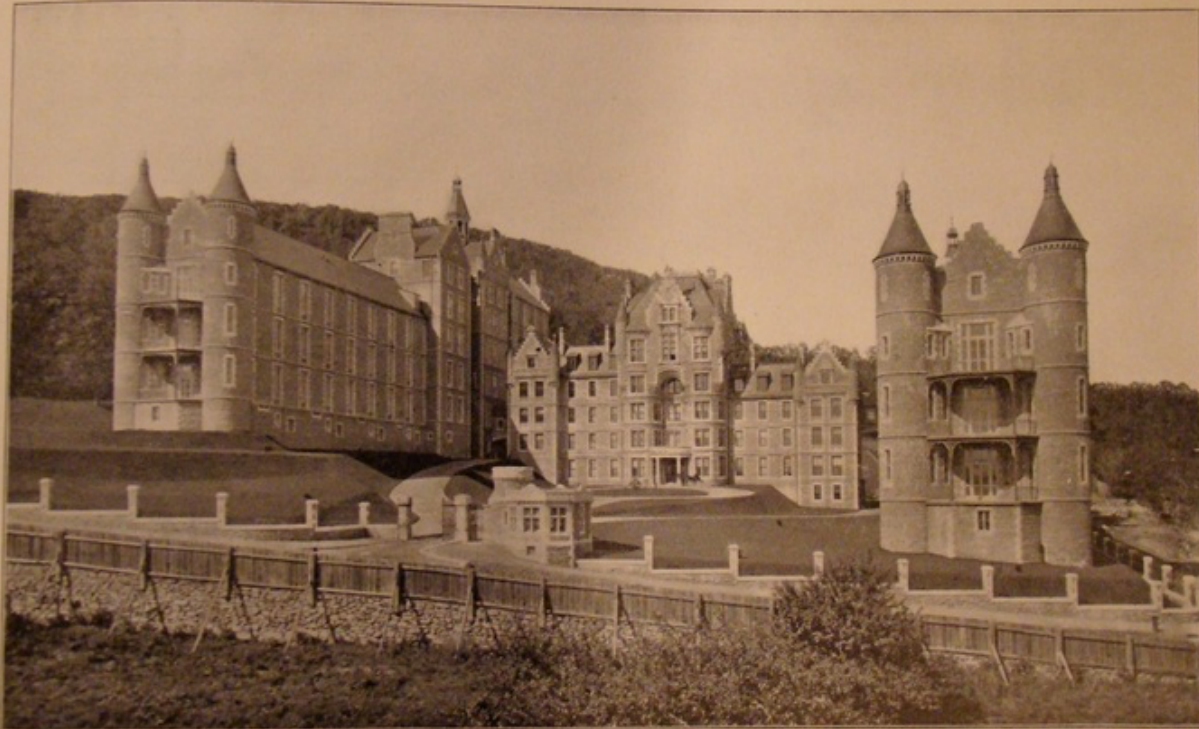


My Vision for the former Royal Victoria Hospital site by Wanda Potrykus



Royal Victoria Hospital, Pine Avenue.
(The Joint Queen's Jubilee gift of Lord Strathcona and Mount Royal, and of Lord Mount Stephen.)

Montreal Island, and in particular downtown Montreal and surrounding suburbs with some of the highest population densities, are in dire need of housing for disabled persons, the aging, the poor, the homeless as well as for the chronically ill and the dying.

The land upon which the former Royal Victoria Hospital (and its associated buildings, such as the former Ravenscrag mansion¹, later the Allan Memorial mental health facility) was donated in the 19th century by two philanthropic and public-spirited Scottish immigrants, Donald Smith, 1st Lord Strathcona, and George Stephen, 1st Lord Mount Stephen, who were cousins. Their descendants assert this 'gift' was in perpetuity and maintain the site should be continued to be dedicated to the health and welfare of Montreal and Quebec citizens. Those entrusted with the care of this site should hold strong in upholding the spirit and mandate of the original donation and work to repurpose most of the existing buildings to address some of the ongoing health and welfare needs of Quebec and Montreal inhabitants.

Heritage buildings should be repurposed not destroyed

Enough with the ongoing mission to destroy heritage buildings in Montreal and replace them with

1 Ravenscrag is an imposing bourgeois mansion built in the Neo-Renaissance style between 1861 and 1864 for Sir Hugh Allan, then the richest man in Canada. It was donated to McGill University in 1943 and converted into a psychiatric hospital, the Allan Memorial Institute. Source: Heritage Montreal

ugly multi-story faceless predominantly rectangular concrete boxes of buildings that have no redeeming features under the guise of 'building back better'. I used to live in a large Victorian home, repurposed into three apartments and dating from 1894. With care and maintenance by its various owners, I believe that heritage building will be around for at least another 100+ or more years.

Unfortunately, in 2015 I moved to a 'more modern' concrete apartment block that I have found to my horror is disintegrating mess. Buildings from 100+ years ago were built to last (if they were kept in good repair). Our modern concrete buildings dating from the mid-20th century and later, in spite of repairs, are not lasting as well. Their steel cores and crumbling concrete cannot be restored without total and costly rebuilding. This is why, in spite of perhaps the costs incurred to do so, we should recognize that repurposing heritage buildings is far better than rebuilding, especially with a heritage buildings such as those at the former Royal Victoria hospital site.

Potential Uses for the Current Buildings on this Site

- Palliative care and hospice facilities
- Downtown standalone dialysis centre i.e. not in a hospital setting
- Permanent and temporary housing for Montreal's homeless
- Housing for persons with physical and intellectual disabilities
- Housing for the elderly
- Social housing for Montreal's poor and lower income persons

Why we need dedicated hospice and palliative care facilities

“Palliative care, a critical and growing need: The available resources in palliative care for terminally-ill Montrealers are inadequate in particular due to our aging population.” Source: <https://maisonstraphael.org/en/about-us/>

Quebec and Montreal have an aging population plus currently we also have a pandemic that is leaving some of those afflicted with chronic ongoing ailments and unable to work. Many other people at the end stage of life have a choice of dying at home with little or no medical care to ease their passing, or in many cases in the corridors of the overburdened ER facilities of whatever Montreal island hospital they have been transported to by Urgences Santé. This is no way to exit life either for the person her, him or themselves or for those they leave behind.

There are few to no dedicated hospice care facilities in most boroughs of Montreal or indeed on the island of Montreal. If they exist they are in hospital settings. No place to prepare for death. After a great deal of effort by many persons over many years one hospice – Maison St Raphael - recently opened in Outremont in a repurposed Catholic church but it can only house 12 persons at a time in their dedicated hospice, with others in need offered palliative care via their Day Centre. This is NOT enough in a city of this size!

“Beyond medical care, terminally-ill patients need a warm environment where they can pass away with dignity, surrounded by their loved ones and caregivers. It is with this in mind that today medical services are being provided by a multidisciplinary team committed to easing the end-of-life transition, through palliative care.

The palliative care approach is based on accepting death as a natural part of life. Instead of focusing on finding a cure at all costs or resigning oneself to suffering, palliative care aims to relieve physical and psychological pain and to enhance the quality of life for terminally-ill patients.

What's more, as soon as a palliative approach is initiated, the wishes and desires of the dying person are taken into account, as are the needs and roles of the family, friends and caregivers who accompany the terminally-ill person." Source: <https://maisonstraphael.org/en/about-us/>

The former Royal Victoria site accommodated a very large hospital. With some imagination (potentially a focus of study for McGill architecture faculty and students) parts of the already existing buildings can be repurposed to fulfil many of these desperately required and ongoing needs, especially in terms of end of life care? After all, we are all going to arrive at that final day sometime in our lives. Better we do it in dignity and comfortable surroundings specifically designed for that purpose.

Winter Garden atrium and the healing and calming power of trees and water

The former Royal Victoria hospital site is particularly suited to end of life care in all its many forms; most particularly because of its location on the side of Mount Royal. This past summer I spent 3 weeks in the Montreal General hospital a kilometre or so further west from the former Royal Vic site. My first of two rooms there overlooked the treed side of Mount Royal as did the shower room facility. I found the sight of trees outside of my 12th floor window to be immensely calming in spite of the pain and discomfort I was enduring. When I was moved to a room on the other side of the ward and not facing the tree lined slope of Mount Royal, it was a lot less calming and restful.

With the former Royal Victoria site we have a once-in-a-lifetime opportunity to harness the power of nature and the existing trees on this site to smooth the passing of those requiring palliative and hospice and other care.

"The origin of the winter garden dates back to the 17th to 19th centuries where European nobility would construct large conservatories that would house tropical and subtropical plants and would act as an extension of their living space. Many of these would be attached to their main palaces. Earlier versions would be constructed of masonry with large windows and a glass roof, usually in the Classical or Gothic styles. While in the 19th century many of these conservatories were made out of iron and curvilinear glass. Winter gardens were not just restricted to private residence, many were built for the greater public. The first large public winter garden was built in 1842–46 in Regent's Park in London, UK and was used for evening occasions, large flower shows and social gatherings. Other winter gardens, such as the Crystal Palace, by Sir Joseph Paxton in 1851, were soon built and used for a variety of purposes." Source: https://en.wikipedia.org/wiki/Winter_garden

I would like to see a winter garden(s) in the form of one or more atriums added to some of these buildings so patients, residents and staff can benefit from access to the outdoor treed vistas even in at the height of winter or during inclement weather. This is the type of 'new' building that should be permitted on this site. Perhaps if money is available for adding greenhouse facilities the residents could also benefit from growing plants, including vegetables and flowers on a year round basis. Also very therapeutic and calming.



Winter garden - Cambridge

Creation of an Aqua and HydroTherapy facility

Aquatic therapy is physical therapy taking place in a pool or other aquatic environment under the supervision of a trained healthcare professional. It is also known as water therapy, aquatic rehabilitation, aqua therapy, pool therapy, therapeutic aquatic exercise or hydrotherapy. Montreal island is sorely lacking in public access facilities for aqua and hydrotherapy. There are many benefits of Aqua and Hydro Therapy for the disabled, the aging and those in recovery from serious accidents such as car crashes as well as those suffering from arthritis and other musculoskeletal disorders (MSDs), which are injuries and disorders that affect the human body's movement or musculoskeletal system.

The common goals of aqua therapy programs include:

- Improving flexibility
- Improving balance and coordination
- Building muscle strength and endurance
- Enhancing aerobic capacity
- Assisting with gait and locomotion
- Reducing stress and promoting relaxation
- Traumatic brain injuries, including concussion

Source: <https://crashsupportnetwork.com/the-benefits-of-aqua-therapy-hydrotherapy-as-you-recover/>

Water therapy has proven helpful for those suffering from the following conditions:

- Arthritis
- Arthroscopic surgery recovery
- Autism
- Balance disorders
- Bursitis
- Cerebral palsy
- Chronic pain
- Depression
- Idiopathic joint pain
- Joint reconstruction surgery recovery
- Joint replacement surgery recovery
- Lower back pain
- Osteoarthritis
- Orthopedic injuries
- Parkinson's disease
- Multiple sclerosis
- Rheumatoid arthritis
- Scoliosis
- Stress
- Spinal cord injury
- Sprains and strains
- Stroke
- Tendonitis
- Traumatic Brain Injury (TBI) such as concussion

Use and expand the existing onsite swimming pool

Many do not know that there is an existing outdoor swimming pool on the former Royal Victoria site used by the former hospital employees. Swimming outside on the side of the mountain surrounded by trees is a holistic and wonderful experience, especially in the heat of summer. This pool should be maintained and if possible an indoor one added for year round use and accessibility. If there is money to finance this hydrotherapy facilities should also be added. Older people and the disabled benefit tremendously if permitted access to regular water-based therapy. Time to think outside the box about alternative health care needs when decided on how to repurpose this site.

The Health Benefit of Trees

“The psychological benefits of walking through forests are very significant, and forest environments are expected to have very important roles in promoting mental health in the future,” the authors write. Indeed, various other studies suggest that the practice of “forest bathing”—deliberately spending time among the woods—can help us deal with the stresses and strains of urban living.” Source: https://greatergood.berkeley.edu/article/item/why_trees_can_make_you_happier

Much recent and ongoing research has proven that exposure to nature, green spaces and, in particular, trees helps us to feel less stressed and energized. It assists in decreasing our stress, rumination, and anxiety. The former Royal Victoria site is invaluable due to its proximity to and vistas on Mount Royal park on one side and the sky and the city on the other. We must preserve this vital and natural resource in perpetuity by ensuring this site is not overbuilt or reserved for benefiting the wealthy 1%.

Why downtown Montreal residents need a local dialysis centre

I suffer from a serious, chronic autoimmune kidney disease for which there is no cure, or drugs as yet approved that would extend my life. I am facing a future where dialysis looms large. Not a cure but simply a way to extend my life for however long I, or my failing body, can tolerate it since dialysis is very hard on the elderly and on the heart muscle. Yet the Quebec government decided that the MUHC in its state-of-the-art hospital should not provide dialysis at the new Royal Victoria hospital Glen site (neither could it maintain the perfectly viable dialysis centre on the Royal Victoria site in the elegant Ross Memorial Pavillion – built on a rock outcropping several hundred feet in length and one of the largest buildings at that height on Mount Royal that originally housed private patients); nor could it repurpose a building in the vicinity of its Glen site for a standalone dialysis centre.

No, it decreed the patients of the doctors at the Royal Victoria that need ongoing dialysis to (hopefully) extend their lives while waiting to die (or receive a kidney transplant should they be eligible to receive one, or should one become available while on dialysis) whichever comes first, had to travel to Lachine General Hospital three times a week instead in order to undergo dialysis there. This includes downtown residents who are kidney dialysis patients. It seems politicians and civil servants who make these decisions have no idea of how debilitating dialysis is and yet believe it is perfectly acceptable to make them travel 15+ kilometres along an autoroute to reach Lachine General, instead of keeping them closer to home with a far more accessible and closer location.

“The expected mean survival of a 55-year-old American is 26 years. According to the United States

Renal Data System (USRDS) 2009 report, the expected survival for a 55-year-old person with a kidney transplant is 15 years, but the expected survival of a 55-year-old person on dialysis is only 5 years. The mean survival for all people in America who start dialysis is 3 years.” Source: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3116337/>

Lachine General is a suburban hospital in the western end of the Montreal island. It is not a downtown hospital. For those who do not know much about kidney dialysis, it is a life maintenance service, occurring 3 times per week for 4+ hours each session. It is an ongoing and extremely fatiguing experience. A kidney patient's bodily fluids such as blood and waste are extracted by machine, 'purified' by another machine (artificial kidney) and replaced back in the body.

The total time needed 3x per week for each dialysis session depends on a number of factors:

- how well one's kidneys work
- how much fluid weight a patient gains between treatments
- how much waste one has in one's body
- how big one is
- the type of artificial kidney used

“One good day per week!”

Usually, each hemodialysis treatment lasts about four hours but can last up to six or more for some patients. It is done three times per week and seriously exhausts the kidney patient. The bare fact is, according to most dialysis patients once on dialysis a person has a maximum of **one 'good' day** a week. The rest of the days are spent waiting for dialysis, having dialysis, and recovering from dialysis.

Since so much time in the week is spent getting to a dialysis centre, being hooked up to machines and waiting for the process to finish before crawling home to rest, it would be nice to have a view outside to the calming effects of nature such as the former Royal Victoria site could provide.

In a 'supposedly' worldclass, 21st century city such as Montreal, with 2+ million inhabitants, this indicates one should not knowingly add increased and costly journey time (one cannot drive oneself due to the fatigue levels) in terms of gas, or taxi cost, along with significant stress on a crowded, carbon dioxide spewing highway, thus lengthening not only the journey time but the treatment day, since Lachine is a difficult to access from downtown Montreal by public transport. In addition, as a result of the Covid19 pandemic, many more patients have had to be and will continue to be added to the dialysis roster since the Corona virus is currently understood to 'be here to stay' and this is an illness that oftens affects a patient's kidneys.

Life expectancy for kidney dialysis patients

According to the US Renal Data Center, 70- to 74-year-olds on dialysis live 3.6 years on average, compared with 12.2 years for their healthy peers; 75- to 79-year-olds on dialysis live 3.1 years on average, compared to 9.2 years; 80- to 85-year-olds on dialysis live 2.5 years on average, compared to 6.7 years. As far as I can ascertain, Canadian life expectancy of Canadian kidney patients on dialysis is similar but this does not factor in the added strain of tiring travel to and from a dialysis centre located as some distance from the patient's home.

The reality is that most dialysis centres do not have to be on acute care hospital grounds. Ontario has a number of standalone treatment centres in cities such as Brockville. Dialysis centres in prisons, such as Kingston, are also used in 'off-hours' to supplement local needs. Quebec needs to start thinking outside of the proverbial box as far as the needs and quality of life of dialysis patients are concerned.

Other residential housing needs

Parts of the Royal Victoria sites are already being used on a temporary basis to house some of Montreal's street or homeless people, especially during the winter and also at the height of the pandemic. This use should be made permanent. In addition, there is a need for temporary, transitional and permanent housing for those in greatest need.

Nevertheless there are other sectors also in need for affordable housing, such as those with physical and intellectual disabilities and mental health issues (this wide grouping of disabilities also includes the deaf and blind). Many of this vulnerable population have low incomes and would benefit from access to reasonable rents and pleasant verdant surroundings.

Plus as stated previously, the population of Montreal island is aging. Senior and retirement homes are an increasing need and we do not have enough. Once again some of the buildings on this site could be repurposed to accommodate the needs of the aging, so they can spend their final years with access to green spaces and soothing vistas. Modules offering various nursing and medical needs could be interspersed with units for those who need less immediate and ongoing care. As faculties diminish, it could mean residents might move to another floor or section of a building but not be completely uprooted from the place they have become accustomed to and have learned to call home. Plus partners and friends could still visit easily if all are living in close proximity. This is especially necessary because of our lengthy winters that make travelling around the city arduous for older persons.

I won't repeat what other groups have presented on this topic but once again some of the buildings should be repurposed to provide an answer to this need, whether in the form of housing coops or managed by the various organizations with experience caring for the most vulnerable in our society.

Public Access to the site

I agree that some of the existing on site parking should be used to alleviate traffic on Mount Royal via existing roadways and permit those unable to walk up the many steps of the adjoining "Snake" a somewhat closer access to Mount Royal Park via the Chemin Olmstead as has been already suggested.

Create a mixed residential and therapeutic community

But I support this use for another reason. Those dying, homeless or living on a low incomes for whatever reasons should also benefit from living "on the Mountain" with the fresher air and access to greenery with the resultant health benefits that it provides. Mixed housing and residences for both the living, the able bodied, the disabled and the dying should not just be the purview of the rich – those able to purchase the existing housing stock on Mount Royal. Along with the existing McGill University student residences as well as repurposing some of the existing former hospital buildings to potentially rehouse Montrealers of all levels of society, I suggest we should aim to have a mixed community rehoused in apartments and residences created by renovating all the existing buildings.

Harness the brain power of our Quebec architects and engineers

Once again McGill University architectural students and faculty could play a part in this project as onsite projects submissions could/should be open to attendees of all universities in Montreal and Quebec province. The assorted university engineering departments should also be involved since one of the big 'downsides' to living on the side of Mount Royal is the steep access to this hilly terrain, especially on the upper reaches where this site is located.

Dream up Innovative public transport ideas and concepts

Isn't it time Montreal and McGill looked at provided some sort of public transport 'up the hill' from the metro and Sherbrooke Street? The hilly streets of San Francisco were made accessible using cable cars that have 'stood the test of time' since they date from Victorian times (as does part of the former Royal Victoria hospital). Not being a transportation engineer, I am not certain if cable car technology such as that of employed in San Francisco is a viable option for use here, since in Montreal it will have to be able to accommodate the 12-month vagaries of Quebec's weather i.e. rain, ice and snow during at least 5-6 months of the year.

Nevertheless, if the Victorians of the 19th century could build a viable and proven mode of transport for those living in hilly San Francisco that operates essentially the same technology today almost one hundred and fifty years later, surely the agile minds of today's engineers and engineering students could potentially come up with an appropriate mode of public transport to convey people up the side of the Mount Royal, which though steep, certainly does not have vertiginous inclines of some San Francisco streets (i.e. with incline grades of 27 – 41 degrees on certain stretches – see: <https://www.sfgate.com/local/editorspicks/article/Where-is-San-Francisco-steepest-street-15374214.php#>).

Montrealers and tourists also had for a time a funicular railway access that took them up to the lookout but it was destroyed in 1918 as it was deemed 'unsafe'. We are now, however, in the 21st century, so surely we can devise more modern equivalents that will work in our weather and would be beneficial to any and all who wish to access the former Victoria Hospital site, such as students, the elderly, the infirm, the disabled and the abled bodied alike.



Former funicular railway – Mount Royal 1918

Unfortunately I have been unable to discover the incline grade of the stretch of University Street from Sherbrooke Street to the Montreal Neurological hospital and on up to the McGill student residences; however, by way of comparison the existing roadway (Camilien-Houde) over Mount Royal from Park Avenue west up and through the park has only a 10% incline grade. Plus it did once have a tramway (the Number 11 streetcar) that transported passengers up to Mount Royal park, but it was dismantled in the 1950s when then Mayor Camilien Houde chose to replace it with a road.

Concluding Comments

I submit this brief vision of some possible and potential uses of the former Royal Victoria hospital site. Not because I believe much of my vision will come to pass as there are potentially too many conflicting political and powerful interests at play here. But I submit it more in the spirit of public consultation and the knowledge that in 2021 it will serve to indicate that along with others who have participated in this process that some citizens of Montreal island were thinking of and hoping to promote the welfare and needs of the aged, the disabled and the less fortunate living among us.

Lord Strathcona and Mount Royal, along with Lord Mount Stephen gave this land for the health and welfare of Montreal and Quebec citizens and to contribute to the public good. Their descendants along with many others alive today want that legacy to continue serving the citizens of Montreal, as do I.

Thank you for your time and attention.

Wanda Potrykus