

Arguments against the CEF Site & Master Site Plan for the new Hospital Campus

This is the largest development project in Ottawa's history.

It will affect the city forever. The replacement of the NCC recommendation of Tunney's Pasture with the Dow's Lake/Experimental Farm site has major consequences: loss of parkland, defacement of National Historic and UNESCO heritage sites, and overwhelming traffic issues that will impede access to the hospital.

In addition to the site itself, serious questions about democratic process and developer influence at City Hall have arisen.

*It is **not too late** to oppose the choice of the Experimental Farm/Dow's Lake as the hospital site. The federal election and the recent forced resignation of the Chair of the Planning Committee present a golden opportunity.*

Key Dates for Approval of the Master Plan:

All meetings have recently been deferred to October, after the federal election. No precise dates have yet been announced. These meetings will occur in the following order:

October 1: Review by the Built Heritage Sub Committee & Planning Committee approval

October 13: City Council approval

TBD: NCC approval

To save the Experimental Farm

Write to or call as many of the following as you have energy and include some of the arguments provided in this document.

Wrong site and unacceptable decision process:

[Your federal candidates](#)

[Prime Minister Trudeau](#)

[NCC CEO Tobi Nussbaum](#)

[Minister of Health Christine Elliott](#)

Master Plan

Jim.Watson@Ottawa

City planner Sean Moore Sean.Moore@ottawa.ca

[City Councillors](#) (particularly those on the Planning Committee, the Finance and Economic Development Committee, and the Built Heritage Sub Committee) Here is a link: [Standing Committee members list](#)

Arguments against the plan

This document contains questions about and criticisms of the Master Plan collected from those who have read the various studies that accompany it. They are provided for use in your calls and letters.

*We are advised to "nitpick" the plan in the way one might do when buying a new home and hoping to reduce the price. **Ask your city councillor to vote AGAINST approval of the Master Plan.***

Thank you for your support and please share this document with others who are concerned.

If you want to see the Master Plan details yourself, the plan and its 19 supporting documents can be found at: <https://devapps.ottawa.ca/en/applications/D07-12-21-0059/details>.

The NCC report and recommendations are at: http://s3.amazonaws.com/ncc-ccn/documents/toh_final_report_with_appendices.pdf?mtime=20170419160003

Questions & comments: reimagineottawanow@gmail.com

PROCESS

- **NCC Mandate.** The NCC website states: “The National Capital Commission is the federal Crown corporation dedicated to ensuring that Canada’s Capital is a dynamic and inspiring source of pride for all Canadians, and a legacy for generations to come.” Why then was the Tunney’s Pasture site recommended by the exhaustive NCC study summarily overturned in December 2016 by 17 politicians? The explanation is that the hospital board rejected it. Should a hospital board’s view override that of the National Capital Commission? As a final step, the Master Plan must be approved by the NCC, but will they really have any choice? Will the NCC have jurisdiction over the subsequent site plan submissions?
- **Developer influence.** Inadequate explanations have been given for abruptly overturning the NCC’s recommendation of Tunney’s Pasture. The decision is tainted by the possibility of political interference and influence by developers due to the approximately \$2.5 billion in development potential at Tunney’s. This needs investigation and explanation. Is there a possible conflict of interest when the GBA Group is awarded contracts for Project Management and Development for both Tunney’s Pasture as a commercial and residential site and the hospital site at Dow’sLake/Experimental Farm when its President and CEO was on the Ottawa Heart Institute board and a major donor to the Ottawa Hospital? There is also the recent forced resignation of the Chair of the Planning Committee due to an unethical relationship with a developer. How can we guard against political and developer influence in making the final decisions at the Planning Committee, City Council and the NCC? Reimagine Ottawa filed an official complaint with the City’s Integrity Commissioner, but it was rejected.

No Health Care Master Plan. “The Provincial Government and the City of Ottawa have failed to provide a HealthCare Master Plan (HCMP) for the city of Ottawa. The Ottawa Hospital has, because there is no HCMP, taken leadership in the development of the New Campus Development. This has included the choice of sites. They (the board of TOH) were/are not qualified and should not have been allowed to do this.” (Jerry Fiori, Chair, Ottawa Disability Coalition.)

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- **Insufficient time to assess.** The Master Site Plan and its supporting documents were not made available to the public until May and June of 2021. It was not until then that the public could assess the implications of the plan, such as the demolition of 680 trees, the impact of traffic on surrounding areas, and the parking proposals. . Earlier assurances about greenspace and parking were not honoured. A very short turnaround time during summer holidays was provided for response This is not a responsible or democratic process.

SITE UNSUITABILITY

- **It's on a fault line.** Although the NCC report did not emphasize the seriousness of this, the site is on a fault line. An employee who worked in the Sir John Carling building wrote to the Ottawa Citizen saying "Whenever there was an earth tremor, the building would flex and twist and pieces would fall off. They even had barricades in front of the building, warning people to stand back." All employees were moved from the building 11 years ago, because, he says, "The deputy minister preferred to get everyone out before the building collapsed." (From a letter to the editor, July 10, 2021).
- **Contamination.** An Environmental Assessment Agency Impact Assessment for the West Annex says: "The West Annex is on the future site of The Ottawa Hospital and it has been determined that it cannot be used in the development of the new hospital. . . . The building contains asbestos, mould, and phenol-containing water. Prior to, and throughout the demolition activities, the West Annex must undergo a full dewatering plan."
 - Is this work included in the remediation cost estimate?
 - Assessments for the demolition of the main building and East Annex are not in the Environmental Assessment Agency's registry. Was an assessment done prior to demolition, what were the results, and is the Master Plan for the hospital in compliance with those results?
- **It takes 40+ acres of The Central Experimental Farm,** a National Interest Land Mass and, as such, is "to be held in trust for future generations" (from the National Capital Commission Summary of the Corporate Plan" 2006-2007 to 2010-2011). The loss of urban greenspace is significant and irreplaceable. Over 600 mature trees will be lost.
- **Precedent.** If this parcel is sacrificed, a precedent is established that will make future incursions on the Farm easier. Part of the reason for the hospital needing 50-60 acres was to accommodate future expansion. This could lead to future requests for more of the Farm.
- **It's sloped.** A site with flatter terrain makes for more cost-effective construction. Tunney's is on level ground.
- **Accessibility.** Jerry Fiori, Chair, Ottawa Disability Coalition writes "TOH continues to try and develop a very large hospital complex on an inappropriate site. The site will not be accessible without major design changes or operational expenses incurred."

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- **Tunney's was suitable.** A hospital there fits with the planned uses for the site and would have provided the hospital with a larger site.

ENVIRONMENT

- **The City has declared a climate emergency.** The Climate Change Master Plan includes an urban forest management plan that aims to protect existing forest and forest canopy cover. A United Nations report from the Intergovernmental Panel on Climate Change cites trees as a primary solution to climate change. Removal of 600 or so mature and specimen trees from our cityscape will lead to more climate degradation and makes a mockery of the City's Climate Emergency Declaration. The Tunney's Pasture site would not require mass destruction of trees.
- **The tree inventory and possibly the entire environmental assessment is inadequate.** Our independent research, surveying only about 50 trees, has identified trees that were not counted and trees that were misnamed. The study's inventory is for cutting permit purposes and so ignores about 130 trees with a diameter less than 10cm and all ash trees. The city's revised report does not count those already cut around the Sir John Carling Annex as part of the same project. It also ignores those to be cut as part of the LRT expansion. In the buffer zone, only 190 trees are noted of the nearly 2,000 trees in the 120-metre zone that they were supposed to have surveyed. Our assessment is that over 630 trees will still come down. Since they did not adequately survey the entire study area for trees we doubt that area has been adequately represented in the broader Environmental Impact Study.
- **Impact on the Farm.** See Friends of the Farm newsletter for impacts on the Farm landscape: <https://friendsofthefarm.ca/wp-content/uploads/2021/06/Summer-2021-Vol-33-No-3.pdf>

IMPACT ON CANADA'S CAPITAL

- **The NCC is the federal urban planner for Canada's Capital Region.** It assists "in the development, conservation and improvement of the National Capital Region in order that the nature and character of the seat of the Government of Canada may be in accordance with its national significance." Its recommendation was rejected by the hospital board. How is it possible that they can interfere with the NCC's mandate and have a recommendation based on extensive research and public consultation overturned? All of the hospital's expressed needs were considered and met by the recommended site at Tunney's. The hospital's reasons for their rejection just don't hold water. What really happened?
- **Dow's Lake is a tourist area.** Winterlude and the Tulip Festival draw thousands of visitors. Dow's Lake is heavy with locals and tourists throughout the year. Trying to combine a scenic and populous tourist area with a hospital site is terrible planning. The uses don't mix. How can access to the hospital possibly be unobstructed during busy tourist seasons?
- **Heritage and history.** The Rideau Canal and Dow's Lake is a UNESCO World Heritage Site and the Central Experimental Farm is a National Historic Site. These treasured areas of national importance will be deeply compromised.

COSTS

- **Underestimated cost.**

The \$2.8 billion cost estimate has been in place for years. Oakville's new hospital of 1.6 million square feet was built 6 years ago in 2015 and cost \$2.7 billion. At 2.5-million-square-feet, the new Civic is 900,000 square feet larger. How can that \$2.8 billion figure be accurate today and maintained in the future? Will the province foot the bill for the increase or push some of it back to the City and the hospital?

- Does the \$2.8 billion estimate include the Research Tower, Tower A, Tower B and Tower C? If not, what is the estimated cost of these 4 towers?
- Has dealing with the slope, fault line, and site remediation been included in the estimate?

- **Where will the costs not covered by the province come from?** The Mayor's office has told us that the \$700,000 not covered by the province will be raised entirely by the hospital. A 2016 article by Elizabeth Payne in the Ottawa Citizen notes that the hospital would launch a \$400,000 fundraising campaign, its largest ever. Now, provided the \$2.8 billion construction bill stands, it is apparently \$300,000 higher. We are told it will come from parking, restaurant, and retail revenue. Revenue from parking is around \$4 million a year. If the hospital could get about the same from retail and restaurant operations, it would take only 87 years to raise the \$700 million. Will the city really be able to avoid some financial support?

- **Paying for the garage.** The Ontario Ministry of Health will not fund a hospital's parking facilities, so the money for the \$150 million parking garage and surface parking will have to be found "locally." Are these costs included in the \$2.8 billion or additional to it?

- **Unaddressed infrastructure costs.** The additional cost of sewer and water infrastructure for the hospital have not been addressed in the Master Plan.

- **Possible additional infrastructure costs.** Although not in the current Master Plan or on the city's drawing board, the municipal and provincial governments may eventually have to fund the construction of a new 417 interchange at Rochester or Parkdale, and the widening of Prince of Wales to four lanes through the Arboretum, the Ornamental Gardens and the research lands of the Experimental Farm. This is possible because the traffic assessment does not take into account 12 sites of very large high-rises that neighbour the hospital site and makes an assumption that vehicle traffic to the hospital will be reduced from 85% to 35% by the time the hospital is completed. However, Cameron Love, in 2016 as CEO of the hospital, said mass transit will be an option for some staff, "but most patients, families and visitors are not going to take a transit system (to the hospital)."

- **Site remediation cost covered by province?** We have been told that the federal government provided \$91 million for site remediation at Dow's Lake. This was done when the province was about to back out of the project. Is this true and is this part of the \$2.8 billion cost of the hospital or an additional cost?

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- **Future cost control.** If subsequent site plans are required for each hospital building, how can we be confident that all costs are included even in the \$2.8 billion?

DELAY

- A stated reason for rejecting the Dow's Lake/Experimental Farm site was to prevent delay in completing the hospital. Choosing the right site is more important. The repercussions of choosing the wrong site will be with us forever.

MASTER SITE PLAN

- **Inefficient use of land.** Other new hospitals in Toronto, Vancouver, Montreal, New York City and Paris accommodate similar and even double the number of beds on a much smaller footprint.
- **Individual site plans.** The Master Site Plan calls for future individual site plan approvals.
 - What do each of these individual site plan approvals cover?
 - There are a lot of buildings planned for the future on the hospital site. What are the components included in a site plan? Will each site plan have a Hold provision?
 - If any of these individual site plans prove problematic, what then?
- **Some assessments are not attached to the approval of the Master Plan.** Why are the Archeological Assessment, Geotechnical Assessment, and the Environmental Impact Assessment and Tree Report not being considered in the approval process? It is only recently that the Master Plan was made available, so the public had no knowledge that around 600 mature trees would be lost when the public identified the most important studies. The Environmental study has become a critical issue and should have high priority in the decision-making by the Planning Committee and Council.

PARKING

- **The parking plan is untenable.** The new hospital will have three times the number of staff and at 2,500,000 square feet will be double the size of the existing Civic. In total there are 3,099 parking spaces planned, compared to the 2,700 parking spaces at the existing Civic. This is a small increase of only 399 spaces. Parking at the Civic today is inadequate for visitors and improper usage of visitor spaces is not well enforced. With 20,000 employees and the increased size of the facility, it only makes sense that the number of vehicles arriving at the hospital will increase substantially more than 399. The plan assumes the number of vehicles visiting the hospital will change from the current 85% to 35% when construction is complete and that this will be accomplished by public transit. Since the hospital will serve the suburbs and rural communities, because patients and their caregivers prefer private cars to public transport, and because we have an aging population, this is a thoroughly unrealistic expectation.
- **Ministry of Health parking requirements.** Is it correct that the Ontario Ministry of Health might require 5,000 parking spaces? Where would those go?

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- **Surface parking lots are unacceptable.** The original conceptual plans stated surface parking would be minimized or non-existent, with all parking being underground. However, there are surface parking lots in the plans in the Transportation Impact Assessment and Mobility Study. (None were mentioned in the presentation of June 29.)
 - 2 lots inside the loop road at the front of the hospital, with a total of 55 parking spaces, 3 parking lots at the ambulance entrance at the rear of the building, with a total of 191 parking spaces, a parking allowance in the loading zone, with a total of 38 parking spaces, and 1 parking lot on the site of the future Heart Institute, with a total of 238 parking spaces.
 - This totals 522 surface parking spots.
- **Heart Institute parking.** In future, the Institute will move into a new building attached to the southwest corner of the hospital. Currently, there's a surface parking lot for 238 cars planned for this location. Does the 20,000 staff estimate include the staff of the Heart Institute?
- **How will "No Parking" regulations be enforced** on Prince of Wales and Maple Drive, obvious locations for staff and visitors to park illegally?
- **Where will visitors park** to attend the Tulip Festival, the Arboretum, the Ornamental Gardens, Commissioners Park and Dow's Lake Pavilion park? Will they also use the hospital parking?
- **Parking garage**
 - **The elevation of the garage** is higher than the level of the top of the escarpment, where the main hospital building is. Apparently, it can't be built underground at Queen Juliana Park because of rock formations near the surface, a major sewer collector under the park, and the City's plan to double track the LRT. Why did no one notice these existing conditions when approving the site for the hospital or when promises were made that all the parking would be underground?
 - **Garden rooftop.** A garden on top of a parking garage is no substitute for ground-level greenspace. The city's proposal to plant mature trees on the roof of the four-storey parking garage is unworkable due to the complexity of access and the need for deep roots of trees. How would this "park" be accessed, summer and winter by the public as well as staff, patients and visitors?

TRAFFIC IMPACT AND ACCESS

- **No problem with access to Tunney's.** Although the hospital board cited access problems at Tunney's, a spokesperson for the Ottawa Paramedics Service said in 2016: "Using our historical call data there is no evidence that the new location will have negative impact on response times as the new location remains within the urban core and is close to the 417."
<https://ottawacitizen.com/news/local-news/civic-relocation-to-tunneys-pasture-wouldnt-hurt-response-times-paramedics>

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- **Access at the Dow's Lake / Experimental Farm site is a problem.** For the first phase of the hospital, the transportation network must accommodate:
 - 1,000,000 annual visits; and
 - 10,000 staff and students.On completion, 20,000 people will work at the hospital and more visits can be implied. The main risk for patients and visitors, especially for those coming from areas beyond the centre in the east, south and west sectors of the city, is being prevented by traffic gridlock from getting to the hospital.
- **How will traffic be channelled to the hospital?** There are currently no plans to widen Prince of Wales through the Arboretum, Ornamental Gardens and the research lands of the Experimental Farm. There are also no plans to fund the construction of new interchanges on the 417. How will the additional traffic of the hospital, the large developments planned north of Carling, and inflow from suburban and rural areas be accommodated? The stress on Carling Ave., Sherwood Drive, Parkdale and surrounding residential streets is highly likely to require further roadworks when the hospital is fully functional.
- **What is the Traffic Demand Management plan if traffic on Parkdale increases?** The traffic modelling for two streets - Sherwood and Champagne - was presented at the June 29 public meeting. Logically, drivers from the west end using the Queensway will exit at Parkdale. Parkdale is already gridlocked at peak times. Sherwood, currently a beautiful residential street, is identified as a collector road from the Parkdale 417 ramps to/from the hospital. Sherwood currently carries 310 cars/hour at peak periods and the plan has it carrying 350/hour at peak periods in 2028 based on a reduction in vehicle traffic to the hospital from 85% to 50% by 2028. This is an unreasonable expectation. A review of the Traffic Impact Assessment by an independent traffic planner is needed.
- **Massive high-rise developments were excluded from the traffic assessment.** The Master Plan excludes traffic from 12 "Other Area Developments" between Carling and Somerset which will have thousands of residential units and tens of thousands of square feet of commercial, office, and retail space. (See Traffic Impact Assessment 3.1.4.2 "Other Area Developments" Figure 19). For example, not included is traffic from the three towers of 18, 45 and 55 storeys planned at 845 Carling Ave across Carling from the planned four-storey parking garage.
- **Preston-Carling Secondary Plan.** There is no comprehensive transportation management plan for the Preston-Carling Secondary Plan area, with 7,465 residences planned.
- **There is more growth in suburban, rural, and satellite communities** because more people are working remotely and moving out of the centre to escape the high cost of housing. The longer the distance from the hospital the more likely it is that traffic to the hospital will be by personal vehicles. Aging demographics indicate there will be more use of personal vehicles, not more use of public transport. Hospital staff cannot perform their work from a home office. The analysis of parking needs is inadequate, unreliable and likely not possible. The parking plan is unworkable.

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- **City target for vehicles driven.** The City's goal for a few years has been to have only 70% of trips be by auto driver. This has failed despite the building of the LRT. How will the city convert access to 35% auto driven? What is the Traffic Demand Management (TDM) plan to achieve these goals of 50% and 35%? What is the TDM in case the goals are not achieved? Where will the traffic and parking go?
- **Traffic modelling for the following streets** is available in a document called "2021-06-01 - TOH Traffic Volumes - D07-12-21-0059" which is available at <https://devapps.ottawa.ca/en/applications/D07-12-21-0059/details>. These models are for opening day, not for the longer term when there will be thousands more staff (including Heart Institute) and researchers, as well as occupants of Towers A, B, and C of Carling Village.
 - Bronson
 - Carling
 - Preston
 - Rochester
 - Booth
 - Queen Elizabeth Driveway
 - Madawaska Drive with Lakeside are already used as a cut-through route between Bronson and the QE Driveway)

It is impossible to ignore the fact that Prince of Wales and Maple Drive will be key access routes, yet no models are available for them.

MAPLE DRIVE

- It has been mentioned that Maple Drive will be limited to ambulance traffic. If so, why is there a need for the 238-car parking lot accessible from Maple Drive?
- The Transportation Impact Assessment says Maple Drive will be used to reach a staff entrance and several above ground parking lots on the west side (rear) of the hospital.
- How will the traffic on Maple Drive be limited to 5%?

PRINCE OF WALES (POW)

- How will the new entrances affect traffic on POW?
- What assurance do we have that POW will not have to be widened to four lanes to accommodate the additional traffic?
- How will service and delivery vehicles entering from the east affect traffic on POW?
- Will there be access for visitors off POW via a second main road entrance (Road B)?
- Will this road B intersect with the loop road to the main entrance and the parking garage or only go to the parking garage?
- Will there be another entrance at the rear of the hospital off of Prince of Wales? Drive "Access for ambulatory/emergency use, limited staff, and visitors"?
- Will the volume of traffic from staff, service and delivery vehicles, plus vehicles entering the city core from the south affect traffic on POW?
- City planner Sean Moore said at the June 29 meeting that 10% of traffic will give access from POW to the Access Road E (the service and delivery entrance). However, the TIA showed an

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additional entrance road from POW to the rear of the hospital labelled “Access for ambulatory/emergency use, limited staff and visitors.”

- This will access a 238 -car surface parking lot on what will eventually be the location of the new Heart Institute. How will the traffic from POW be limited to 10%?
- The Dow’s Lake hospital traffic will be in addition to, not instead of, the existing hospital traffic because the current Civic hospital is to be reconfigured to a post-acute medical facility, retaining the current traffic burden in the surrounding community. Managing this increase in traffic is not possible without major and disfiguring changes to existing roads and neighbourhoods.

CARLING VILLAGE

Three large buildings Towers A, B and C facing Carling Avenue at the SW corner of Preston and Carling are dubbed “Carling Village.” The largest building will be approximately 20 storeys.

- The uses listed for the Carling Village are residential, commercial and retail. The zoning for the hospital site is “Institutional.” This appears to be in violation of the zoning.
- Who will be the residents? Part of the 20,000 staff? Will these units be rented? Sold on a condominium basis? Leased? Provided for staff or families of patients? How many of each?
- Will the existing residential building at the current Civic campus continue to be used by staff? If so, how many staff residences are there currently?

DEDICATED BUS RAPID TRANSIT IMPLEMENTATION

- When will dedicated bus lanes on Carling Ave be implemented?
- How will dedicated bus lanes impact traffic on Carling Ave?
- How will dedicated bus lanes operate with emergency and ambulance vehicle lanes on Carling Ave.?

LRT

- There are so far no firm commitments by the City to move the Dow’s Lake LRT station to the south side of Carling. How will patients, visitors and staff move from the LRT station to the entrance to the hospital? The current location will encourage private over public methods to get to the hospital.

A presenter at a June public meeting said it will be 245 metres - 804 feet, or roughly two full CFL football field lengths - from the Dow’s Lake LRT station location to the main entrance of the hospital, including a four-storey elevator and escalator to get up to the level of the main entrance. How do people navigate with wheelchairs and walkers in good weather and bad? If the answer is a heated walkway, that is more cost to the project. If the project is on level ground, as at Tunney’s, this problem would not have to be surmounted.

- There are City plans for the LRT line to be double tracked, at least in the vicinity of the hospital through the property which has been leased to the hospital. They didn’t say when this would

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happen or how firm these plans are. There was no mention of whether the entire length of the North/South LRT line is planned to be double-tracked.

- How many passengers can a North/South LRT train accommodate, or how many passengers can a series of LRT trains deliver in one direction in an hour? All trains are limited in the number of cars in each train, due to the length of the shortest station platform it stops at. Calgary's LRT has exactly this problem; they can't put longer trains on one of their busiest routes because most/all of the station platforms can't accommodate longer trains. And trains can't run too close behind one another, for safety reasons.

A second Transportation Impact Assessment is needed. The multiple flaws and oversights in the current plan by done by Parsons should necessitate a second review by a fully independent, arms-length company not associated with City of Ottawa business.

Tunney's is better. Many of the traffic issues would be more easily resolved at the Tunney's Pasture site.