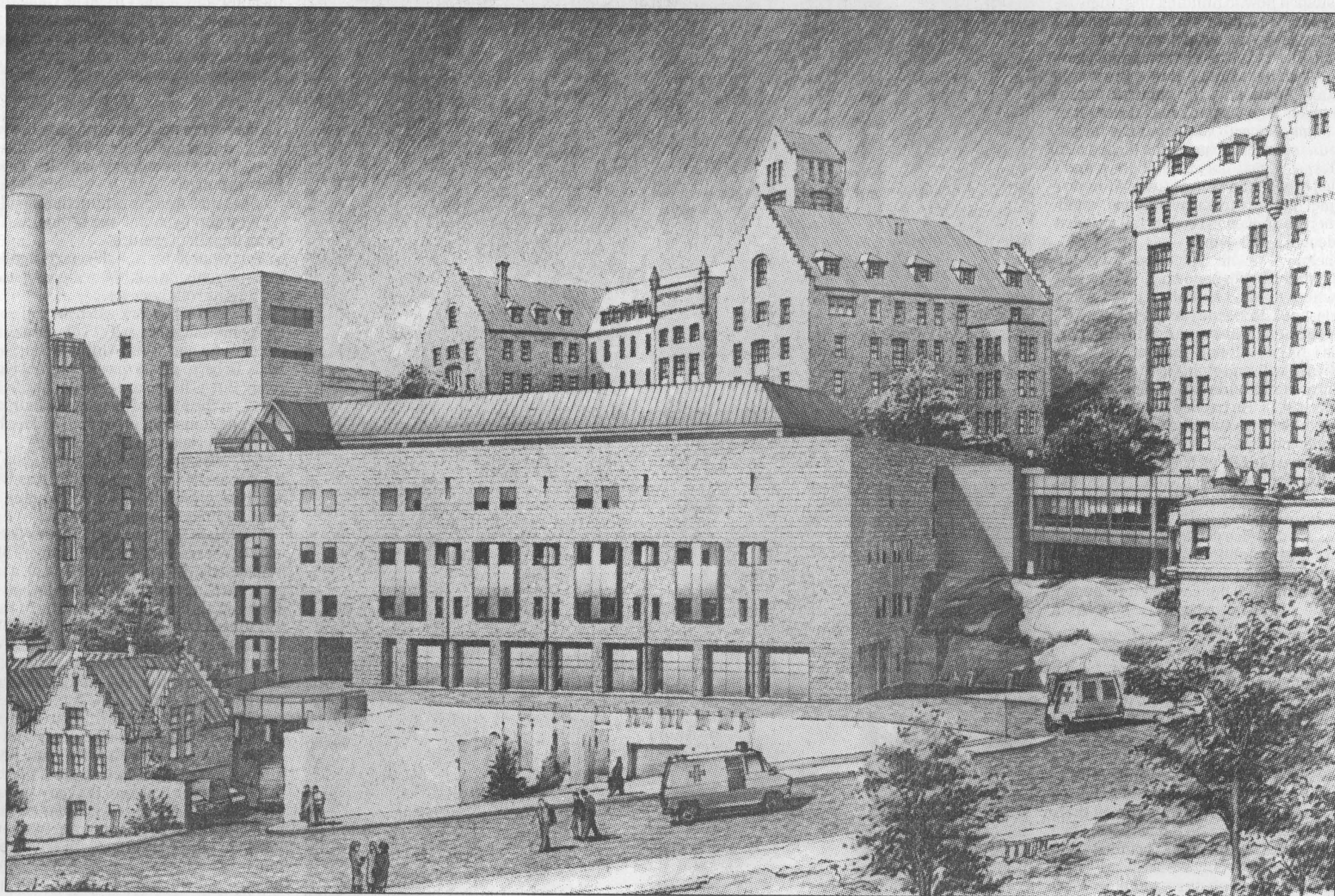


CURRENTS

COMMENTARY

Condo questions

Consultants are recommending demolition of the Royal Victoria Hospital's newer buildings, though some are ingenious examples of Modern architecture, and turning the others into condominiums. A McGill professor argues that it's a mistake to change the vocation of this site from serving the public to providing luxury housing



Perspective drawing of the Royal Vic's Centennial Pavilion (foreground) by Larose, Petrucci & Associates. Opened in 1993, this \$25-million building, which includes emergency, intensive care, clinical labs and a state-of-the-art birthing centre, would be demolished in redevelopment proposals.

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Special to the Gazette

An issue neglected so far in the public debate about the superhospital on the Glen Yards site is the fate of the existing buildings of the four merging hospitals. Consultants hired by the McGill University Health Centre (MUHC) evaluated the older buildings and determined it would cost too much to update them.

Other consultants were subsequently asked to suggest possibilities for the reuse of the sites. The proposals in the second report, Evaluation of the Potential Reuse of the Existing Sites (Final Report, February 1998), are expected to influence the MUHC administrators' final decision on the fate of the present buildings.

Granted, the oldest parts of these buildings are in pretty bad shape, but I'm not sure they are so much worse than many of the university's buildings. The first evaluation also smacks of the Quebec proverb Professor Joe Baker of Laval University referred to in a recent article on the planned demolition of Benny Farm: "Quand on veut tuer son chien, on dit qu'il a la rage" or, if you want to get rid of your dog, you say he's got rabies.

My skepticism about the accuracy of the rabies diagnosis comes from my familiarity with the physical plant of the Royal Victoria Hospital. For the past five years, as I've worked on a book on Modernism and medicine, my office has become an unofficial archive of hospital architecture. My photo collection on the Royal Vic now surpasses the hospital's.

I can thus say with conviction that Section 8 of the Evaluation of the Potential Reuse of the Existing Sites, which deals with the Royal Vic, contains several oversights, errors and omissions.

There is no indication, anywhere in this heritage evaluation of the Royal Vic, that the consultants spent much time inside the buildings; no hint that the various pavilions that make up the Vic were intended to function in fundamentally different ways; no list of which historic interior spaces remain intact today.

In a key site plan in the reuse evaluation, the consultants refer to the hospital as it had developed by about 1933 as the "original picturesque building setting," apparently unable to differentiate the original building designed by Henry Saxton Snell in 1889 from its subsequent additions.

In the description of Site Development Parcels, the former nurses' residence and its addition are confused with the west wing of the Snell building. There are also basic errors in their version of the construction history of the hospital. For example, the consultants include a preliminary drawing of the original building, done by Snell before he had even visited the site; but they date it 1898, five years after the building opened!

The proposals for demolition are equally flawed. According to the scenario proposed in the reuse evaluation report, everything built at the Royal Vic after 1950, with the exception of the additions to the Allan Memorial Institute, should be demolished and the older buildings (the ones in such terrible condition) converted to luxury condos. Some of Montreal's best architects worked on the hospital after 1950 and produced struc-

tures that are, in fact, much more suitable for conversion than the older buildings.

Like them or not, the monumental Surgical (1955) and Medical (1959) wings, by Barott, Marshall, Montgomery and Merrett, were rather ingenious models of Modernist planning.

And think about the recent additions to the Royal Vic, like the Centennial Pavilion which officially opened in September 1993. It was 16 years in the planning, cost about \$25 million (\$5 million from Quebec and \$20 million in private donations), and it might be reduced to rubble within a few years. It is ironic to think back to the hospital's centennial celebrations only four years ago, when administrators pointed with pride to the Centennial Pavilion and its state-of-the-art emergency and intensive-care departments, clinical labs and birthing centre.

This option of "creative demolition" is a form of revisionist history. It is also a cop-out. Rather than working with the complex layers of 20th-century architecture and thinking about how they could inter-relate in a reuse project, the consultants want to bring the place back to 1949, to a time before Modernism hit the Vic. Implicit in the consultants' evaluation of potential reuse, then, is the idea that Modernism is ugly and Scottish Baronial, whether it is from 1893 or 1925, is not only OK, it's all the same.

A useful analogy might be a decision by a music library to destroy all the recordings of the Beatles, roughly the equivalent of postwar Modern architecture, and to keep the music of Cole Porter.

In preservation circles we have moved far beyond these kind of superficial, stylistic distinctions.

Just last year, Parks Canada accepted criteria for the evaluation of Modernism in Canada. The World Heritage Commission is integrating new criteria for the recent past into its operational guidelines, and compiling a list of Modern buildings for consideration. Britain has an innovative program for preserving its Modern heritage. Here in Canada, too, impressive efforts are being made at the municipal, provincial, and federal levels. Are the planners of the MUHC completely unaware of these trends?

The plans for the demolition of everything Modern at the hospital also mean that Arnold Steinberg, chairman of the MUHC's Unified Board of Directors, can make statements like the one he made recently in the McGill News: "We don't have a single facility that was planned after antibiotics became a medical reality in the early 1940s."

This is patently false. I would challenge Mr. Steinberg to explain, in spatial terms, how he believes hospital architecture changed with the development of antibiotics. Even if the original hospital had been planned in 1600, rather than the 1890s, there would be no difference in planning that might point to antibiotics beyond a slicker appearance. For the record, most of the Vic was, in fact, planned or renovated after antibiotics.

If the demolition proposals are based on an unconvincing architectural diagnosis, the proposed

redevelopment strategy for the Vic is no more reassuring. The consultants have divided the hospital into eight development parcels with an estimated net value of only \$6.7 million. This is because while they estimate the total value of the site to be more than \$17.2 million in 2004 and beyond, the demolition costs are assessed at \$3.4 million and carrying costs at \$7.1 million.

The consultants propose that the building on the west side of University St. at Pine Ave., including the east wing of the Snell building, be sold in January 2004 to a company that might want to locate next to McGill. The report proposes that the Snell centre block and its west wing, the former nurses' residence and its addition, the Ross Pavilion, and the Women's Pavilion become 337 high-end condos between 2004 and 2007. These proposed units would be enormous (described in the report as the opportunity for "a number of people to live on an exceptional site").

For example, the centre block and west wing of the Snell building would become only 71 condos. The Allan parcel would become either 52 condos or a luxury hotel. A new wing of 38 condos is suggested for the upper portion of University St., to be sold in 2008. The land behind the Ross and Women's Pavilions, thankfully, would remain parkland.

There is little attention paid in the report to the fact that the site falls within the heritage protection area of Mount Royal. Unexplained is the consultants' insistence that the proposed condominium project will improve public access to the mountain.

Beyond the sloppiness of the Evaluation of the Potential Reuse of the Existing Sites, there is something profoundly objectionable in the idea of turning prime public architecture into private space, especially luxury housing. I think I could probably even live with the consolidated super-

hospital idea (provided good architects are hired to do it and open access is ensured for all Montrealers), if the Royal Vic site were to be restudied with sensitivity and retained or converted as university buildings, or at least as public space.

The Women's Pavilion, for example, could be easily converted to student housing, sorely needed at a university where demand for on-campus housing always exceeds supply. McGill presently offers no housing for student families, single parents or couples. Other pavilions could accommodate fabulous offices and classrooms, incorporating the Modern and historic structures.

In his speech at this year's convocation, McGill vice-principal Derek Drummond (who is also professor of architecture) identified what he sees as one of the principal problems facing cities at the turn of the millennium: "the deterioration of the quality of life in the public realm."

He cited changes in communication technology and building projects that create exclusive and protected environments, among other factors, for the rise in anti-social behaviour and what he aptly called "the Balkanization" of our environment. And he pleaded with the graduates of 1998

to bring about change.

But whatever ethical objections one might have, the conversion of the Vic from public to private space doesn't make much sense in practical terms. Montreal has no need for luxury housing. It might work in Toronto or Vancouver, but not here. The consultants say in the report that the condos at the Vic will be appealing because of a "very strong recognition factor."

That's undoubtedly what the developers of Les Cours Mont-Royal (the 1988 conversion of the former Mount Royal Hotel into 100 high-end boutiques and 138 condos) were banking on, too. Perhaps the consultants should take a long, hard look at that project, which resembles their own proposals to a great extent. It's a ghost town.

Besides, the land and buildings of the Vic were donated by 19th-century philanthropists to the people of Montreal, expressly for the purpose of a public hospital (the charter of 1887 says, "for the reception and treatment of sick and injured persons of all races and creeds, without distinction"). The city of Montreal provided the prime real estate in Mount Royal Park, amid public opposition. Now the proposed "fire sale" of this incredible property will probably reap the new hospital less than one per cent of the cost of its new buildings, and could become the exclusive turf of 337 privileged households.

Even if one were to agree that McGill's hospitals are sick, how can we be sure that the new hospital at the Glen Yards will constitute a cure? MUHC directors and staff seem to be cloaking this scheme with an aura of inevitability, constantly reiterating the message that "Doctor knows best." But proponents of the superhospital have been vague and often inaccurate in their diagnoses. And in terms of architectural analysis, they clearly haven't done all their homework.

I admit that I am baffled by the decisions surrounding the MUHC, frustrated at the lack of public debate, and extremely worried about McGill and Montreal.

How is it that the planners of the French super-hospital, known as CHUM (Centre Hospitalier de l'Université de Montréal), can put together a relatively creative solution to the changing needs of the health-care system in three historic hospitals for a mere \$475 million, considerably less than the English version, which is projected to cost \$850 million. Louis Dufresne, CHUM's director of professional services, was quoted in *The Gazette* on Oct. 24: "Our buildings are in very good condition, and they're simple." This is particularly troubling because Notre Dame Hospital and a good deal of the Vic were designed by the same architects, Edward Stevens and Frederick Lee, to similar standards.

No rabies, I guess.

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