

June 20, 2011

TO: Office de Consultation Publique de Montreal
FROM: Lucy Fellowes
RE: MUHC, Campus de la Montagne

The MUHC's commitment to provide optimal care in expanded facilities is necessary and commendable.

The Glen site, supported by the existing Mountain campus, will enhance MUHC's capabilities long-term.

My comments about the proposed redevelopment of the Mountain Campus in the borough of Ville-Marie and within the historic and natural borough of Mont-Royal address the problems of congestion caused by the expansion. Studies and projections by the developers minimize difficulties of access to the site for personnel and patients; parking shortages; and increased overall traffic to and through the borough.

Access:

The Glen site's access, circulation routes, and parking were designed to accommodate heavy capacity from several directions, within a broad urban area already served by highways.

The Mountain campus is confined by a densely populated area served by existing streets heavily traveled by local and through traffic. One or more of the only three adjacent streets can be blocked or impeded by roadwork (as for Cote-des-Neiges for months past and future); snow-clearing; stalls or accidents. Though MUHC expects emergency vehicles to choose the best route, the options can be severely limited.

Difficulty of access should preclude adding or increasing Mountain campus functions and services, including the adult level 1 trauma care center. MUHC maintains that the Province mandates the location of the trauma center "in downtown Montreal." The Mountain campus is not downtown. Based on the whole region MUHC claims to serve, the Glen site is downtown, and offers easier access for patients and emergency vehicles.

Parking:

According to the Montreal General Hospital Expansion and Modernization Project proposal of June 6, 2011, MUHC estimates a current shortfall of 247 parking spaces, and future shortfall of 338 spaces. Even the existing parking facilities depend on 331 rented off-site spaces, almost one-third of current demand.

In addition, the MUHC proposal cites "elimination of parking spaces off of Cedar Avenue for physicians responding to trauma emergencies. (27 of the 40 existing spaces--or 68%--will be eliminated.)"

This problem is identified in "What the MUHC cannot integrate in its project." Where will more than half of "physicians responding to trauma emergencies" park? Or, put another way, where will the physicians park more than half their time when responding?

The projected shortfall of parking on-site and on Cedar Avenue, as well as the cost and uncertain availability of rented spaces off-site should preclude expansion of the Mountain campus.

Traffic:

MUHC's projection of traffic impact is inadequate, as presented by M. Marc Perrault, planning consultant, in the project proposal. No basis is provided for the assessment of "Currently good traffic conditions" and "Anticipated 10% increase in road traffic insignificant." Figures tend to underestimate the traffic of hospital-related service and delivery vehicles in addition to car traffic for physicians, personnel, admissions, and visitors.

Especially at rush hour and in winter, an increase of 10% traffic on Cote-des-Neiges is significant. The density will increase if the proposed residential development of the former College de Philosophie site goes forward; after the construction phase, traffic of utility and service vehicles would add to the volume of private cars.

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The "Traffic and parking" assessment concedes that "Good service by public transport somewhat limited by: schedules poorly adapted to employee work hours; difficulty accessing hospital entrance (significant difference in elevation)."

"Travel management measures" are inadequate and hypothetical. The modal split objective for 55% public transit; tramway initiative; and bus/shuttle transportation service envisioned in the proposal would be left to the MUHC and/or the borough to implement. If these solutions were realistic or workable, they would already have been adopted. Lack of planning and funds will mean no improvement in traffic congestion.

The addition of bike racks will not ease traffic. Winter road conditions, the "significant difference in elevation," the need to transport files or equipment, and the limited agility of many visitors limit the real use of bikes.

Increased traffic congestion should preclude expansion of the Mountain campus.

In conclusion, MUHC should revise and minimize expansion of the Mountain campus. Nothing stands in the way of a rational plan consistent with effective, patient-centered services, and integrated care, research, and training facilities. The "imperatives" presented to the OCPM are in fact more flexible than they seem.

Note that the 2008 plans were presented as imperative. Behind the "solid" facade, plans were weak.

"Complex management (construction/operations); prohibitive construction costs (seismic rehabilitation) were two factors in the revision of the 2008 plans. That the MUHC advanced those plans with certainty and conviction before ascertaining the seismic implications of the proposed expansion is disturbing. The MUHC planning process did not inspire confidence in 2008. The proposal of June 6, 2011, does not, either.