

Submission to the OCPM from Robert Hajaly regarding the proposed Montreal General Hospital expansion  
June 26, 2011

My name is Robert Hajaly, and I both live and work in the vicinity of the Montreal General Hospital. I have concerns related to the proposed expansion of this hospital regarding the noise created by ambulance sirens, the impact on car parking in the area of the hospital, and the increase of traffic and encroachment on residential areas neighbouring the hospital due to this expansion. My evaluation of these environmental impacts is related to the function of this hospital and the need for its expansion, which I will briefly address. I will also make a brief comment about the design of the addition at 1750 Cedar Avenue.

First, the noise due to ambulance sirens. This is related to the proposed development of the hospital's emergency function in its west courtyard. Ambulance sirens are now heard day and night in the vicinity of the hospital, both to warn cars at crossroads of the impending presence of an ambulance and to push cars which are ahead of the ambulance out of the way, particularly along Atwater Avenue. This noise is made worse by the designation of the Montreal General as one of only two adult trauma centres on the island of Montreal. I would suggest that this exclusive designation places a disproportionate noise burden on neighbouring residents and is medically unjustified. It is medically unjustified because emergency trauma patients should be taken to the closest major hospital that can treat them, to save time, not to one designated hospital that might be much farther away. Moreover, once the superhospitals are built they would be more suitable as trauma centres since both of them are right besides expressways (in the MUHC case expressways from all four directions) enabling emergency patients to be brought more quickly to them. Therefore I would like to ask your commission to recommend to the authorities that before the plans for the west courtyard are finalised this exclusive designation of the Montreal General as a trauma centre should be reconsidered and these courtyard plans should take into account this reconsideration.

My next concern is the hospital expansion's effect on car parking in the area of the hospital. We already have many non-residents parking in our area, just below the hospital, who are going to Concordia University or downtown, and it would make things worse if more people from the hospital also parked here due to the hospital's expansion. In the document entitled Montreal General Hospital Expansion and Modernization Project, June 6, 2011, it states very clearly, on the page entitled Traffic and parking, that the hospital anticipates a future shortfall, after its expansion, of 338 parking spaces relative to the demand for such spaces. This is chiefly due, according to the information on this page, to the fact that the hospital will no longer be renting 331 off-site parking spaces, chiefly from the College de Montreal. It's true that we were told at the information meeting by Mr. Elbaz that for now the hospital will be retaining those spaces, but the long term intention seems clearly, both in the report I just mentioned and in its presentation at the information meeting, to rely more on people taking public transport to get the hospital. We were told about a shuttle from the metro and the creation of a tramway. I frankly do not believe that such new measures, assuming they were put in place, would make much difference to people taking public transport. As it is now there are four different bus lines, including the reserved lane bus 535, serving the hospital along Cote-des-Neiges Road and connecting it with Guy-Concordia metro station, with buses coming along every few minutes until late at night. Additional measures will not add much to this. Therefore I would request that your commission recommend that the hospital retain its 331 parking spaces at the College de Montreal, or rent or create an equivalent number elsewhere if this becomes necessary, for as long as these spaces are needed to avoid a shortfall of parking spaces relative to demand at the hospital.

My final concern is the institutional encroachment on what is mainly a residential area and the increase in traffic that would be created by the 1750 Cedar project. It was clear from the information meeting on this project that the residents immediately neighbouring this project who

live on Cedar Avenue are not happy about it. The project moreover is taking up space that could be used desirably for more residences in what is otherwise a nice area. What I would like to suggest in this regard is that this project, at 1750 Cedar, may not be necessary, or at least may be significantly scaled down, minimising its negative environmental impact. For a start, the western part or building of 1750 Cedar is not proposed to be a medical centre at all, but rather administrative offices for the whole MUHC, not just for the Montreal General (see the page entitled 1750 Cedar in the above mentioned document for this information). But in this case it would be much more suitable to locate these offices in the Glen superhospital site, first because it will be the chief site of the MUHC system, second because this site is more central for the system as a whole, being between its other parts at the Montreal General and Lachine Hospitals, and third because, as was admitted at the information meeting, there is available room to build on at the Glen site. As for the part of 1750 Cedar that really is a medical centre for the Montreal General, first we were never told why after 60 years of the hospital's existence at this site this medical centre should be necessary. It's not as if there's been a notable increase in the population who are likely to use this centre. Second, we were told at the information meeting that the research work that now goes on in the Livingston wing of the hospital will be transferred to the Glen site; to which I would add, wouldn't this be true also of the work in the research building designated with an R on drawings of the hospital site (in the document referred to above, at the lower left corner of the hospital site, on Cote-des Neiges Road)? In which case, if this medical centre is truly necessary why can't it take over these spaces now used for research? Note also that in the hospital's new plan it's projected that the number of hospital beds will go down from 332 at present to 268 beds, so perhaps this will leave over even more space, or at least not require more space. So I am asking the commission, first, to recommend transferring the administrative offices part of 1750 Cedar to the Glen site; and, second, that the MUHC should first justify to the tax-paying public the need for the medical centre portion of 1750 Cedar, and secondly, if this centre is publicly judged to be truly necessary, that the MUHC should see if this centre could be wholly or partly located in the space now taken by research, with the need for a building at 1750 Cedar being eliminated or scaled down accordingly.

Finally, I would like to make some brief architectural remarks regarding the 1750 Cedar building, should it ever go ahead on whatever scale. On the last page of the MGH Expansion Project document that I've referred to above there is an attempt to show that the 1750 Cedar building harmonises with its neighbours by using similar materials having similar colours to those of the hospital and the neighbouring residences. However, there are two problems with this. First, whereas the light grey limestone of the hospital building is used only as its base, on the first and second floors, in 1750 Cedar this limestone is used only on the top floor, with the dark red brick of the neighbouring residences on the other side of 1750 Cedar being used in the base of 1750 Cedar, hence creating a discontinuity between 1750 Cedar and the hospital. Second, 1750 Cedar uses the curtain wall window which is found only over the entrance of the hospital throughout 1750 Cedar for all its main windows, hence creating a facade that harmonises neither with the hospital nor the residences, and which looks more institutional than it need do. Your commission should therefore recommend that should 1750 Cedar be built on whatever scale it should more carefully harmonise with both the hospital building and its residential neighbours and look less institutional.

Robert Hajaly