception, the individuals and groups who appeared before the Committee or submitted briefs showed that they understood the importance of these sites and were greatly concerned about their fate. While opinions about suitable uses for the sites varied, there was in every case a deep concern that the work be done well, to high standards, with sensitivity to these hospitals' historic importance and with constant concern for the well-being of the city's fabric for future generations. Montrealers care about these buildings, and the sites on which they stand.

It is the task of this Committee to report faithfully on what the public told us, as we attempt to do in the following section of this report.

But to understand the possibilities and difficulties, it is important to understand the whole complex context in which this work must be undertaken. We therefore go on to provide a detailed summary

of the legal and regulatory steps taken to date, as well as a general outline of the steps that remain to be taken.

Finally we offer our analysis and conclusions, based on the evidence, opinions and recommendations presented to us.

## II. WHAT THE PUBLIC SAID

As should be expected in a consultation about such important sites and such a complex situation, opinions about appropriate alternative uses for the hospital sites varied widely and tended to be passionately held. Indeed, many interveners argued that the buildings should continue to be what they are now: the acute-care hospitals of the McGill University Health Centre. In the context of reuse of the buildings, however, there was a clear consensus on a number of basic principles. Where opinions diverged, they tended to fall into one of two or three broad groups. As for specific projects, although no intervener offered specific details about such elements as financing, many imaginative and public-spirited ideas were put forward.

In this section of our report, therefore, we attempt to draw together the broad themes that emerged from the public consultation. We begin with those elements on which all interveners agreed.

### 1. GUIDING PRINCIPLES

- (a) The strongest single point of agreement among the interveners was the consensus that **these sites are important. Their future use must be carefully planned to the highest standards, taking into account the needs of all the different constituencies and all the different ways in which their future use will affect Montreal, now and for the future.**

All interveners were aware of the complexity of the sites' heritage and their social, economic and urban impact. Elements mentioned ranged from broad historic factors (for example, medical advances achieved in these hospitals) to the need to preserve the physical beauty of some sites, through to the localised impact of redevelopment plans on neighbouring property values.

There was an over-riding conviction that whatever happens to these sites, it must be of the highest quality and must contribute in a positive, lasting way to the evolution of Montreal's downtown core.

- (b) There was equal unanimity on the basic principle that **any future use of sites on or adjoining Mount Royal must have as a priority the preservation of the mountain's park and, if possible, the enhancement of the park and of public access to it.**

Mount Royal and the park laid out by Olmsted more than a century ago are a central part of Montreal's identity. As the Montreal Board of Trade put it:

The Mount Royal Park is a veritable jewel of Montreal's heritage, indeed of the world's heritage, like the famous Central Park, Hyde Park, Bois de Boulogne or Vancouver's Stanley Park. It is indispensable, on the occasion of the reconversion of the Royal Victoria Hospital, that not one single tree of the park be touched. (translation)  
(Transcript, volume 4, p. 29)

Of the five sites covered by the Committee's mandate, only two (the Montreal Chest Institute and the Montreal Children's Hospital) lie apart from Mount Royal. The Montreal Neurological Hospital is on the mountain's flank, though not part of its park; the Montreal General Hospital stands across the street from the park and the Royal

Victoria Hospital's broad northern flank is, for practical purposes, an integral part of the park's green space. Seen from below, the Royal Victoria Hospital and the Montreal General Hospital are among the most dominant elements of the city skyline's progression toward the mountain. Whatever happens to them will have an impact on the mountain; interveners were insistent that the impact must be positive.

In particular, concern was expressed that public access to the mountain must not be limited by any future developments on these sites - indeed, that access should be increased, if possible. (It should be noted that both the Royal Victoria Hospital and the Montreal General Hospital lie close to some of the mountain's steepest slopes, so that there are limits to the degree to which access to the mountain from these sites can be increased without significant impact on the physical environment.)

Les Amis de la montagne summarised its views as follows:

Any site for which no use has been found should be ceded to the [Mount Royal] park. No enlargement of existing buildings should be possible, this to be controlled by establishing clear volumetric limits.

If comprehensive heritage studies indicate that any demolitions were acceptable or desirable, any opportunities to improve views of the mountain from the city and *vice versa* should be considered. Any project must demonstrate respect for the fundamental purpose of preserving and improving the mountain and surrounding urban landscape, including the integral protection of the park and the consideration of opportunities to enlarge it. The transformation of these sites should be used as an opportunity to improve the quality of the landscape and access to the mountain. The reduction of parking lots should be an objective. Usages that would increase traffic and/or parking needs should thus be discouraged.

In any case, criteria must be established to ensure the highest quality of planning and construction, in order to maintain and give value to the architectural landscape and natural quality of these sites. And the existing rights of public passage should be maintained.  
(Transcript, volume 6, p.25-26)

- (c) While all five of the hospital sites are important, there is a general conviction that **the Royal Victoria Hospital in particular is a unique heritage site and any future use, whether public or private, must respect the standards appropriate to such a site.**

In architectural terms, there is broad agreement that the original Scottish Baronial buildings are, in the words of Phyllis Lambert, "one of Montreal's treasures." Any future project must respect that heritage scrupulously, not only in terms of architectural integrity but also in terms of choosing appropriate uses and users of the buildings.

The site's heritage importance is increased by its medical history - not only the history of the world-class medical standards and many medical advances achieved within Royal Victoria Hospital's walls, but also the stage of medical history represented by the site itself. Royal Victoria Hospital was one of the earliest hospitals in Canada to eschew a downtown location, choosing instead to locate on the slopes of the mountain where patients would benefit from beautiful views, clean air and quiet surroundings.

- (d) Before any final decision is taken, **more study by a wide range of experts should be done.** Some interveners applauded the work done to date by the consultants; others criticised it; all, however, said that this work was just the first step. A brief from architect Susan Bronson said:

The study of potential uses of these buildings and properties should be a serious, objective analysis of the various proposals that have been made for these buildings and sites over the course of these hearings. It should take into consideration, and seek an appropriate balance between, the following realities: the heritage values of each building and each property; preliminary functional

requirements of each proposal; the architectural and structural opportunities and limitations of each building and each property; the regulatory limitations of each building and each property (zoning, building code requirements, heritage protection legislation); and of course, budget. Ultimately, it should aim to present options for the different properties that are not only appropriate but viable.  
(Brief, p.6)

In this regard, one interesting suggestion was for a charrette, or architectural brainstorming on reuse of the buildings, to be conducted by the Canadian Centre for Architecture. Professor David Covo of the McGill University, School of Architecture also reported that the College of Architecture of Texas A & M University may do a joint studio with McGill and the M.U.H.C., developing feasibility studies of some part of the project.

- (e) **Whatever decisions are made they should be based on a detailed development plan that takes all factors (historical, heritage, urban, etc.) into account.** Héritage Montréal put it this way:

We have said and we repeat, patrimonial protection requires the elaboration and the use of a certain number of planning measures and rigorous creative and efficient urban zoning by-laws that respect the authenticity and the meaning of heritage property in the service of the common good.  
(translation)  
(Transcript, volume 6, p. 7)

There was broad agreement among interveners that all future users and/or developers should be required to adhere to the plan, which should be made available for public consultation before it is adopted in final form.

- (f) **Whatever decision is made about the future uses of these five sites, interveners generally agreed that it will be important to preserve guiding control of future developments until the work is complete.**

The basic principle was clear: it would be most unwise to abandon the sites completely to new users or developers, however prestigious or well motivated, until any transformation was complete. The risk was seen as too high that in projects of this size - and any one of these sites, with the possible exception of the Chest Institute, would be a very large project, taking several years to finish - there could be some erosion of quality over time, if only for financial reasons.

Opinions varied somewhat, however, about who should exercise this control. No one wanted any level of government to have operating control. Some suggested that the M.U.H.C. itself should retain, through a specially created division or agency, the necessary authority to ensure that future owners or users respect both the letter and the spirit of the master development plans and that all work be done to the necessary standard of quality. Some suggested that McGill University should be involved. Others proposed the establishment of a broader non-profit body that would have the authority to negotiate with governments as well as to oversee development of the sites. This body would include representatives of the M.U.H.C., but would not be an agency of the health centre.

One comment that illustrates this general concern that over-arching control be maintained came from Héritage Montréal, which said:

Quality urban projects must be carried out by an organisation endowed with a specific mandate and responsible before the community. Such an authority could take several forms: an

independent agency, commission, real estate trust, development company, or a combination thereof. It must reflect the community and hold a public mandate that goes against that of only economic profitability of the sites, which belong to the collective heritage. This mandate must include the protection of heritage by various means, such as the establishment of legal agreements or servitudes, and the production of quality urban assets. It must be accountable to the public.  
(translation)  
(Transcript, volume 6, p. 3-4)

## 2. SPECIFIC USES - BODIES OF OPINION

Beyond the principles outlined above, on which there was general agreement, opinions diverged somewhat when it came to specific proposals for future use of the hospital sites. It must be stressed here that no intervener had a complete, detailed plan. No intervener (except the Regional Health and Social Services Board of Montreal-Centre) addressed the regulatory process in much detail, nor did any offer detailed financial projections. Even when the interveners were in fact experts in a pertinent field, virtually all proposals were made in a general way, on the basis of conviction and imagination rather than specific expertise. Here is a summary of the main points made.

### A PUBLIC/INSTITUTIONAL

A large majority of the interveners argued that these sites, particularly those on Mount Royal, should be reserved for public or institutional use. Several mentioned the fact that one of Montreal's distinguishing features is the "crown" of medical and educational institutions that rings Mount Royal, and urged preserving this quality of the urban fabric.

(a) Of those favouring public use, a clear majority proposed continuing some form of **medical or quasi-medical use**. Other than the buildings' present role as acute care hospitals, some of the ideas put forward were:

- *Long-term care for anglophones*

The Regional Health and Social Services Board of Montreal Centre confirmed that it has identified a shortage of long-term-care beds for the anglophone population of Montreal. The Regional Board, which has first call on these buildings under the provincial regulatory system, said it definitely would not seek to use all of them but might use some part of them. Mr. Guy Daigneault, head of the Regional Board's construction service, said:

There is a need that is demonstrated, by our 1998-2000 study, there is a need that is demonstrated that we lack beds for the anglophone community of Montreal. It seems the Ministry has not, at present, decided to invest in these beds. It is a question of taking advantage of an opportunity.  
(translation)  
(Transcript, volume 3, p. 13)

- *Community clinics.*

Ms. Phyllis Lambert, founder of the Canadian Centre for Architecture, said:

Reuse of the Montreal Chest Institute and Montreal Children's Hospital require an overall study of health-care needs across the city. Surely, one need is to enhance the C.L.S.C. system. An enhancement model is provided by the Queen Elizabeth Health Complex as a regional, in this case the centre-west, specialised medical clinic providing services in family medicine, with educational programs and non-traditional medicine and imaging equipment.  
(Transcript, volume 5, p.9)

- *A centre for geriatric care and studies in general, or a centre for Alzheimer's*



*disease and related dementia in particular.*

Architect Philip Bobrow suggested using part of the Royal Victoria Hospital for a Centre for Aging Care and Research. He described its functions:

Long-term care, extended care, rehabilitative care, palliative care, respite care, a centralised geriatric assessment with supporting clinics, nursing homes, specialised movement and disorders clinic (...) spousal accommodation (...) a general approach to research into the entire process of ageing (...) a centre where clinical trials for the elderly could be undertaken with research into ageing care utilisation (...) research in the delivery of aging care, and the ethics of care delivery as well as some specialised epidemiological research for the elderly at risk.  
(Transcript, volume 3, p. 33)

Ms. Barbara Macleod, representing a number of organisations, said that by the year 2020 Alzheimer's disease will become "Montreal's largest health problem", affecting one in four families.

We're proposing a housing facility (...) an Alzheimer Disease and Related Dementia Centre, for families, for research, for care and for education. We propose also, a fully thought-out program for a new teaching and training facility for AD/RD. We would like this facility to also house cutting-edge research.

Our training program will afford a new way for people to find employment and to be properly trained to care for these people. We will then be able to provide a safe, sensitive and (...) patient-driven care facility in easily accessible locations. This will make family interaction and appropriate care possible for many people who presently are in crisis. We propose living units. We will also house an adult day care centre, facilities for direct patient-contact research. We will provide respite services.  
(Transcript, volume 5, p. 2-3)

- *Expansion on the present site of the Montreal Chest Institute of the neighbouring Institut de recherches cliniques de Montréal*

The Institut, which has close ties with McGill University and is located next-door to the Chest Institute, said that it would like to acquire Pavilions J and K (the two northern-most buildings of the Chest Institute):

The purchase of these buildings would allow us to carry out an expansion that is absolutely natural and, more or less, the only one possible for us, that is to say, to the south of our present location, and therefore represents for us, the only viable solution in the context of expanding the Institute.  
(Transcript, volume 3, p. 3)

- *Seniors' residences*

- *A sports medicine facility, including an Olympic drug-testing centre*

- *Archives of medical architecture and hospital archives*

- *Drug treatment*

(b) A second strong theme in the area of public or institutional use concerned **McGill University**. Many interveners suggested that McGill should have first choice for use of

these buildings, particularly the Montreal Neurological Hospital and Royal Victoria Hospital. Among the uses proposed were:

- *Student residences*

For example, Ms. Annmarie Adams, a professor of architectural history at McGill University, does not favour moving acute care out of the present hospital buildings to a new site. But if it does happen, she said:

I believe that McGill should occupy the outer ring of the (RVH) site, the Ross, the Women's, the Allan and of course the Neuro which it now owns, the donut as it were (...). The Ross and the Women's can be converted into student residences without too much trouble, as we have heard from several speakers, and McGill needs student residences for married students, students with children and living in non-traditional families; services which have been offered by our competitors for decades. The history of the Maternity Pavilion makes it ideal, given its central role in the history of Montreal women and children. The University Daycare could also move to this site (...). The Ross should also become a special type of residence for international graduate students.

(Transcript, volume 4, p. 56)

McGill University itself said it wishes to take over the Royal Victoria Hospital Women's Pavilion and possibly the Ross Pavilion as student residences to accommodate the growing number of international students who expect to be housed in residences. Thanks to the fees paid by these students, the university sees no financial difficulties associated with taking on these extra properties. Ultimately, it could envisage the creation of an international student village, welcoming foreign students attending other Montreal universities as well as McGill University.

- *A Montreal Institute of the Environment*

Mr. Morty Yalovsky, vice-principal of McGill University, said:

A (...) serious idea for the reuse of the RVH complex could be the founding of a Montreal Institute of the Environment. The MIE could co-ordinate and augment the considerable intellectual capital that exists throughout Montreal in both the public, private and governmental sectors in order to create a critical mass with global impact in order to respond to the escalating decline in the earth's ecosystems.

The Institute could incorporate the McGill School of the Environment and potentially other educational, research and service institutions in the surrounding area. The Royal Victoria Hospital buildings provide a spectacular setting for a potentially world-class institution encompassing international, academic, environmental, private, and government sector groups and related activities involved in this common theme.

This project could conceivably occupy the entire Royal Victoria Hospital site with the Ravenscrag mansion as a conference centre (...). The concept could include a residential component to potentially house students, visiting scholars, and staff, and could be integrated with the proposed McGill residence conversion proposals (...).

(Transcript, volume 4, p. 18)

- *A World Peace Institute*

This was proposed by Mr. Marcel Arsenault (see below). Several other interveners found the idea interesting. Its details, however, remain to be fleshed out.

- *An Institute for World Religions*

- *A rehabilitation science centre, bringing together McGill University's existing schools of physical and occupational therapy, communication sciences, nursing and social work*

This has obvious relevance to the sports medicine centre mentioned above.

- *An international language centre*
- *A conference centre*
- *Archives*
- *Pilot Plant Labs for engineering*
- *Space for Incubator/Start-up companies*
- *Use for advanced studies and research*

McGill University would also like to take the building of the Montreal Neurological Hospital (which is actually located on university land) to provide expanded teaching and research facilities for the medical faculty. However, there is no assurance that the Ministry of Education would make funds available for the renovation or operation of this complex. If the Neurological Hospital were not used by the medical faculty, it would also be suitable for use as a residence.

Similarly, McGill University would be interested in projects like the projected Montreal Institute of the Environment or the World Peace Institute, but the university would not be able to finance these activities on its own. Other partners would be needed.

(c) Finally, other institutional uses were suggested. Examples include:

- *Housing for the homeless*

The Social Justice Committee of St. Patrick's Basilica noted the current homelessness crisis and the severe shortage of apartments in Montreal:

While the causes of homelessness are complex, the solutions are not. Those who are currently unhoused need to be adequately, affordably and securely re-housed as quickly as possible. Low-rental housing must be made available to those who are temporarily housed, and to the thousands of Montrealers who are spending too high a percentage of their income for housing and are at risk of becoming homeless. (...) Using a section of the Montreal General Hospital for this purpose could be combined with other residential proposals heard by the Committee (...).  
(Transcript, volume 6, p. 43)

- *Treatment centres for disturbed youth and clients of the Youth Protection Service*
- *Headquarters for the YMCA*
- *Branches of the United Nations*

## **B PRIVATE DEVELOPMENT**

It was perhaps natural that recommendations focusing on potential revenue-producing uses should come from representatives of the private sector. As suggested above, virtually none of the

proposals for public or institutional use included ideas about how to finance this large expansion of Montreal's public or institutional network. There was, however, some awareness that the financial implications are important. Raphaël Fischler of McGill University's School of Urban Development said:

Not much would be paid for these buildings because their renovation would be so costly. This situation is exacerbated by the fact that four very large complexes would be coming on to the market at roughly the same time, not to mention those of the University of Montreal Health Centre. The situation is also exacerbated by the fact that many of the proposed future uses fall in the social sector, so-called, care and housing for the disabled and so on, a sector which is notoriously short of funds, and we have heard from the representative of the [Regional Board] that we may identify needs but funds are not forthcoming necessarily to meet them.

The evidence in Montreal is that large buildings, no matter their beauty or strategic location, take a long time to be re-deployed in an economic manner and that these buildings must sometimes be abandoned at prices well below estimated value.  
(Transcript, volume 3, p. 42)

- (a) The discussions about private development took as their starting point the studies done by architectural and planning consultants engaged by the McGill University Health Centre Planning Group. <sup>1</sup>These consultants had been asked to develop scenarios for reuse of four of the sites (the Montreal Neurological Hospital, which belongs to McGill University, was not part of their mandate). They were instructed to suggest ways to reuse the buildings in a self-sustaining and durable manner, with respect for heritage values and - the point is worth stressing - without the use of any public money. Hence their report necessarily excluded scenarios for any public use. As planner Paul Lecavalier explained to the Committee:

The reuse scenarios we prepared (...) are by no means detailed plans for each site, nor do we feel they necessarily represent the highest and best use that could be made of them. They do, however, clearly demonstrate that financially feasible reuse is possible.  
(Transcript, volume 2, p. 3)

In addition to assessing historical and architectural value of the buildings, the studies examined demographic, financial and real estate trends. The suggested scenarios consisted essentially of using the four sites for a broad range of housing (seniors' apartments, mid-level and luxury apartments, and mid-level and luxury condominiums) and offices; possible other uses included student residences and a small resort-type hotel on the site of the Allan Memorial Institute. The authors also suggested removing some of the more recent additions to the Royal Victoria Hospital, the Montreal General Hospital and the Montreal Children's Hospital so as to restore the original design and volume of the buildings and, in the first two cases, improve visual and physical access to Mount Royal. (The update study's executive summary can be found in Appendix A.)

Reactions to these scenarios divided into two camps. Representatives of the private sector generally found that Lecavalier-Lalonde and Saïa et Barbarese had done good, realistic work. Representatives of the general public, including several professors of architecture, tended to criticise any scenario that leaned heavily on private use of the buildings (although, as explained above, that was the only mandate given to the studies' authors). Professor Jean-Claude Marsan of the University of Montreal said:

Without completely rejecting any residential occupation, the fact remains that massively transforming the old buildings of the Royal Victoria Hospital into luxury condominiums, all by

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<sup>1</sup> Lecavalier-Lalonde, planners, and Saïa et Barbarese, architects, et al: *Evaluation of the Potential Reuse of the Existing Sites: Final Report*; Montreal, February 1998; and *Update of the 1998 report on the "Evaluation of the Potential Reuse of the Existing Hospital Sites"; Final Report*; Montreal, November 2000.

demolishing the most recent ones will constitute a privatisation and merely cosmetic surgery that is desirable in the circumstances. (translation)  
(Transcript, volume 6, p. 33)

As discussed below, there was also some controversy over the suggestion that elements of the buildings be demolished.

- (b) The Committee heard major presentations from three representatives of the private sector. It was striking that while these interveners did see a role for housing development on portions of the hospital sites, they all also favoured some continuing public use of other portions of the sites. In other words, they foresaw mixed use of the sites. They all also warned of the danger of letting the buildings stand idle and deteriorate once the M.U.H.C. had moved to its new site.

The Board of Trade of Metropolitan Montreal/la Chambre de commerce du Montréal métropolitain stressed that architectural and development quality of the built heritage is a key element of city's competitiveness. It also stressed that the reuse of these sites is a huge project. In the words of Mr. Jacques Béïque, chairman of the Board of Trade's Committee on Housing and Urban Development:

The challenge is great. This project must be carried out with care, in such a way as to improve the urban heritage and to arouse the pride of all Montrealers and, in particular, of those who have contributed more to the construction of this heritage. (translation)  
(Transcript, volume 4, p. 28)

The Board of Trade supported use of the sites for housing, which it said was the most realistic plan given that regional health authorities had not yet in fact indicated that they wanted any of the buildings for health-related purposes. The Board also supported some public use of the sites, such as housing for the elderly, international institutions, educational use or a hotel, always on condition that historical and heritage values be respected and budgets be feasible. The Board did not, however, envisage commercial use, that is, use of the buildings for office space; the market, it said, could not support the addition of large new amounts of office space.

Mr. Cameron Charlebois, representing the Urban Development Institute (an association of real estate developers, owners and managers), also spoke of the enormous scale of a project for reuse of the five sites.

In terms of scale, they represent by far the largest real estate project in the (city) core in recent memory. (...) These sites must be dealt with the utmost sensitivity and sophistication in terms of community relations, planning, programming, design and implementation. The quality of uses, the compatibility and pertinence of uses to the development of downtown, the mountain and the surrounding neighbourhoods, as well as the institutional memory of these sites, the true highest and best use of each and every parcel is paramount, much more than time or money.  
(Transcript, volume 4, p. 43)

Both the Board of Trade and Mr. Charlebois stressed the need for some agency to retain control of the development of the sites. In Mr. Charlebois' vision:

This agency would be a non-profit entity with the financing and expertise necessary to conduct studies, maintain constructive communications and dialogue with stakeholders and the public at large, engage authorities in approval processes, market the properties to potential users, whether developers, institutions, or otherwise, carry out transactions and oversee execution. This body must be patient. It must be visionary, demanding, and must have the resources necessary to carry this through to the kind of conclusion we all want.  
(Transcript, volume 4, p. 44)

The Board of Trade envisaged the M.U.H.C., through a mandated agent, retaining this master control:

In order to have the assurance that this vast project will be rigorously carried through and will result in work of high quality performed in the respect of the heritage, the Board considers it essential that the M.U.H.C. retain – without substituting itself for the developers – the master control of the work by naming a mandatary that will monitor the execution. (translation)  
(Transcript, volume 4, p. 30)

The only intervener who said he was actually prepared to undertake development of the buildings was Marcel Arsenault, president of the Colorado & Santa Fe Land Co. He said he was prepared to buy all of the buildings as soon as possible, at a price to be determined by independent property appraisers. He would also undertake to re-sell, for the same amount he paid for them, any buildings that were later determined to be needed for public use.

Mr. Arsenault proposed mixed use of the buildings: condominiums, offices and laboratories for biotech firms at the Royal Victoria and Montreal General Hospitals, housing for the elderly at the Children's, and appropriate uses by McGill. He was prepared to help the Institut de recherches cliniques de Montréal acquire the Chest Institute buildings that it seeks for expansion. He also envisaged the creation of a McGill University international peace institute, which his family foundation would begin funding. Mr. Arsenault stressed that whoever developed the five sites should be required to abide by the overall plan and vision set out by the M.U.H.C..

An important question raised by all of the private-sector interveners concerned the number of developers who should be entrusted with the task of converting the hospital sites to new uses. Mr. Arsenault said that a single developer should be given the entire task, under the guiding control of the M.U.H.C., and that this developer should be chosen rapidly. His argument was that:

Planning reuse without your buyer in place is similar to planning a wedding without a bride. If you haven't involved the bride until after all the planning arrangements have been made, the bride may not like them.  
(Transcript, volume 4, p. 3)

In contrast, the Montreal Board of Trade argued strongly that it would be best to divide each site into several projects and have different developers for each project. It argued that in this way, developers would compete to produce work of high quality. It also argued that dividing the projects up was the only way for the M.U.H.C. to retain control of the ultimate quality of the projects - that a single developer might be impossible to control, once he had the contract, and that if the project ended up exceeding his means, the outcome would not be good.

Mr. Béïque commented:

It is to maintain competitiveness at the developer level, then permit the McGill University Centre to retain control. Because we have seen in other projects in Montreal that were given in one bundle like that, that once the highest bidder has the project, he flies away and then he does whatever he pleases. (translation)  
(Transcript, volume 4, p. 39)

Mr. Charlebois made a similar point:

[T]he properties are made up of diverse parcels which call for diverse solutions within a well-planned whole. It is less than likely that they can be developed in one fell swoop. It is

unimaginable that that much space could be delivered on the market under one point of view, under one market strategy or whatever and find a viable reuse. Chances are, in that kind of megalomania if you will permit me that you will get off to a good start with a first piece, and then a second piece will lag and then there will be trouble in the company (...). So, I think they are just too big.

(Transcript, volume 4, p. 46)

Finally, concerns were expressed about the effect of redevelopment on the real estate market. One such comment came from a property owner close to the Montreal General Hospital, Mr. Sam Totah:

I say, as an owner of a property, do not alter the real estate values of the existing one thousand (1000) Golden Square Mile core. Additional condos in the area are unaffordable in the economic environment we are in (...) and to put such a big square footage on the market, whether condominiums or other, would really destabilise the market.

(Transcript, volume 4, p. 64)

This was not the view of the business associations or of Mr. Arsenault, who agreed with the consultants' conclusion that the market could in fact absorb condominiums to be created on the hospital sites. But both the Board of Trade and Mr. Charlebois urged that development be conducted in stages, not in one gigantic rush, so as to allow the market to absorb it.

### **3. PRESERVATION VS. PRUNING**

Some sharp division of opinion emerged on the question of whether to preserve all of the buildings as they now stand, including those portions that have been added to the original design, or whether some of the more recent additions should be demolished in order to return to the original design and create new green space and vistas.

The question arose as a result of recommendations in the Lecavalier-Lalonde / Saïa and Barbarese report, which suggested that several sites would benefit from judicious "pruning". Examples of elements suggested for removal are the modern surgical wing and emergency wing of the Royal Victoria Hospital, the parking structure and top floors of the Livingston wing of the Montreal General Hospital, and portions of the Montreal Children's Hospital.

As architect Mario Saïa explained, speaking of the modern additions to the Royal Victoria Hospital:

They are colossal. The facades are however, treated soberly, but these buildings are however in contradiction with the fineness of the work that you find in (the other) buildings here. (...) What we propose is to enhance the heritage buildings by pruning (...) and then we restructure or in fact we restore the natural landscape. So that is to say that the natural landscape could invade our project. For once, it would be nature that reasserted its rights on the site rather than the city encroaching on the mountain, as is often the case. (translation)

(Transcript, volume 2, p. 13-14)

Some interveners at the hearings argued, however, that it is important to preserve more recent elements of a city's built environment, which can also contribute to its architectural heritage. In this vein, a brief submitted by the Conseil des monuments et sites du Québec said:

There is a popular tendency to imagine that the more recent buildings may have less value and be more easily destroyed or altered. In fact, what we have in Montreal is a fascinating example of the evolution of health care buildings over more than a century (...). (translation)

(Brief, p. 2)

There was disagreement about which buildings, if any, were candidates for demolition. Philip Bobrow, for example, suggested demolishing the laundry building at the Royal Victoria Hospital; Annmarie Adams said it is one of her favourite buildings.

In response to a question from the Consultative Committee, Ms. Phyllis Lambert, founder of the Canadian Centre for Architecture, recalled that although in general she is “not terribly in favour of that sort of thing”, the Centre did remove an addition to its heritage building, but only after very careful study of the heritage and cultural implications.

You do these things with care. There is no ready answer to it, but it's with care.  
(Transcript, volume 5, p. 15)

#### **4. CONCERNS ABOUT THE CONCEPT**

This Consultative Committee's mandate was clear: we were not asked to revisit the M.U.H.C.'s decision to consolidate hospital operations on one new site. We were asked only to consult the public about future uses for the five existing hospital sites. We made it plain to all interveners that we were not prepared to go beyond our mandate.

Nevertheless, we would not give a fair reflection of what the public told us if we did not report that a significant number of interveners expressed either uncertainty or great skepticism about the decision to move to a new site. Some interveners did not believe a move was necessary, and argued their case passionately.

This view was put in perhaps its bluntest form by architect Peter Lancken:

I believe that the M.U.H.C. mega-hospital is a bad idea, and a dangerous one. I can't remember another project that so threatened our downtown in its physical and human dimensions.  
(Transcript, volume 6, p.37)

Not everyone, of course, agreed with that view. Mr. Douglas Burns, a frequent patient at the M.U.H.C.'s major services, said:

We, the population of greater Montreal, cannot afford not to build a modern critical care facility to better accommodate the newest medical techniques and the approved technologies in order to provide the quality of care that we deserve. (...) Since 1975 I have seen the professional and other staff experience increasing difficulty in coping as demands on the existing facilities are stretching the physical limitations. Patients become the long-suffering victims of the compromises that must be made due to the rigid constraints of obsolete structures.  
(Transcript, volume 1, p. 12)

Finally, some interveners felt the public had not been sufficiently consulted. Despite the clear mandate of the Committee, several interveners lamented that a project as considerable as the one contemplated for the new M.U.H.C. was not the object of prior public consultations. Many others argued that further public consultation is needed - if possible, about the basic decision to move, and certainly about the shape of any future plans for the five existing hospital sites. Professor David Covo, of McGill University's Faculty of Architecture, said:

Perhaps the M.U.H.C. underestimates levels of interest on the part of the public (...). The M.U.H.C. cannot lose if they broaden this discussion at the earliest opportunity.

(Transcript, volume 5, p. 36)



### III. THE CONTEXT

Although the question of reusing buildings currently occupied by the MUCH is of great interest, it remains inextricably linked to the larger question of the future of the McGill University Health Centre, a major Montreal institution whose every component is firmly rooted in the twentieth-century history of the city. The buildings currently occupied by the M.U.H.C. are located all along the perimeter of what is understood to be downtown Montreal, and each one has contributed to weaving the surrounding urban fabric of which they form an integral part. Redefining the purpose of each group of buildings cannot happen in a vacuum, as this would entail losing sight of the specific links that are built between a health-care institution and its environment. Any reuse project targeting one or the other of the M.U.H.C. hospitals will have to take into account this reality in order to maintain or create new links between the community and the buildings in their new capacity.

#### 1. PUBLIC HEARINGS ON THE OVERALL PROJECT

That being said, some would have wished for public hearings to be held regarding the upstream issue, namely the relevance of housing all services that are now offered in buildings distributed on four, or maybe even five, different campuses, in new buildings grouped in one location. This seemingly more practical approach, in all likelihood, would have set aside the question of the reuse of existing buildings in order to address the upstream issues, the most important of which being the reason for wanting to consolidate all services in one set of buildings.

This is not, however, the mandate that was given to the Consultative Committee. It is possible that other platforms will be made available for those who oppose or support the building of a new English-language university hospital in Montreal. We will see later that as the file progresses, other opportunities in this matter will undoubtedly arise. In the meantime, we are faced with the fact that the reuse of existing M.U.H.C. buildings is more than a side-issue and constitutes in and of itself a colossal project that must be completed with just as much success as its overarching counterpart.

#### 2. A SINGLE GOAL

We are concerned that because of limited resources, the reuse project will not receive all the attention it deserves and that it will fail to be integrated at the highest decision-making level. In fact, we are of the opinion that a part of the success of the construction project for the new McGill University Health Centre buildings will come from the success of the reuse of the present buildings. Therefore, this is why we conclude that both projects must be seen to be granted the same importance and all the attention, care and money that they require. It would be a pity indeed if this file concerning the reuse of the buildings became the impoverished relative of this grand project.

From a financial perspective, we are already convinced that the reuse project for existing buildings cannot be set aside while we elaborate the construction project for the new buildings that will house the M.U.H.C.. Indeed, even if we proceed efficiently, arriving at a satisfactory reuse of the existing buildings will require time and money. Money to ensure the transition; the protection of the buildings; the planning of how to place reusable spaces at the disposal of public as well as private interests, as projects obtain approval; the careful choice of when and how to intervene, all of which must be done in a manner that demonstrates availability, openness and receptiveness to suggestions made by the public. If we wait for the new M.U.H.C. campus to

emerge from the ground before we tackle the reuse project, one of two things will occur: either large surfaces currently used to offer health services will be abandoned for an extended period of time, or we will act with haste and risk failure. Despite these two pessimistic predictions, we believe that it is possible to make the reuse project a success, on the condition that necessary resources are allocated immediately and that the public becomes involved.

The project faces an additional challenge in that it cannot remain under the control of one single actor. Instead, it will have to allow the co-existence of a multitude of activities and occupations stemming from the public sector, for some, and from the private sector, for others. It is inconceivable to think of turning such an ambitious project into a successful endeavour without conferring upon an agency, a body, or some type of entity, which remains to be created, the means and the authority to ensure timely decisions and the co-ordination of projects and project promoters.

### 3. FIVE GROUPS OF BUILDINGS TO BE REUSED

In order to measure the extent of the task, let us consider some raw data regarding each of the four groups of buildings that will be used for other purposes if the new McGill University Health Centre project is completed.

The services of the Montreal Children's Hospital occupies seven buildings, at least three of which have an indisputable patrimonial significance. It is a legal person created pursuant to the *Loi concernant The Children's Memorial Hospital* (3-4, Elizabeth II, 1955, ch. 154), whose activities are carried out pursuant to section 546 of the *Act Respecting Health Services and Social Services* (R.S.Q., c. S-4.2). The Hospital covers a surface area of 47,265 square metres. Its buildings were built between 1919 and 1976. The building of the most recent ward called for the closing of what used to be known as the Essex Street in order to connect two buildings built around 1956. Of all the M.U.H.C. hospitals, it is the most accessible by public transportation due to its proximity to the Atwater Metro station.

The Montreal General Hospital is composed of twelve pavilions or wings totalling to 102,211 square metres. It is a legal person created pursuant to the *An Act to provide the amalgamation of the Montreal General Hospital and the western Hospital of Montreal/Loi pourvoyant la fusion de The Montreal General Hospital et The Western Hospital of Montreal* (II George V, 1921, ch. 151), whose activities are carried out pursuant to section 546 of the *Act Respecting Health Services and Social Services* (R.S.Q., c. S-4.2). Some of its buildings are a fine example of hospital architecture from the 1950s. Much like the Royal Victoria Hospital, the Montreal General Hospital occupies a strategic position in a prime location of the Montreal landscape, as it is adjacent to Mount-Royal Park.

The Royal Victoria Hospital is the largest member of the M.U.H.C.. It is a legal person created pursuant to a special law of the Canadian government dated June 23, 1887 (50-51, Victoria, 1887, ch. 125), whose activities are carried out in accordance with section 546 of the *Act Respecting Health Services and Social Services* (R.S.Q., c. S-4.2). Surrounded by both McGill University and Mount-Royal Park, it constitutes an important part of Montreal's heritage, as does the Montreal General Hospital. Many of its buildings bear indisputable patrimonial significance, having been the principal witnesses of what was hospital architecture in the latter half of the nineteenth century. More recent additions are also worth considering. Spread among twelve pavilions or buildings, it covers 110,570 square metres. Public access can be difficult, particularly in winter, because of steep slopes leading to the hospital while access by public transportation is precarious.

The Montreal Neurological Institute and Hospital is integrated into the campus of McGill University. It is composed of five pavilions. It was created pursuant to the *Loi constituant l'Hôpital neurologique de Montréal* (11-12, Elizabeth II, 1963, ch. 111) and its activities are carried out in accordance with section 546 of the *Act Respecting Health Services and Social Services* (R.S.Q., c. S-4.2). It covers 25,687 square metres. As is the case for the Royal Victoria Hospital, access by public transportation is difficult.

Finally, The Montreal Chest Institute is the smallest member of the M.U.H.C. and the one most integrated into a predominantly residential district. Its four pavilions cover a total of 15,109 square metres. It is adjacent to the Montreal Clinical Research Institute and is a short distance away from the Hôtel-Dieu de Montréal (CHUM).

In short, even though the M.U.H.C. represents a single, legally integrated, entity, as will be discussed below, it is nonetheless made up of five constituent elements, each representing a hospital complex integrated into its own environment.

#### **4. FOCUSING FIRST ON THE INTEREST OF THE COMMUNITY**

That being said, we sincerely believe that buildings, which for generations have served the community, cannot simply be handed over to the private sector as a whole and thereafter, without any other proceedings, be converted into office buildings or condominiums. Buildings that have been built, enlarged, and maintained either by private donations or public funds, deserve as much as possible to retain a community purpose, or at the very least to maintain a purpose that is linked to healthcare.

We are by no means suggesting that no part of the vast surface presently occupied by the M.U.H.C. should be privatised. Rather, we submit that the success of the reuse project requires that a balance be struck between a wide array of uses and varying modes of ownership.

At any rate, even if we wanted to use all of the existing facilities for healthcare services or, more generally, for community services, we would face a situation where there would simply not be sufficient financing available for additional public interest projects in the health and social services sector as well as in the education sector. If, however, it were the case that we could use all of the existing buildings in such a manner, then the M.U.H.C. would have to remain in its current location, and the government would have to invest the necessary sums – obviously considerable – in order to restore the buildings and allow them to house the quality and type of medical services that the advanced state of current knowledge in this field requires. Since this option has been rejected, the aforementioned alternative becomes meaningful.

Thus far, it appears that the costs involved in transforming a single vocation into a multitude of vocations have not been incorporated into the production costs of the new M.U.H.C. Yet, they are integral to the production costs. We believe that there should be no question of losing interest in the fate of the buildings currently occupied by the M.U.H.C. the day that the new buildings open their doors. In fact, this was not the attitude adopted by the University Health Centre representatives in our discussions with them and during their presentation at the public hearings. What remains to be done is to translate this open stance into concrete action, by hiring competent people and by integrating all of the costs into a detailed budget such that eventually new uses harmoniously replace the current M.U.H.C..

What steps have been taken to date and what steps remain to be taken? The first part of the question obviously relates to the new M.U.H.C. hospital complex, while the answer to the second requires that we look into the issue of building reuse.

## 5. DECISIONS MADE TO DATE

While the government has yet to approve the construction of new buildings to house the M.U.H.C. complex, it has nonetheless demonstrated an interest by encouraging the association of the Montreal Children's Hospital, the Montreal General Hospital, the Montreal Neurological Institute and Hospital and the Royal-Victoria Hospital; by allocating funds for elaborating the project; and by encouraging the latter through those who have successively held the position of Ministère de la santé et des services sociaux.

On June 22, 1994, the Government of Quebec adopted a Decree (979-94) acknowledging "an interest in the process initiated by the signatories of a draft agreement made on March 24, 1994, between the various hospital centres of McGill University with a view to planning and building a new establishment to be named the McGill University Health Centre." (translation) To this end, the government authorised the Ministère de la santé et des services sociaux to provide the required funds from its budget – to a maximum of \$6 million – representing the government's contribution to the financing of the study phase designed to lead to the project's operational and technical program.

The publicly accessible part of the June 29, 1994 memorandum prepared for the Council of Ministers and attached to the draft decree pertaining to the government's support for the request that the McGill University Health Centre be created, put forward a critical time schedule spread over a total of 7 to 9 years.

The decree was made pursuant to a 1992 initiative taken by the four aforementioned hospitals as well as the Montreal Chest Institute, to initiate a reflection process on their ability to pursue their respective missions while maintaining a high level of quality and, to this end, to consider consolidating their facilities in order to better harmonise their services and facilitate the integration of teaching, research and care. The health institutions involved formed, for this purpose, a Governing Committee for the creation of the McGill University Health Centre, composed of persons representing McGill University, the community, nursing care, doctors as well as each establishment involved in the project.

The Committee's report was presented in March 1994. One of its conclusions was the "creation of one university hospital centre based around the four anglophone university hospital centres, McGill's Faculty of Medicine and the many health related schools of McGill University." (translation) The Montreal Chest Institute, having been integrated into the Royal Victoria Hospital in the interim, was a party to the agreement even though it was not referred to by name.

On March 31, 1994, the four hospitals, five if we include the Montreal Chest Institute, along with the Faculty of Medicine of McGill University signed a draft agreement whereby they undertook to plan and eventually build an establishment to be named the McGill University Health Centre.

In this agreement, the signatory parties made the three following requests to the Minister of Health and Social Services:

- (a) To authorise, by decree, the project to go forward, that is to say, to permit the Governing Committee to go ahead with planning and the elaboration of the operational and technical program of the project, the choice and reservation of an appropriate site, the architectural concept, the plans and preliminary cost estimates, etc.;
- (b) To finance whatever work would be required for the completion of the above steps, up to an amount of \$10 M spread over a three year period;

- (c) To adopt a special law allowing the appointment of an acting Board of Directors mandated to co-ordinate the project up until the opening of the new establishment.

On June 22, 1994, Decree 979-94 followed.

Three years later, on June 25, 1997, the Government of Quebec adopted Decree 853-97, sanctioning the fact that the four aforementioned Hospitals would be governed by a single unified Board of Directors.

A few days earlier, on June 19, 1997, the four aforementioned Hospitals, the Government of Quebec and the Regional Board of Montreal-Centre adopted a document entitled "*Protocole d'entente en vue de créer le Centre universitaire de santé McGill*". This document emphasised the fact that the four aforementioned Hospitals as well as McGill's Faculty of Medicine "had studied the best possible way of consolidating the Hospitals and the Faculty in order to offer health care of the highest quality to the public, to promote medical teaching, to reinforce medical research, to maintain Montreal's vitality and to consolidate the institutional infrastructure of Quebec's anglophone community". (translation) To this end, the Hospitals stated the modalities relating to their unification and integration under the guidance of one single legal person to be named the "McGill University Health Centre (the "M.U.H.C.)/Centre universitaire de santé McGill (the "CUSM")."

In this document, the Hospitals also united their voices to make a common request to the Government of Quebec, through the Regional Board, that they be jointly administered by a unified Board of Directors. The University gave its approval to the use of the name "University Health Centre/Centre universitaire de santé" and agreed to conclude an association agreement with the Board of Directors representing the four Hospitals. The Ministre de la santé et des services sociaux took it upon himself to propose to the Government of Quebec the adoption of a decree creating a unified Board of Directors. A variety of other modalities were provided for in the draft agreement, among which the obligation for the Hospitals to sign an integration agreement before September 30, 1997. The Government of Quebec also committed itself to maintaining the bilingual status of the institution pursuant to section 29.1 of the *Charter of the French Language* and section 508 of the *Act Respecting Health Services and Social Services* (R.S.Q., c. S-4.2). At the same time, and not unnoticeably, the Government of Quebec agreed to provide "an amount close to \$300 M for the development of the M.U.H.C. and the fulfilment of its long-term objectives". (translation) It took until August and September of 1998 for the parties to sign the document, which does not provide for the construction of new buildings to house the M.U.H.C..

Nevertheless, on November 16, 1998, Dr. Jean Rochon who was at the time Ministre de la santé et des services sociaux, wrote to Dr. Nicolas Steinmetz of the M.U.H.C. asking him to "return four copies of the draft agreement for the creation of the McGill University Health Centre (M.U.H.C.), including Appendix 1 of the draft." (translation) The Minister added in passing that "thanks to your collaboration and that of your associates, changes to the Appendix were made last Spring in relation to the construction project of the M.U.H.C." (our emphasis)( translation)

Meanwhile, in January 1998, the four Hospitals signed an **Integration Agreement** in accordance with sections 330 to 332 of the *Act respecting health services and social services*. This agreement serves as the legal instrument by which the four establishments were integrated into one entity under the name of M.U.H.C./CUSM. The document, in its chapter on buildings, provided that the integrated establishments agree to rent the facilities they own to the M.U.H.C. for the nominal sum of \$1 starting on the date of the takeover – it being understood that the transfer of the said property forms an integral part of the Agreement and that it is essential in order to allow the M.U.H.C. to carry out its activities.

Pursuant to sections 260 and 263 of the *Act respecting health services and social services*, the Regional Board was advised of the transfer to the M.U.H.C. of all immovable property belonging to the integrated establishments as well as all movable property and other assets. At the same time, the Regional Board was also advised of the rental to the M.U.H.C. of buildings owned by the four integrated Hospitals. On August 19, 1998, the Health Minister, Jean Rochon, followed suit and, acting in accordance with the law, set August 20, 1998, as the date of entry into force of this Agreement.

On November 26, 1998, the Regional Health and Social Services Board Montreal-Centre adopted a resolution with the following objectives:

1. Approve the proposal made by the McGill University Health Centre to continue their planning activities;
2. Recommend that the MSSS give its authorisation to the M.U.H.C. regarding the preparation of the operational and technical program while asking that the MSSS make its authorisation conditional upon answers given to certain queries, among which:  
the number of beds in the final project and the levels of activity;  
the validity of the financing package and, more particularly, the level of financing-related savings.
3. Accept the proposal made by the M.U.H.C. regarding self-financing of the planning activities.  
(translation)

The memorandum of the *Comité d'allocation des ressources de la Régie Régionale*, which led to the resolution adopted on November 26, 1998, indicates that a study was conducted so as to determine whether the existing M.U.H.C. facilities would allow the centre to "fulfill its mission and compete with the best university centres in the world." (translation) With respect to this question, the memorandum highlights that:

Each site has been evaluated according to current norms and according to a new model that makes reference to the most recent innovative construction projects elsewhere in the world. (translation)

The Committee drew the following conclusion:

On a scale of 1 (unacceptable) to 5 (excellent), we grant a 2.8 (3 being adequate) and at the very best, were a further investment of \$475M made (\$190M of which would go to the Royal Victoria Hospital and \$142M of which would go to the Montreal Children's Hospital), we would be willing to raise that rating to 3.4, while accepting certain limits imposed by inescapable physical constraints. (translation)

That was the only study of this kind to be found by the Consultative Committee.

The memorandum of the *Comité d'allocation des ressources de la Régie Régionale* also refers to studies ordered by the M.U.H.C. regarding the possibility of expanding onto a single site. The memorandum notes the following:

They also allow us to determine that none of the existing sites could lend itself to a major expansion in order to serve as the base of operations for the M.U.H.C., as envisaged by the common vision of the future partners of an integrated service centre. Among the most obvious factors invoked by way of argument are the following:

- The plots of land on which the buildings lie have been used to their maximum capacity;
- The buildings themselves are being used to their maximum capacity because of constant sporadic expansion projects;
- The difficulties and major constraints posed by the fact that the Royal Victoria Hospital and the Montreal General Hospital are located on the side of the mountain;
- The fact that any major changes to the current configuration of sites must take into consideration the neighbouring Mount-Royal Park;
- The patrimonial value of the current buildings occupied by the Royal Victoria Hospital disallows any demolition;

- The vertical construction of the Montreal General Hospital limits the overall efficiency of the building because of the frequent use of elevators and entrance ways on two different levels;
- The limited road access to the Royal Victoria and the Montreal General do not allow high levels of uninterrupted traffic flows.

The document further details the situation of the Montreal General Hospital which, despite appearances, cannot be expanded to include the others.

We find the conclusion to this report to be sufficiently convincing on this subject.”  
(translation)

With respect to the construction of new buildings to house the M.U.H.C., the memorandum specifies that:

The report briefly defines the main parameters of the project without going into any detail:

certain key indicators, such as the number of beds (780) and outside visitors (1,133,000) that will determine the size of the project;

an estimated cost of \$850 M, excluding the Faculty of Medicine;  
financing in four stages.

Community financing campaign : \$200 M

Federal contribution (research stage) : \$200 M

Provincial government: \$250 M

Self-financing by operational savings (mortgage loan): \$200 M

Total: \$850 M.” (translation)

Armed with the above information, the Regional Board formulated a recommendation, which, as seen earlier, was retained in its entirety. Nevertheless, it should be noted that the memorandum entitled **THE POSITION OF THE REGIONAL BOARD** (translation), highlights that “The recommendation to recycle buildings should offer a strong guarantee of success in order to avoid the heavy burden of maintaining empty buildings (liberal translation).” It can thus be seen that the *Comité d’allocation des ressources de la Régie régionale* viewed the question of reuse or recycling of buildings as an integral part of the overall issue.

In 1994, the Government made funds available in order to finance the study phases that would lead to the operational and technical program. These studies brought about the conclusions briefly summarised in the preceding paragraphs. On May 18, 1999, Pauline Marois, Ministre de la santé et des services sociaux, gave written authorisation to Hugh M. Scott, President of the Board of Directors of the M.U.H.C., “to prepare the operational and technical program of the new McGill University Health Centre in order to specify the modalities of integration into a single site and plan an integrated network of services.” (translation) In her letter, Ms. Marois indicated that the program should also:

- Provide a number of beds and levels of activities consistent with the planning of services offered by the Regional Board of Montreal-Centre as well as with the guidance of the Minister;

Ensure a financing package that is realistic and that avoids allocating operational budgets to debt repayment linked to fixed assets or equipment;

Take into consideration the fact that your establishment must commit to achieving a balanced budget through a plan devised in conjunction with the Regional Board of Montreal-Centre and the Minister over the course of the following weeks.” (translation)

After having emphasised the fact that the M.U.H.C. development project ought to be encouraged and that she intended to “support your actions to finalise the project and to offer services to those in poor health calling for the best medical approaches and the appropriate technologies,” (translation) the Minister concluded by highlighting that “the planning activities and the preparation of the operational and technical program of your project will be entirely financed by your establishment.” (translation) This last conclusion was in conformity with the proposal

presented by the M.U.H.C. as well as with paragraph 3 of the Regional Board recommendation, dated November 26, 1998.

On December 17, 1999, the Government of Quebec adopted Decree 1482-99, thereby authorizing la *Corporation d'hébergement du Québec (CHQ)* to impose reservations on buildings for public purposes, insofar as is permitted by the *Expropriation Act*, "in preparation for the construction or installation of the facilities that will be required by the McGill University Health Centre project." (translation) These tracts of land are found in the Glen clearing yard. They are the property of the Canadian Pacific Railway Company (CPR), as well as of two of its affiliated railway companies, namely Saint-Laurent & Hudson Railway Company ltée. and Atlantique au nord-ouest Railway Company ltée.

Backed by this authorisation, the *Corporation d'hébergement du Québec* served CPR with a notice of imposition of reservations for public purposes, pursuant to section 79 of the *Expropriation Act*.

On March 23, 2000, following the signature of the association agreement between the M.U.H.C. and McGill University, and in accordance with the draft agreement entered into on June 19, 1997, Ms. Marois wrote to Mr. H. Arnold Steinberg, President of the Unified Board of Directors of the M.U.H.C., in order to "officially confirm the designation of his establishment as a university health centre, pursuant to section 88 of the *Act respecting health services and social services*." (translation)

Recently, the media revealed that the Government of Quebec had agreed to allocate \$37 M for planning work. In fact, the source of this information was to be found in a Quebec Treasury Board Decision dated March 20, 2001, bearing the number CT196041, which authorised a program entitled *Plan triennal d'investissement*. The document defines the objective of this decision thus:

Budget authorisation for specific studies of \$70 M in order to cover the operational expenses of the planning groups for the 2000-2001/2001-2002 period, to conduct preliminary studies, to ensure the preparation of an "Operational and Technical Program" as well as to review the concept in the context of the two major projects, namely the Centre hospitalier universitaire de Montréal (CHUM) and the McGill University Health Centre (M.U.H.C.). (translation)

We find in the explanatory notes produced with the Minister's request to Conseil du trésor, that "the Ministry had already announced its intention to build two major hospital centres in the region of Montreal." (translation) It was further noted that in the aforementioned Decree 974-94, the government authorised the Ministère de la santé et des services sociaux "to use its available credit to contribute to the financing of studies in preparation for the elaboration of the operational and technical program of the McGill project up to a maximum of \$6 M." (translation)

Moreover, the request specified that, pursuant to the May 24, 2000, Decree, the government authorised the *Corporation d'hébergement du Québec* to establish a subsidiary charged with the planning and implementation of the *Centre hospitalier de l'Université de Montréal*. The latter bears the name "*Société d'implantation du Centre hospitalier de l'Université de Montréal inc. (SICHUM)*." The document adds: "As such, the Ministry commits itself to allowing the costs, fees and loans required for the realisation of the project's study phase to be capitalised from the total cost of the project to be authorised at a future date." (translation)

After recalling that "as of March 31, 2000, the cumulative sum of the expenses incurred by the planning group (of the M.U.H.C.) amounted to close to \$8.2 M," the request further indicates



that "of this said amount, the Ministère contributed approximately \$5.9 M, in keeping with the June 22, 1994, decision." (translation)

Finally, the decision is justified in the following terms:

At this time, we can authorise budgets that will be capitalised from the overall cost of the projects in question. These amounts will ensure the operations of the planning group, the completion of different preliminary studies, the production of an operational and technical program and, finally, the conceptualisation of the future hospital centres of both these establishments. The operational and technical program as well as the conceptualisation will allow the governmental bodies concerned to voice their opinion on the scope of estimated costs as well as on the various components of the projects at issue. To this end, the MSSS requires access to a specific study budget of \$70 M. (translation)

An estimate of expenses for the preliminary phase for each of the two university hospitals is attached to the CT196041. To this end, \$37,500,000 is allotted for the M.U.H.C.

Finally, in its approval of the request, the Conseil du trésor further asked that the Ministère de la santé et des services sociaux hire an external firm, specialising in project management, to prepare a feasibility study in order to explore partnership possibilities with the private sector. This study would, amongst other things, make it possible to compare costs between various contracting possibilities for detailed planning, construction and, eventually, equipment, with the private sector (public partnership, long term leasing, etc.), with the *Corporation d'hébergement du Québec*, the *Société immobilière du Québec*, or with any other organisation, it being understood that the costs of such a study would be included in the total costs of the project and that they would be capitalisable.

Thus, we find that the government modified the position it expressed in Ms. Pauline Marois' letter dated May 18, 1999, in which she indicated to Mr. Hugh M. Scott that "the planning activities and the preparation of the operational and technical program of your project will be entirely financed by your own establishment." (translation) We cannot help but conclude that the government's position in favour of relocating the M.U.H.C. in a set of new buildings has grown progressively stronger.

In sum, after having authorised the integration into one entity of the Royal Victoria Hospital, the Montreal Children's Hospital, the Montreal General Hospital and the Montreal Chest Institute, pursuant to the *Act respecting health services and social services*, the Government of Quebec has year after year encouraged the M.U.H.C. to continue its efforts to consolidate all of its activities under one roof.

## **6. STEPS REMAINING TO BE TAKEN**

As of the date of signature of the present document, crucial steps remain to be taken: (a) the creation by decree of the entity that will oversee the planning and implementation of the M.U.H.C. through the establishment of a subsidiary of the *Corporation d'hébergement du Québec* or otherwise (section 7 of the *Loi sur la Corporation d'hébergement du Québec*); (b) government authorization for the construction of the new M.U.H.C. buildings (section 260(2) of the *Act respecting health and social services*); (c) the purchase of lands where the new M.U.H.C. buildings will be erected by the *Corporation d'hébergement du Québec* (sections 4(2) and 9(5) of the *Loi sur la Corporation d'hébergement du Québec*); and (d) project financing.

## **7. THE ROLE TO BE PLAYED BY REGIONAL HEALTH AND SOCIAL SERVICES BOARD OF MONTREAL-CENTRE AND THE GOVERNMENT OF QUEBEC**

Concurrently, the right to make available, to sell, or to otherwise dispose of the buildings, once they cease their present functions, is not within the exclusive powers of the M.U.H.C. The *Act respecting health services and social services* is clear on this question and the representative of the Regional Health and Social Services Board of Montreal-Centre, Mr. Robert Demers, the coordinator of material resources at the Régie, confirmed that, as provided by sections 260 and 262.1 of the *Act respecting health services and social services*, the prior advice of the Regional Board and the prior authorisation from the Minister and the Conseil du trésor are required for the alienation of any or all of the buildings of the M.U.H.C..

During his testimony, Mr. Demers, after having reiterated that “we are at the beginning of a process”, specified that for the purposes of the advice of the Regional Board on this question required by the *Act*:

The Board must also ensure that potential uses for the health and social services network must be given priority. We have placed much emphasis on reuse in the private sector. We cannot exclude, still today, the possibility that certain parts, a wing or a building, could be used for purposes relating to health and social services. (translation) (Transcript, November 22, 2000, pp. 19 and 21)

In his testimony, Mr. Demers concluded that:

The bottom line is that we are excluding the possibility of using these buildings to carry out medical activities. There is no question of taking these buildings and turning them into hospitals. This is well established. (translation) (Transcript, November 22, 2000, p.22)

We accept the submission of the Regional Board that the transition of public space to private space cannot be done without the advice of the Regional Health and Social Services Board of Montreal-Centre as well as the consent of the Government. At this stage, it is impossible to determine whether, with the exception of healthcare services, the ministries or organisations or even the City of Montreal will want to use certain parts of the surplus buildings. It is only once the process is completed that the buildings for which no public purpose was retained will be declared as excess.

## **8. THE ROLE OF MONTREAL AUTHORITIES**

The City of Montreal could play an important role in this file when the time comes to sanction by regulatory means the new uses permitted in the five sets of buildings that currently house the M.U.H.C.

Presently, each of the five hospitals is privy to zoning regulations that correspond to its purpose as a health care institution. Once new purposes are defined, the zoning will have to be revised before the project enters the construction phase, either by proceeding on a case by case basis, or on a global basis.

The law in its present state is relatively easy and undemanding to apply for promoters since the *An Act respecting land use planning and development* (R.S.Q., c. A-19.1) and the *Act respecting elections and referendums in municipalities* (R.S.Q., c. E-2.2) do not apply to the City of Montreal.

Mr. Sylvain Ducas, project manager in town planning at the *Service de développement économique et urbain de la Ville de Montréal*, who represented the latter at the Committee hearings, after reiterating that:

The City of Montreal has established in its town planning scheme that it was important to ensure the development of major university hospital centres and, that it was therefore ready to collaborate with the institutions in order to ensure adequate planning, (Transcript, November 21, 2000, pp. 32 and 33) (translation)

suggested that the most efficient manner in which to proceed would be to operate by way of development agreement or framework agreement.

An agreement now exists between McGill University and the City of Montreal, valid for a period of ten years, and in the context of which "McGill University presents the various construction projects that it plans to complete over the next ten years and how each case will be studied." (translation) On this point, Mr. Ducas reiterated the following:

An agreement of this type allows both the two institutions and the general population to see how the process of planning and organising will take place. (translation) (Transcript, November 21, 2000, p.33)

With respect to the M.U.H.C., Mr. Ducas recalled that "it has been suggested that such a framework agreement be established in order to determine the overall architectural parameters of the integration into the remaining neighbourhood area. Such parameters would be used to identify lawful heights, densities of occupation, whether or not certain parts need to be demolished, how access roads will be reorganised, as well as what assurance should be given for the protection of patrimonial buildings." (translation) (Transcript, November 21, 2000, p. 33)

Notwithstanding such a framework agreement, there may also be modifications required to Montreal's urban planning by-laws depending on the eventual use of the buildings.

In the current state of affairs, modifications to the urban planning by-laws must receive the approval of Montreal's Executive Committee after being submitted to the *Commission de développement urbain de Montréal* for public hearings.

In fact, since the coming into force on December 20, 2000 of *An Act to reform the municipal territorial organisation of the metropolitan regions of Montréal, Québec and the Outaouais* (S.Q. 2000, s. 56) ("Bill 170"), the process by which urban planning and development for the city of Montreal is made and modified, as of January 1, 2002, will be altered. Bill 170 has recently been amended by Bill 29, *An Act to amend various legislative provisions concerning municipal affairs*, which was given royal assent on June 21, 2001.

No matter what form Bill 170 eventually takes, the process by which zoning by-laws are enacted and amended will change. With the coming into force of Bill 170, the reuse of the present buildings will be subjected to municipal approval processes other than those that are presently in place.

## **9. THE ROLE OF THE FEDERAL AUTHORITIES**

It has been brought to our attention that, were the Government of Canada to participate in financing the new M.U.H.C. buildings, the overall project could find itself subject to the Canadian procedure for environmental assessment as defined in the *Canadian Environmental Assessment Act* (C.S. 1992, C.37 and its modifications, hereinafter the "CEAA").

Given that the financial participation of the federal government has yet to be confirmed and that no details of this participation are known at the time of signing of this document, it is difficult for use to make any conclusions on whether or not the project is caught by the C.E.A.A., nor can we altogether exclude that possibility.

## IV. ANALYSIS

We have had the privilege of hearing from many citizens and institutions and are most grateful for the time and effort they put in to the representations for the reuse of the existing buildings of the McGill University Health Centre.

The majority of the presenters from whom we heard would prefer the buildings to be used for some form of public purpose (preferably medical in its broadest sense), a view with which we would agree. However, without wishing to negate any specific suggestion, it is obvious that the financing of such projects must also be taken into account. It is unlikely that the Government, which will be expected to cover a large portion of the cost of the new hospital, would be prepared to pay the cost of using all the existing buildings for further medical centres. It is, therefore, necessary for us to take into account the priorities but also the practicalities of some of the suggestions.

With this in mind, there are certain projects for which we were assured that the financing already exists or existing institutions were prepared to assume the costs.

Our first observations then deal with these, since both the use appears appropriate and the financing assured.

1. The Montreal Chest Hospital is situated on Saint Urbain Street. It consists of three buildings or lots, Pavilions J, K and D, as well as a fourth building known as the Meakins/Christie building, which we were informed belongs to McGill University. The Meakins/Christie building is in itself a heritage building.

The Institut de recherches cliniques de Montréal is located adjacent to the Chest Hospital, on the corner of Pine Avenue and Saint Urbain directly opposite the Hotel Dieu. We had the benefit of hearing from Dr. Guindon., the "Chef de la direction", from M. Robert Parizeau, the President, and Mr. Max DeKoven, a member of the Board. The Institute has an international reputation in biomedical research and in particular biomolecular research and in this capacity receives serious research grants from the Federal and Quebec Governments. Its researchers are drawn not only from the Faculty of the University of Montreal but also from the McGill Faculty. Indeed 80% of the researchers are affiliated with McGill University as well as the University of Montreal. Further 40% of the students of the institute are registered at McGill.

The Institute is in urgent need of more space. Our understanding is that the Regional Health and Social Services Board of Montreal-Centre recognises the need and desirability for such an expansion. Under the circumstances, the logical reuse of Pavilions J and K of the present Montreal Chest Hospital, if they were vacated, would be the extension of the Institute for their work. We believe this would be the best use providing the Institute confirms its intention to expand, and the Regional Board assures its approval, recommending thereby the necessary finance.

Insofar as the Meakins/Christie building is concerned, it would remain with McGill University, for residential use, if McGill so wishes, failing which it would go into the residual lands addressed below. Pavilion D, which is on the residential east side of Saint Urbain, could similarly be used for residential purposes.

2. The Montreal Neurological Hospital and Institute complex is located on land belonging to McGill University. The complex is interconnected with the University's Lyman Duff Medical Sciences building. In the event of the relocation of the hospital, McGill University would consider this complex "as a natural first choice to provide expanded teaching and research facilities for the Faculty of Medicine, which already occupies the Duff building". We fully endorse this proposal, which is a proper reuse of this space. In any event, since this is McGill University land, if the first choice were not available for financial reasons, the reuse for student residences would also be appropriate.
3. The Royal Victoria Hospital is in close proximity to McGill University. Under the circumstances, McGill University's interest in the buildings, if they became vacant, should receive primary consideration. However, at the hearings the University made it very clear that it did not have, at present, the finances to take on the existing buildings without a partner for the various projects. There was one significant exception to this, and this was student residences.

McGill University informed us that it required significant additional capacity for residences to accommodate its students. For this it would find the funds. The two buildings it sees as adequate for these purposes are the Women's Pavilion and the Ross Pavilion.

After serious consideration the Commissioners would endorse the suggestion that the Women's Pavilion could be made available to McGill for residences. It is contiguous to other University residences and is already residential in style. McGill University's brief informs us that the land around the building would no longer be required for parking lots since students require very limited vehicle circulation and the land could be converted back into naturally landscaped areas that are compatible with Mount Royal Park. We believe that the whole city would thus benefit from the solution, which gives back access and green space to the Mountain.

We have also suggested the possible use of the Meakins/Christie building and/or Pavilion D of the Montreal Chest Hospital for student residences – a possibility further recognized by the University.

Insofar as the Ross Pavilion is concerned, this solution, although possible, is less obvious. Much depends on the use to which the remaining Royal Victoria Hospital buildings are put. The Ross is further removed from the present residences than the Women's Pavilion and could be put to many uses. It could be used for long term patient care, a rehabilitation centre or old persons home depending on the use of the contiguous buildings, and it is to this point that we now turn. The suggestion that McGill should occupy the 'outer ring' of the Royal Victoria Hospital site, the Ross, the Women's, the Allan and the Neurological, is not without merit but it depends on two essential, factors:

- (a) The willingness of the University to assume these buildings and the costs associated with them, which they were not prepared to do at this time; and,
- (b) The central building being devoted to a single, if multi-faceted purpose that would co-exist with such use.

As one of the distinguished architects, Annmarie Adams, reminded us, demolition of the Royal Victoria Hospital is unthinkable because of its heritage value. With this we agree. What is less certain is whether all parts of the Royal Victoria Hospital buildings, as they

now exist, are sacrosanct including the more modern utilitarian additions, or whether possible reuse could include removing some of the more modern appendages and even returning the space to the Mountain as is suggested in the report by the architects, Lecavalier-Lalonde/ Saia and Barbarese, commissioned by the M.U.H.C.

We will return later in this report to suggested process.

We have already said that everything turns on available finances. What separates the above proposals from what follows, is that in all cases, it appeared to us, the appropriate institutions are prepared to assume the necessary costs of their proposals.

Without guarantee of financing other proposals are more problematic. Many excellent suggestions were made to us that should be documented. Most will depend entirely on government or institutional support for their realisation. Failing this the buildings will necessarily pass into the private domain.

In analysing these other suggestions, we do so under two headings - public use and private use. Most participants indicated their preference for public use, as we have indicated. It would be unrealistic to expect the public purse to assume the burden of all the existing buildings. However, certain public purposes should be advanced and urged.

## V. PUBLIC USE

Insofar as public use of all buildings is concerned, two themes emerged through various speakers.

- (a) A centre for long term care, whether called rehabilitative care, palliative care, post acute care, chronic respiratory or respite care or both; and similarly,
- (b) A facility for geriatric care or housing, perhaps coupled with a centre for the study and care of Alzheimer's patients.

Both of these projects in their various and not necessarily exclusive forms are worthy of consideration. We are bolstered in this conviction by the presentation by the Regional Health and Social Services Board of Montreal-Centre.

Mr. Guy Daigneault of the Regional Board documented the acknowledged need for "housing and long-term care centres" (translation) for the English community. He informed us that on the basis of present and existing financing in Montreal it would be logical to relocate 128, or 192 or 256 beds into the existing buildings. Many of these existing beds are not up to standard. These are beds, we repeat, for which financing already exists. Further, the Regional Board acknowledged that its 1998-2002 study showed that there is a shortage of such beds for the anglophone community of Montreal. Combining these two thoughts there is an evident need for long term care facility much of which is already financed. We accept the recommendation put forth by the Regional Board to produce a feasibility study to evaluate the potential of the existing buildings to adequately fill this pressing need. We would further suggest that they expand this study to include the need specifically for seniors' housing and care.

On the basis of the eloquent testimony from nurses, patients, groups, architects and other medical professions, as well as the Regional Board itself, this Consultative Committee cannot stress with too much urgency the evident need and desire for such a project. It would be a fitting use for buildings that have already served the community well, to be refitted for such documented present and future needs. This would be the first priority that we note aside from the three specific projects already discussed.

At first sight, the Montreal Children's Hospital would appear to meet the requirements for long term care because of the ease of access, public transportation and its central location.

Several other ideas emerged from the hearing, for example:

- i. A centre for sports medicine
- ii. An Institute for the Environment
- iii. A Peace Institute and
- iv. A shelter for the homeless

All of these would require funding from private sources, and there was reference in the proposal from Mr. Marcel Arsenault of possible funding for a Peace Institute in conjunction with McGill University, or alternatively for the Institute of the Environment. We believe all of these opportunities should be explored if there be appropriate funding. The Royal Victoria Hospital site, or a part of it, would lend itself to any one of these worthy ideas, again if financing were forthcoming.

Without discarding any of the other ideas, the logic of an Institute for the Environment in Montreal is compelling since under the N.A.F.T.A. side agreement dealing with environmental issues (the North American Agreement on Environmental Co-operation (N.A.A.E.C.)). Montreal was chosen as the site to locate the environmental headquarters. The Secretariat of the Commission for Environmental Co-operation functions out of downtown Montreal. With additional financing – if it were forthcoming, the Royal Victoria Hospital buildings would be an imposing and impressive location for this necessary work.

We repeat everything depends on financing, because unless there were a realistic possibility of timely financing, it would not make much sense to mothball the buildings in the hope that someday such financing might materialise. Examples were cited to us of instances where buildings were left to dilapidate, costing the community an even greater amount to eventually restore, to say nothing of the ongoing costs of even minimal maintenance. The costs of maintaining the buildings in the present state were described to us and are staggeringly high. The heating/electrical and ventilation costs alone presently exceed \$10,000,000 per annum. Security costs added another \$2,400,000. Maintenance and repairs were roughly \$12,000,000 in fiscal year 1999-2000. Necessary repairs for the immediate future to the Royal Victoria Hospital sites alone were estimated to exceed \$50,000,000. Even with no improvements, there would be a substantial ongoing drain on the public purse. It is for this reason that decisions must be made realistically and in the near future, to avoid such costs, and the degradation of the buildings.



## VI. PRIVATE USE

It became obvious to us at the hearings that if the hospitals were relocated, there is simply too much land to realistically expect that it could all be used for public purposes or that the costs could be passed on to the public purse.

The Consultative Committee adds, however, that it is not reluctant to involve private enterprise in these projects, because history has proven that private development can re-create projects of quality which respect the patrimonial value of buildings, their antecedent, their scale and their links with the surrounding community. Nothing however, can be taken for granted as the recent history of Montreal incites us to caution if not in certain cases to pessimism.

Indeed, there is no reason why we should blindly embrace public development and distrust private developers. The examples of the good and the bad are all too visible in both cases. What is obvious, however, is that there will not be success with the projects of reuse of the existing buildings without strict criteria for the re-development being established and a responsible entity empowered to ensure the application of these criteria.

The suggestions were made both in the report commissioned by the hospitals, as well as in other briefs presented at the hearings that the residual space could be well used for residential rental space or condominiums or both. We say the residual space, because we have already identified above, viable suggestions for public use of which for some suggestions, the financing is either in place or realistically forthcoming.

There was one specific plan put forward at the hearing from Mr. Marcel Arsenault, originally a Montrealer and still a Canadian citizen who has lived some thirty years in the United States, with considerable experience in the reuse of public buildings. Mr. Arsenault suggested that by converting the Royal Victoria and the Montreal General Hospitals mainly to residential use, the community would ultimately benefit because traffic and the intensity of use would be dramatically reduced.

He was prepared on the basis of the M.U.H.C. plan to be considered as a purchaser and developer of the existing buildings at appraised prices and values.

Where he parted company from many of the other presenters was in his view that a qualified purchaser for the whole of the lands should be quickly selected. His concern expressed was that unless the buyer were selected now and ready to proceed immediately the buildings were vacated, the buildings would deteriorate.

He suggested a "parallel track" where a private developer was working at the same time as the government planning functions and approvals process. The private development would be contingent on the buildings becoming ultimately available. Mr. Arsenault stated that he would be prepared if selected, to allow the Government, McGill University or the Regional Board to buy back any property it needed at the appraised price that had been paid by the selected buyer. In other words in his proposal the suggestions for public use, which we have outlined above could be accommodated. Specifically a non-profit centre for the aged could be envisaged at the Montreal Children's Hospital location according to Mr. Arsenault.

The ideas put forward by Mr. Arsenault are welcome and attractive.

On the other hand, in equally thoughtful presentations, the Board of Trade of Metropolitan Montreal favoured development in fractional parts and successive phases. Considering the magnitude of the operation and its great importance, not only on the architectural and environmental landscape of Montreal, but also the financial implications, development by several promoters would reduce the risk that a single developer would exceed its abilities. Also, dividing the sites and the undertaking into successive stages according to rational parameters would favour the control and the development of projects of the highest quality.

The Urban Development Institute of Quebec as well as Héritage Montréal echoed this point. They stated that the scale of the project, one of the largest in Montreal's recent history involving buildings of great historical importance and affecting vast areas of the downtown core, require diverse solutions that are well planned and that would fit harmoniously into the scheme as a whole.

Specifically, they recommended a development plan for the various sites and in particular an agency or responsible body to control the quality of the development. Many saw a supervisory role by the M.U.H.C. to ensure compliance with an approved plan, while others saw more active oversight by an agency created for this purpose. Whatever development plan or plans are eventually chosen, proper supervision is essential if proper development obligations are to be met respecting the cultural and historical patrimony. While the exact composition of the responsible body could be later determined, it would be logical that the M.U.H.C. retain master control, with representation from the various stakeholders having advisory roles.

This body must be properly funded, and one mechanism for the initial funding would be through the use of the money raised by tendering the buildings or parts thereof for private use.

As part of the process of re-development, we retain an interesting suggestion put forward at the hearings for the holding of a design charrette in which architectural students and local architects could explore realistic design options for a site or sites. Indeed, we were shown some preliminary student studies that had already been done. Montreal is the home of the Canadian Centre for Architecture and of several universities which could be a rich source of inspiration for such studies.

All presenters saw the reuse of most if not all of the M.U.H.C. buildings. While the Hospital's architects saw a possible pruning of certain utilitarian additions that were of less historical and architectural significance, no one contemplated large-scale removal. Indeed, when questions were put forward regarding the demolition of the Montreal General Hospital and its return to green space, the proposal was universally rejected. All saw a continuing use of most of the existing buildings in one form or another. The converse was equally true. The presenters warned against new additions to any of the properties which would adversely affect the Montreal skyline, compromise architectural integrity and reduce access to the mountain.

As for the mountain, again the presenters universally saw it as more than city green space. Indeed, they saw it as a fundamental part of Montreal's patrimonial heritage to be jealously protected. It was even suggested that any site for which no use is found be ceded to the mountain to enlarge its space. It was also urged that any development plan adopted contain clear volumetric limits to prevent compromise of the mountain and the surrounding park's integrity.

## VII. CONCLUSIONS

1. The Consultative Committee was grateful for the time and effort devoted by so many persons and groups and for the ideas put forward which we have summarised above. The community can only benefit from such commitment.

The quality of the presentations and the number of people who attended the hearing testify eloquently to the fact that the population of Montreal as a whole whether from the anglophone community or the francophone community, is interested and preoccupied both by the project of regrouping the hospitals under an ensemble of new buildings and by the fate that may befall the present buildings that would thus be vacated

2. When the numerous and complex decisions are made concerning the reuse of the buildings, those who will be making them must remember that the present buildings represent an important heritage of the anglophone community of Montreal because of the quality of health care and research that has been provided in them. There was an evident affection for the buildings from all who testified before the Committee.
3. It will be vital to ensure that, whatever use is made of these buildings, their history of excellence should be continued; all policy decisions and work should be held to the highest feasible standards, with respect for the sites' architectural and social importance.
4. What clearly emerged from the public hearings was the desire that the buildings that were acquired, enlarged, maintained and renovated for more than a century thanks to donations by eminent members of the anglophone community, as well as from other public contributions, should continue insofar as is possible to serve public and community needs.
5. However, it is equally evident that public financing for health and education will not be sufficient to permit all the projects proposed to proceed, nor to occupy all the existing hospital buildings. Private enterprise will therefore necessarily play a role.
6. We, conclude, therefore that inevitably there will be both public and private use of the sites:
  - (a) Public use should have priority where the financing is available or realistically forthcoming;
  - (b) It is not realistic to expect the public purse to fund the continued use of all the buildings once a new hospital is built; and,
  - (c) Residential rental space or condominiums or both are appropriate private uses of the residual lands.
7. Of the public use proposals that were put forward at the hearings, certain ones should be given specific attention because the financing appears available or assured. We have detailed them in our analysis:
  - (a) An extension of the Institut de recherches cliniques de Montréal on two lots of the Montreal Chest Hospital.

- (b) Expanded teaching and research facilities for McGill University's Faculty of Medicine in the Montreal Neurological Institute.
  - (c) Student residences for McGill University in the Women's Pavilion of the Royal Victoria Hospital, and possibly the Ross Pavilion and/or the Meakins/Christie building and the Pavilion D of the Montreal Chest Institute.
8. We draw particular attention to the following proposal that drew substantial support at the hearings. There is an established need for a centre for long-term care or geriatric care or both for the anglophone community. Financial support exists at the present time for a number of these beds, as documented by the Regional Health and Social Services Board of Montreal-Centre, but more will be needed.

We request the Regional Board to produce a feasibility study for the complete project as was offered before us. The Montreal Children's Hospital site might well lend itself to such a project.

9. McGill University should explore the funding for an Environment Institute or Peace Institute and, if money is forthcoming, be afforded first opportunity to use buildings that are available and contiguous to the University. This commitment must be made in a reasonable time frame.
10. To avoid extensive delays before the existing M.U.H.C. buildings are reused, one of the first steps to be taken is the determination of which parts of the existing sites will remain in the public sector and which parts will be attributed to private use because the nature and distribution of the buildings are compatible with such a solution.
11. To do this, it would be important that the Regional Health and Social Services Board of Montreal-Centre and the provincial government rapidly exercise the powers given them under the *Act respecting health services and social services* (R.S.Q., c. S-4.2) in order to have the buildings that cannot or that are not wanted for health purposes be declared surplus, as required by law.
12. Thus clarified, it will be easier to determine which part of the buildings could be used, for example by McGill University or by other organisations and which parts may be of interest to private developers.
13. For the residual lands, subject to public priorities outlined above, residential rental space or condominiums could constitute appropriate use. We should not fear private development, provided that the appropriate safeguards are in place.
14. Before going further, we wish to pay special attention to the Mount Royal Park as the Montreal General Hospital, the Royal Victoria Hospital, the Allan Memorial and the Montreal Neurological Hospital buildings are contiguous to it.

The Consultative Committee is of the opinion that any reuse project of these buildings must be conceived to assure a better interface, a better permeability between the city and the park. This can be done by the addition of points of access for the public by paths for pedestrians and cyclists, by signage and by the return to the park of certain areas presently occupied by parking lots (especially for the Royal Victoria Hospital) as additional green space.

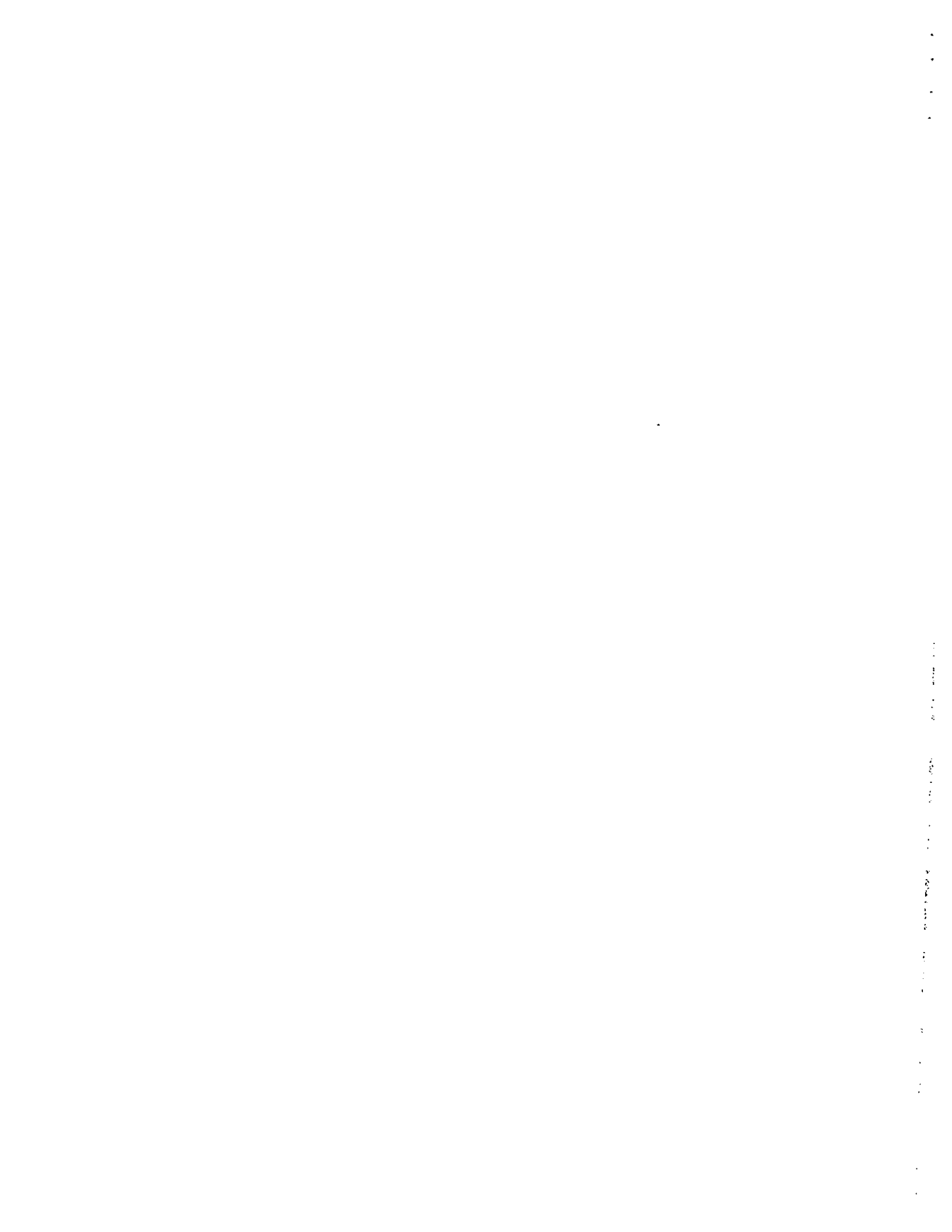
It goes without saying that no project should be authorised on these lands, nor an addition permitted that would have the effect of increasing the physical or visual obstacles between the park and the city.

15. Insofar as the buildings are concerned, it is to be noted that the present hospital buildings are scattered in various sectors of downtown Montreal, each constitute a distinct centre of activity and the cessation of activity will have immediate repercussion on the surrounding community.
16. The Committee considers that it is important that the transition period be as short as possible. To this end, we are of the opinion that in the immediate future an action plan be established and the responsible entity that will control the reuse of the present buildings be created. Further required supplemental research and expertise should be obtained, which will be required by the eventual decision-makers.
17. Whatever decisions are made they should be based on a detailed development plan that takes into account all relevant factors, such as heritage, urban fabric, history and the socio-economic effects.
18. We retain the suggestion of the holding of a design Charrette in which architects and students could explore realistic design options for a site or sites.
19. During the hearings there was a debate as to whether certain sections of the buildings of the Royal Victoria, the Montreal General and the Montreal Children's Hospitals be pruned. We have made reference to that discussion earlier in this report. The debate was not entirely satisfactory given that it proceeded largely on the basis of either (1) whatever is, must stay, or (2) the aesthetic preferences of some presenters.
20. Tools exist in this area to assist such decision and we would consider it useful for the present owners to carry out a patrimonial evaluation of the five groups of buildings that could critically and realistically assess the buildings. The construction timetable of the new M.U.H.C. buildings allows sufficient time to obtain a credible study of this type.
21. A responsible body or entity should be charged with the responsibility for directing the proper development of the land in accordance with the development plan. The M.U.H.C. should have a continuing role in this body as well as others who are capable of bringing points of view other than hospital expertise. We think for instance, of McGill University. Financing for this body could come from the funds generated by private development of any site or sites.
22. One of the functions of this body would be to ensure the caretaking, maintenance and protection of the sites during the transition period. It also would have the function of overseeing the transfer of the lands and buildings as projects are approved.
23. We are therefore of the opinion that a part of the success of the new integrated McGill University Health Centre will be achieved by the success of the reuse of the present buildings. This is why we conclude that both projects must be given equal importance and as much attention, care and money as is required. It would indeed be a pity if this file concerning the reuse of the buildings became the impoverished relative of this major project.



## **APPENDIX A**

**UPDATE OF THE REPORT ON THE “EVALUATION OF THE  
POTENTIAL REUSE OF THE EXISTING HOSPITAL SITES”  
(1998) - SUMMARY OF THE MAIN FINDINGS**





McGill University Health Centre Planning Group

**Update of the 1998 report on the  
"Evaluation of the Potential Reuse  
of the Existing Hospital Sites"**

*Final Report*

*November 2000*

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## SUMMARY OF THE MAIN FINDINGS OF THE UPDATE STUDY

### Recommended Update of the 1998 Study

The present study follows recommendation #1.1 made in the 1998 study Evaluation of the Potential Reuse of the Existing Sites: "*that the MUHC Planning Group update the real estate market analyses presented in this report, more specifically the projected demand for and supply of office space and new housing projects in the downtown area, at least every two years, given that the actual reuse projects will only be undertaken five (5) to ten (10) years in the future*".

### Scope of the study

This study focuses on those elements of the development context of the MUHC sites that may have changed over the course of the last three years:

- the existing zoning of each site and any recent developments in the surrounding area;
- the residential housing and commercial office market conditions in the downtown area of Montreal.

The following topics, addressed in the 1998 Study, are not included in this update:

- The heritage analysis of each site;
- The environmental considerations of each site;
- The structural evaluations of the main buildings on each site.

### Reminder of several general considerations

The following are the main general considerations raised in the 1998 Study.

#### 1. Objectives of the MUHC

The objectives of the MUHC with regards the initial feasibility study were to:

- determine whether or not the MUHC sites could be redeveloped, in a self-sustaining and durable manner, once the hospital functions have been relocated;
- determine, in a preliminary fashion, the heritage values to be respected and enhanced, where possible, through the redevelopment of the sites;
- evaluate the potential of the private sector carrying out this redevelopment without the input of any public moneys;
- identify a range of possible uses for the sites which merit further study.

#### 2. Significant development opportunity for Montreal

The construction of the new MUHC teaching hospital will be a major stimulus for Montreal in that it will:

- generate significant economic impacts due to the construction itself . It is now expected that the new hospital will be completed by 2006;
- also generate significant private investment, and therefore new tax revenues, in the reuse of the vacated hospital sites;
- ensure that the significant heritage buildings on these sites, some of which have national significance (the RVH), will be preserved and reused in a viable and self-sustaining fashion.

### 3. Positive impact on the urban landscape

The present hospital uses on the MUHC sites have by and large been architectural and urban design failures. All of the sites exhibit, to a greater or lesser extent, the often bad compromise of trying to adapt hospital buildings designed 40 to 100 years ago to the requirements of modern medicine. Carefully designed inner courtyards have been filled-in with new construction that obliterates green space and fits-in poorly with the original floor plans (as is the case with the RVH), additional floors added to original wings which alter the relationship between different building masses, parking structures built over green spaces (as is the case of the MGH) and city streets built over to allow for larger building volumes (the MCH).

The reuse of these sites will allow a certain number of these mistakes to be corrected by the sensitive and careful reuse of the older buildings, combined with the selective demolition and the replacement of parking lots by green space. Pedestrian pathways through the sites of the MGH and the RVH could improve the access from the downtown area to Mount Royal Park. Such measures will not only improve the architectural and landscape qualities of the sites and the urban fabric of downtown Montreal, it will also help commemorate the past hospital use of these sites by significantly improving their status as urban landmarks.

### Changes in the development context of downtown Montreal

A number of important changes have occurred to the development climate in downtown Montreal over the past three years, some of which can be considered to be trends of a cyclical nature and others as more permanent changes.

The cyclical or short term trends which have been observed are:

- Government intervention in the economy, resulting in policies which have a direct impact on the location of certain types of development projects (*Cité Multi-média, Cité du commerce électronique etc.*) and the corresponding real estate market;
- The reuse of the CHUM sites in central Montreal, for projects falling within the social sector, as opposed to private real estate projects;
- The strong economic performance of the Montreal region and the resulting improvement in the commercial office real estate market in the downtown area;
- The recent trend towards households moving back towards the centre of the island and the centre of Montreal. While there may be fluctuations in this movement in the future, it appears likely that this trend will become a permanent change in the market place;
- The very high level of demand for housing units, both existing and new construction and both for rental and for purchase, in the central area of Montreal;
- The apparent movement to merging municipalities together on the Island of Montreal, and the impact this may have on the relative attractiveness of certain central neighbourhoods and on existing development controls.

The more permanent changes appear to be:

- Demographic changes to the residential market place: a shift away from young families as first-time home buyers towards the 40-50 year old age bracket and the seniors market;
- People's desire to make very efficient use of their time, including eliminating time wasted in commuting to work - which will translate into people wishing to live closer to their place of work;
- People's desire to live in comfortable neighbourhoods offering a variety of amenities and a wide choice of activities;

- The above changes point to a strengthening of the centralizing tendency in which new development will be concentrated in the central areas of Montreal rather than in the peripheral areas;
- Increased public concern for developments within the Mount Royal Park Heritage Area, with a resulting increase in the complexity of the regulatory and approval processes for new projects within this area;
- Public concern to insure that buildings with importance heritage status be preserved and reused in an appropriate, self-sustaining fashion;
- Public concern that government funds be spent in an efficient and useful manner.

## **Market opportunities**

There has been over the past three years a marked improvement in the real estate markets affecting downtown Montreal, fuelled by the improving economic performance of the City and by structural changes in the residential market place.

The demand for housing units in the central area of the Montreal region and more particularly in the central area of the City has grown considerably since 1995 and more significantly since 1998. Prices and the average size of units have increased significantly over the past three years in the face of increased market demand. As an example, the ratio of homeowners selling their houses to the number of buyers active in the market place is now 6 to 1 in the central sector of the MUC. A ratio of 10 sellers to 1 buyer is considered to represent a stable market (equilibrium conditions). This has resulted in a 13% increase in the resale price for homes in this sector.

Two market segments within the housing market, identified in the 1998 study, will continue to represent significant development opportunities in the years to come: couples in the 40 to 50 year old age bracket who will want to move back to the central areas of Montreal and seniors who will require housing projects specifically designed to meet their needs.

The office rental market in central Montreal has also improved considerably over the last three years. Strong growth is being shown by the communications and technological sectors. The regional economy is strong, the office vacancy rate is relatively low and rents have increased significantly. It is expected that the office vacancy rate will reach its point of equilibrium some time in 2001. By 2006, when the MUHC sites will be vacant, it is expected that this vacancy rate will have dropped to a point where new office construction will be in demand.

Other markets may well prove to show interesting potential as possible users of the MUHC sites, such as, among others, the institutional market, the bio-medical, bio-technological and pharmaceutical research fields, technical colleges and training sectors and the international head office market. These were not considered in the reuse scenarios due to a lack of readily available, factual data. However, additional research and analysis may indicate that these and other markets represent interesting potential clients for the MUHC sites.

## **Proposed reuse scenarios / Financial Analysis**

The 1998 study tested the financial viability of selling the MUHC sites to private developers. A specific reuse scenario was prepared for each site and the resultant costs, revenues and return on investment were analysed to determine the resultant price the developer would be willing to pay for the site.

To be realistic, the uses proposed in these scenarios were adapted to the specific conditions of each site (context heritage considerations etc.), to the possibilities offered by the existing buildings and to the identified market opportunities. They were also prepared to insure a minimum of competition amongst themselves. It must be stressed however that these scenarios are by no means definitive plans for these sites. They are simply feasible alternatives that may merit further consideration.

The uses proposed in these scenarios have not been changed in this update study. However, certain parameters have been updated (construction costs, rent levels, size and therefore number of units etc.) to reflect the present and anticipated market conditions in the year 2006 and beyond. In addition, to reflect the uncertainty of these projections into the future, three different financial scenarios have been prepared for each site: a pessimistic, a realistic and an optimistic scenario. These reflect different assumptions regarding the future changes to key financial parameters, such as construction costs, rents and prices levels, interest rates etc.

The following table summarizes the updated scenarios and the financial results are those obtained from the realistic scenarios.

### 1. MONTREAL CHILDREN'S HOSPITAL

SITE CONDITIONS	REUSE SCENARIO
<p>A large site within a multi-use, dense urban setting, close to the metro and defined as a development node. This site is by no means unique in the present real estate market - there are many underused sites in the downtown area close to the metro. However it does offer superior access to the regional road network.. A number of the original buildings on the site have heritage interest and merit conservation.</p>	<p>Multi-use is the key for this site, since it will allow flexibility in detailed reuse planning.</p> <p><u>Apartment housing</u> is proposed for the Tupper Street wing (D - 97 units) and for a new construction (C) to replace one of the later wings for seniors' apartments (133 units)</p> <p><u>Offices</u> are proposed for:</p> <ul style="list-style-type: none"> <li>- the heritage building at the corner of René-Levesque and Atwater (some 1,900 sq. m.)</li> <li>- the eastern half of the site, in a new building (some 23,000 sq. m.) to replace the existing one. This site parcel could be extended beyond Lambert-Closse to Sussex if required by the major tenant or institutional user.</li> </ul> <p>Another possibility for this site would be rental to one or more major institutional users. This was not evaluated in the financial analysis.</p>
<p><b>Conclusion:</b> The proposed apartment development in this scenario is now more profitable and the office component is close to break- even. But the seniors' apartments component is not financially attractive, given the costs of demolition. Overall, the net revenue from the sale of this site is some \$1.7M (in 2006 \$), more than double the revenue estimated in 1998.</p>	

### 2. MONTREAL GENERAL HOSPITAL

SITE CONDITIONS	REUSE SCENARIO
<p>This site <u>does offer a unique setting</u>, just below the Mountain, overlooking the downtown area.</p> <p>The 19 storeys of the Cedar wing could not be constructed under today's zoning regulations.</p> <p>The main building wings are an important example of 1950's institutional architecture and the site is an important landmark for Montreal.</p>	<p><u>Housing</u> is the main use being proposed for this site, given the outstanding views and the dimensions of the existing buildings.</p> <p>A number of housing types are proposed:</p> <ul style="list-style-type: none"> <li>- <u>luxurious apartments</u> for the Cedar wing (141 units)</li> <li>- <u>apartments for seniors</u> for the Cote-des-Neiges and Livingston wings (165 and 179 units respectively). The demographic</li> </ul>

## 2. MONTREAL GENERAL HOSPITAL

	<p>changes in the coming years will be such that these spaces will be in demand;</p> <ul style="list-style-type: none"> <li>- a series of <u>small condominium</u> projects along Pine and Cedar avenues ( 8 units in existing buildings and 108 in new buildings).</li> </ul>
<p><b>Conclusion:</b> A new development factor will have to be taken into account for this site: increasing public concern for development on Mount Royal. This may limit the amount of new construction allowed on the site, particularly along Cedar Avenue.</p> <p>This site represents a resale value of some \$8.7M (2006\$), an increase of 5% compared to the result obtained in 1998. However, this could decrease by close to \$2.5M if no new construction is allowed along Cedar Avenue.</p>	

## 3. ROYAL VICTORIA HOSPITAL

SITE CONDITIONS	REUSE SCENARIO
<p>This site offers a <u>truly unique setting</u> on the Mountain with buildings of national heritage status.</p> <p>The original buildings are outstanding examples of the Scottish Baronial style dating back to the 1890's.</p> <p>The newer buildings on the site pose problems for its reuse: they crowd the central spaces, block off courtyards and obliterate the natural topography.</p>	<p>The proposed scenario calls for the demolition of all of the newer buildings in order to restore the original site plan and make for an attractive setting for housing.</p> <p>The older building wings will all be recycled into <u>high-end condominiums</u>. The dimensions and spacing of these wings will allow redevelopment to be phased over a number of years. These buildings can accommodate a total of some 267-condominium units.</p> <p>It is suggested that the building wing along University Avenue be used for <u>institutional or research/office</u> uses compatible with the setting.</p> <p>A new building (Z) is proposed along University to enclose the inner courtyard below the Woman's Pavilion. This will provide 35 additional condominium units.</p>
	<p>The reuse scenario also allows for <u>improved public access</u> to the Mountain and the upgrading of the site's landscaping along Pine Avenue.</p>

### 3. ROYAL VICTORIA HOSPITAL

**Conclusion:**

The RVH is perhaps the most "visible" of the MUHC sites and its reuse will generate a great deal of public interest. The scenario studied includes only a small amount of new construction, but a significant amount of demolition to free-up spaces and improve the setting of the heritage buildings. This site has the highest resale value of all the MUHC sites, estimated to be close to \$9.5M (2006 \$) This represents a 42% increase over the results of the 1998 study.

### 4. MONTREAL CHEST INSTITUTE

SITE CONDITIONS	REUSE SCENARIO
<p>This site is situated within a popular rental housing neighbourhood. The main site on the west side of St-Urbain can be subdivided into two parcels, each with their own courtyard.</p> <p>The small parcel on the east side of St Urbain is next to row housing and is presently zoned for housing.</p>	<p>The reuse scenario here calls for <u>housing projects</u> that would integrate well into their immediate surroundings. The eastern parcel is just right for a small, economically priced <u>condominium</u> project of some 30 units.</p> <p><u>Mid-level apartments</u> are suggested for the two existing buildings on the main site. A total of some 60 apartment units could be accommodated.</p>
<p><b>Conclusion:</b></p> <p>The reuse scenario studied produces a resale value of some \$2.3M (2006 \$), almost 5 times the value estimated in 1998. However the smaller of the two recycled apartment buildings does not produce a positive resale value according to our analysis.</p>	

The uses proposed above are those for which market support could be demonstrated in a quantitative fashion. Other uses, which are more speculative at the present time, may well prove to be realistic after more research and consultation.

The following table summarizes the overall development program proposed for the sites:

Reuse function	Site	Number of units or sq. m.	Absorption period
<b>Residential:</b>			
-high-end condominium units	RVH	302	2006 to 2010
- mid-level condominiums	MGH MCI	116 30	2010 to 2112 2006
sub-total - condominiums:		448	
- high-end, rental apartments	MGH	141	2006
- medium-level apartments	MCH MCI	97 91	2006 2006-2008
sub-total- apartments		329	
- apartments for seniors	MCH MGH	133 344	2007 2006-2008
sub total – apartment/seniors		477	

Office / institutional:  sub-total – office space	MCH	(in sq.m.)	2006-2007
		24,871	2006
		<u>6,296</u>	
		<b>31,167</b>	

The estimated total value of the recycling and new construction works on the MUHC sites will be some \$375 M, not taking into account the \$19 M in demolition costs and carrying charges involved.

From the results of the financial analysis, we can conclude that:

- Two of the MUHC sites are very valuable real estate properties: the MGH and the RVH, each representing a net value of some \$8.7 M to \$9.5 M. It may well be that this value is underestimated if the present climate surrounding new construction within the Mount Royal Heritage site continues for a number of years, as is likely the case;
- The MCH and the MCI would produce smaller, but still considerable, potential returns to the MUHC, in the area of \$1.7 M to \$2.3 M per site. However, certain components in the scenarios for each of these sites remain problematic from a financial point of view;
- A risk analysis was also carried out to determine the possible ranges of values for these sites should market conditions change better or for worse. Under “pessimistic” market conditions, the overall value of the sites could drop some 38% to \$13.7 M, while they could increase by 43% to \$31.5 M should conditions be more favourable than anticipated.

## Implementation strategy

The results of the financial analysis highlight the main strategic advantage that the MUHC must fully exploit: the time period before its sites become available for reuse. Proper planning and marketing in this period will help insure against reuse delays and therefore unanticipated carrying charges.

The main strategic issues, which the MUHC must address, are:

- the time factor, time is an advantage before the buildings are vacant and a liability afterwards;
- the early participation of interest groups and the private sector in refining the reuse scenarios, since they be solicited for development proposals;
- the need for a redevelopment management team to be formed to oversee all aspects of the reuse projects;
- the need for the reuse projects to be tailored to the anticipated future demands of the real estate market. This will require a regular updating (every two years) of the real estate market analyses;
- the need for a mix of new uses to permit flexibility in any one project;
- the need to continue researching potential alternative uses for the sites;
- collaboration on the part of the City of Montreal, since it will benefit directly from the reuse projects;
- the early reuse of certain site parcels to take advantage of development opportunities and avoid future potential problems;
- further study of the possible types of property tenure which the MUHC could offer to developers (e.g., long-term leases for certain parcels) which would allow the MUHC to benefit at a later date from their increased property value.

## Overall conclusions

This study has confirmed the redevelopment potential of MUHC sites. The scenarios studied indicate interesting possibilities for the private sector to redevelop these sites in a manner that would respect their heritage values. The potential returns to the MUHC from the sale of the sites in such a manner would be considerable.



Our analyses have shown that the overall results for each site are very dependent on timing, selling price, rent levels, recycling costs and carrying charges. However, with careful planning, a sound implementation plan and a good deal of flexibility to adjust to changing situations in the future, we feel that these results can be attained if not surpassed.

Of course, the uses we studied for the sites are by no means the only possibilities to be considered. It may well be that other possible uses become more desirable: institutional uses, international head offices, small hotel uses or more of a mix between public functions and private initiatives. The MUHC disposes of sufficient time to carry out a thorough planning process to ensure that the sites are reused in an appropriate manner.



## **APPENDIX B**

### **LIST OF DOCUMENTS**



## LIST OF DOCUMENTS

### 1. Deposited by the McGill University Health Centre

Decarel/Dessau/SH&G/ Agnew Peckham/Arcop, Summary Report – Evaluation of Existing Facilities, February 1998, 35 pages.

Decarel/Dessau/SH&G/ Agnew Peckham/Arcop, Evaluation of Existing Sites - Montreal Chest Hospital, February 1998, 5 sections.

Decarel/Dessau/SH&G/ Agnew Peckham/Arcop, Evaluation of Existing Sites - Montreal Neurological Institute and Hospital, February 1998, 5 sections.

Decarel/Dessau/SH&G/ Agnew Peckham/Arcop, Evaluation of Existing Sites - Royal Victoria Hospital, February 1998, 5 sections.

Decarel/Dessau/SH&G/ Agnew Peckham/Arcop, Evaluation of Existing Sites - Montreal General Hospital, February 1998, 5 sections.

Lecavalier/Lalonde/Saïa/Barbarese, Evaluation of potential reuse of existing sites, February 1998, 224 pages and appendices.

Lecavalier/Lalonde/Saïa/Barbarese, Update of the 1998 report on the «Evaluation of potential reuse of existing sites», November 2000, 72 pages and appendices.

McGill University Health Centre, Report on planning activities related to the creation of a new facility, April 1998, 70 pages.

McGill University Health Centre, 21<sup>st</sup> Century : A new Vision for Health Care – Reports from the teaching and research committees, June 1997, 3 sections.

McGill University Health Centre, 21<sup>st</sup> Century : A new Vision for Health Care – Patient Services Steering Committee Report, June 1997, 98 pages.

McGill University Health Centre, 21<sup>st</sup> Century : A new Vision for Health Care – Reports from the Patient Services Planning Panels, June 1997, 20 sections.

## **2. Deposited by the Consultative Committee**

Consultative Committee, Information document on the public consultation, November 2000, 7 pages.

## **3. Deposited by the participants**

Assemblée du Forum québécois du patrimoine, Déclaration québécoise du patrimoine : Notre patrimoine, un héritage à partager, Québec, April 15<sup>th</sup> 2000, 1 page.

Baker, Joseph et al, MUHC – for MUCH less, Press Release, January 12<sup>th</sup> 2001, 4 pages.

Baker, Joseph, MUHC for MUCH less, Press Release, February 5<sup>th</sup> 2001, 1 page.

Docomomo-Québec, Bulletin, no. 12, Autumn 1996, 4 pages.

*Place Publique*, Vol. VIII, no.2, January 20<sup>th</sup> 2001, 8 pages.

*Place Publique*, Vol. VIII, no.3, February 3<sup>rd</sup> 2001, 12 pages.

## **APPENDIX C**

### **DEPOSIT LOCATIONS**





## DEPOSIT LOCATIONS

### **Health Sciences Library**

#### **McGill University**

McIntyre Medical Sciences Building, 3<sup>rd</sup> floor  
3655 promenade Sir William Osler (*formerly Drummond Street*)  
Montreal, Qc, H3G 1Y6

### **Medical Library**

#### **Montreal General Hospital**

1650 Cedar Avenue, Room E6.157  
Montreal, Qc, H3G 1A4

### **Medical Library**

#### **Montreal Children's Hospital**

2300 Tupper Street, Room C421  
Montreal, Qc, H3H 1P3

### **Medical Library**

#### **Royal Victoria Hospital**

687 Pine Avenue West, Room H4.01  
Montreal, Qc, H3A 1A1  
Tel.: (514) 842-1231

### **Medical Library**

#### **Montreal Neurological Hospital**

3801 University Street, Room 285  
Montreal, Qc, H3A 2B4

### **Bibliothèque centrale**

#### **Université du Québec à Montréal**

Pavillon Hubert-Aquin, Room A-M100  
400 Ste-Catherine Street East  
Montreal, Qc, H3C 3P8

### **Fraser Hickson Library**

4855 Kensington Avenue  
Montreal, Qc, H3X 3S6

### **Westmount Library**

4574 Sherbrooke Street West  
Westmount, Qc, H3Z 1G1



## **APPENDIX D**

### **LIST OF PARTICIPANTS**



## LIST OF PARTICIPANTS

### 1. FIRST PART : QUESTION PERIOD

#### 21 November, 2000

Mr. Jean-Claude Marsan  
Dr. Paul Saba  
Mr. Sam Totah  
Mr. Joseph Baker  
Mr. Philip Bobrow  
Mr. Pieter Sijpkens  
Mr. Peter Lanken  
Mr. Philip Bobrow  
Mr. Sam Totah  
Dr. Paul Saba

#### 22 November, 2000

Ms. Stella Black  
Mr. Joseph Baker  
Mr. Don Wedge  
Ms. Sylvie Guilbault  
Mr. Dinu Bumbaru  
Mr. Philip Bobrow  
Ms. France Vanlaethem

### 2. SECOND PART : HEARINGS OF OPINIONS

#### Session no.1 – January 15, 2001

Institut de recherches cliniques de Montréal (IRCM)  
(Dr Yvan Guindon, Mr. Robert Parizeau, Mr. Max DeKoven)

Régie régionale de la santé et des services sociaux de Montréal Centre  
(Mr. Guy Daigneault)

Mr. Norbert Schoenauer  
School of Architecture, McGill University

Ms. Judith Boivin

Mr. Philip Bobrow  
Bobrow Architectes

Ms. Jeanne Wolfe, Mr. Raphaël Fischler  
School of Urban Planning, McGill University

Mr. Joseph Baker  
Architect

**Session no. 2 – January 16, 2001**

Colorado&Santa Fe Land Company  
(Mr. Marcel Arsenault)

McGill University  
(Mr. Morty Yalovsky)

Board of Trade of Metropolitan Montreal  
(Mr. Luc Lacharité, Mr. François Roberge, Mr. Jacques Béïque, Mr. Richard Garant)

Urban Development Institute of Quebec (UDI Quebec)  
(Mr. Cameron Charlebois)

Ms. Stella Black

Ms. Annmarie Adams  
School of Architecture, McGill University

Mr. Sam Totah  
Maison Bulmer

**Session no. 3 – February 7, 2001**

Ms. Barbara McLeod

Ms. Phyllis Lambert

Patients' Committees of the McGill University Health Centre  
(Mr. Robert Rochon)

Society for the Study of Architecture in Canada / DOCOMOMO Québec  
(Ms. Michèle Picard, Ms. France Vanlaethem)

Mr. David Covo  
School of Architecture, McGill University

Mr. Pieter Sijpkens  
School of Architecture, McGill University

**Session no. 4 – February 9, 2001**

Héritage Montréal  
(Ms. Louise Dusseault-Letocha, Mr. Dinu Bumbaru)

Les Amis de la Montagne  
(Mr. Peter Howlett, Ms. Sylvie Guilbault, Mr. Jean Décarie)

Mr. Jean-Claude Marsan  
Faculté d'Aménagement, University of Montréal

Mr. Peter Lanken  
Architect

St. Patrick's Basilica Social Justice Committee  
(Ms. Laura Whelton, Mr. David Hutchinson)





## **APPENDIX E**

### **LIST OF BRIEFS**



## LIST OF BRIEFS

1. Adams, Annmarie, Brief, January 2001, 8 pages and appendices.
2. Arsenault, Marcel, Presentation, January 2001, 15 pages.
3. Baker, Joseph et al, Brief, January 2001, 4 pages.
4. Board of Trade of Metropolitan Montreal, Submission, January 2001, 11 pages.  
Board of Trade of Metropolitan Montreal, Additional responses, January 2001, 3 pages.
5. Bobrow, Philip, Re-Use of the Royal Victoria Hospital Complex – McGill University Health Centre : Submission, January 2001, 28 pages and appendices.
6. Boivin, Judith, Notes de présentation, January 2001, 3 pages.
7. Bronson, Susan, Submission, February 2001, 8 pages.
8. CLSC MÉTRO, Problèmes d'accessibilité à un logement à un coût abordable; Portrait de la situation locatif au centre-ville de Montréal, February 2001, 16 pages.
9. Communauté urbaine de Montréal, Service de la mise en valeur du territoire – Division de l'aménagement, La réutilisation des immeubles existants, January 2001, 4 pages.
10. Conseil des Monuments et Sites du Québec, La réutilisation des immeubles existants du CUSM, February 2001, 3 pages.
11. Covo, David, Presentation, February 2001, 3 pages.
12. Grosser, Arthur, The Caring Curriculum. A proposal on the Reuse of Royal Victoria, January 2001, 2 pages.
13. Héritage Montréal, Notes pour une présentation, February 2001, 12 pages.
14. Institut de recherches cliniques de Montréal (IRCM), Mémoire, January 2001, 2 pages.
15. Jared, Al, Brief, January 2001, 1 page.
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17. Lambert, Phyllis, Lecture, February 2001, 3 pages.
18. Lanken, Peter, Submission, February 2001, 7 pages.

19. Les Amis de la Montagne, Statement, February 2001, 5 pages and appendices.
  20. Marsan, Jean-Claude, Consultation sur la réutilisation des immeubles existants : à la défense du bien public, February 2001, 5 pages.
  21. McLeod, Barbara, Proposal, February 2001, 6 pages.
  22. MUHC Patients' Committees, Submission, February 2001, 6 pages.
  23. Rastelli, Louis, Brief, February 2001, 2 pages.
  24. Ross, Steve, Brief, February 2001, 2 pages.
  25. Russell, Greenan Compessi Eric, Brief, February 2001, 1 page.
  26. St-Patrick's Basilica Social Justice Committee (SJC), Proposal, February 2001, 2 pages.
  27. Schoenauer, Norbert, Brief, January 2001, pages.
  28. Sijpkens, Pieter, Darwinism versus Creationism : The case of the MUHC, February 2001, 5 pages.
  29. Sitaras, Peter, Commentary on the McGill University Health Centre's proposed new hospital and reuse of existing buildings, February 2001, 5 pages and appendices.
- Société pour l'Étude de l'Architecture au Canada / DOCOMOMO Québec
30. Picard, Michèle, Brief, February, 3 pages.  
Picard, Michèle, Notes supplémentaires, February 2001, 2 pages.
  31. Vanlaethem, France, Mémoire, February 2001, 4 pages.
  32. Totah, Sam, Submission, January 2001, 5 pages.
  33. Université McGill, Brief, January 2001, 4 pages.
  34. Wolfe, Jeanne et Raphaël Fischler, The future of the McGill University Health Centre, January 2001, 3 pages.



