

West Annex heritage discussion

Meeting notes: May 13, 2019

Monday, May 13, 2019, 7 to 9 pm

Skills and Simulation Centre, The Ottawa Hospital Civic Campus

Attendees:

Leslie Maitland (Heritage Ottawa Board), Katherine Spencer-Ross (Heritage Ottawa Board), Andrew Waldron (Brookfield Global Integrated Solutions), Susan Ross (Carleton University School of Indigenous and Canadian Studies), Chris Warden (MTBA Associates Inc.), Chris Wiebe (National Trust for Canada), Zeynep Ekim (ERA Architects, Heritage Ottawa Board), Martin Petersons (TOH Patient Family Advisory Council), Joanne Huppé (Public Services and Procurement Canada), Jason-Emery Groen (Director of Design, HDR), Bernie Etzinger (TOH Chief Engagement Steward), Joanne Read (TOH VP Planning and Support Services), Karen Stockton (TOH Director of Planning), Don Lenihan (Middle Ground Policy Research Inc.) **TOH secretariat:** Sarah Hartwick, Vanessa Sanchez

	Agenda Item	
1	Introductions	<ul style="list-style-type: none"> • Roundtable introductions to the group. • Thank you to Heritage Ottawa for helping organize this session.
2	Introduction to Campus Engagement Group (Bernie Etzinger)	<ul style="list-style-type: none"> • The Campus Engagement Group is one of the three engagement streams being used by The Ottawa Hospital to engage on its new campus project. The group has representation from a variety groups representing community, patient, and capital interests. • Intent is to create a deliberative space where representatives can work together on important issues. • Co-chaired by Bernie Etzinger (Chief Engagement Steward, TOH) and Paul Johanis (Greenspace Alliance). • The Campus Engagement Group has had a preliminary discussion on the West Annex building, and a summary of the discussion at this meeting will be tabled at an upcoming meeting as an update. • Important to have a heritage-focused discussion on the West Annex with local experts to gather recommendations and hear concerns early in the process.
3	Background on Sir John Carling site decision making (Leslie Maitland)	<ul style="list-style-type: none"> • The Central Experimental Farm (CEF) was deemed a National Historic Site in 1997/98 for historic importance and architectural and environmental significance. The CEF is a cultural landscape dedicated to scientific research and learning; it is a scientific landscape, and it has a picturesque aesthetic. There's a need to ensure the future of the CEF as a functional research station while maintaining integrity as a National Historic Site. • There was a plan at one time that the corner of the CEF that had held the Sir John Carling building might be set aside for a national institution. • FHBRO assesses buildings, not sites. Sir John Carling Building was designated as a 'Recognized' heritage building but the main building was nevertheless demolished. The cafeteria (now called the West Annex) was retained, intended to form part of this planned-for national institution, but that never came about. The Annex was subsequently classified as Recognized by FHBRO. • The West Annex/cafeteria has a good design, but is a remnant of a larger site. • Needs to be a discussion on how characteristics of the design of the Annex and in particular its relationship to its site could inform hospital design and relationship to site going forward on the site of the former Sir John Carling building.

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4	Update on Sir John Carling site and analysis (Jason-Emery Groen)	<ul style="list-style-type: none">• HDR is contracted by the hospital to complete the first two stages of the Ministry of Health and Long-Term Care's process for building a new facility.• The HDR team has been captivated by the site's historic landscape and changes over time. Went through as many documents as possible in Library and Archives Canada (LAC) where the Hart Massey Fonds are kept. Saw design details and thought process in the drawings, which is rare.• What remains on site now is the vaulted cafeteria space and the link to what was the main building.• First basement level is accessible, but floors below are inaccessible because of flooding.• Very few areas in the basement levels have any natural light or glass.• The building was an excellent example of the Gréber Plan, which directed that major government campuses be located out of the centre of the city.• There was a number of cladding studies completed that show an evolution in thinking.• The siting of the building also evolved and was carefully planned. The building interacts in many ways with the outside space around it.• During public engagement sessions with the hospital, HDR heard from many community members about the physical relationships between the CEF, the Dominion Observatory, the Sir John Carling buildings, and the buildings that previously stood on what now forms Queen Juliana Park, and about the use of those spaces.• It's challenging to move forward architecturally with the remaining piece of the building, because it was supposed to be a part of a whole. And because it is located on the future site of the hospital.
5	Discussion (all)	<ul style="list-style-type: none">• Maintenance issues in the West Annex building; question on when decision to move away from locating a visitor centre or department headquarters happened. Beyond water in the basement, some other areas aren't in very good condition cosmetically.• Notional site plan: The hospital put forward a 'test fit' concept in early 2018 to demonstrate that it is feasible to fit the required health-care programming on site; this was brought forward for community feedback. Much of the feedback centred on preserving trees, recreating greenspaces, avoiding impacts to surrounding areas and views. Grouping most dense elements closest to Carling/Preston area near transit was recommended.• What about the Sir John Carling Building Annex should inform hospital design going forward? There are opportunities to move beyond 'old-school' design for hospital buildings to create something ambitious that respects the site and engages with nature and surrounding areas.• Could think more about the Sir John Carling building as a whole – rather than focusing completely on the West Annex. It was designed to be considered as a full building. Focus on connectivity, abundant natural light, solar controls, and easy access and views of surrounding greenspace. There was attention to detail and strong design. In the original building, West Annex could be considered a counterpoint to the rest of the design.• Could use historic drawings of design evolution to guide thinking on design of campus as well. Hart Massey's design was informed by his strong understanding of

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		<p>the site and its history. Look at how he thought about the buildings interacting with the landscape and the site itself.</p> <ul style="list-style-type: none">• Discussion on repurposing materials. The mural by Takao Tanabe that was originally installed in the link from the main building to the West Annex has been shortened and moved to the K. W. Neatby building. Consider reclaiming as much material as possible to help the story.• This is a complex site. Connection will be important between hospital campus and CEF; hospital campus and Rideau Canal World Heritage Site, etc. Want to find ways to integrate some memory of the Sir John Carling building into the new design. The area is changing rapidly and want to preserve this sense of history and cultural values here. Scale and palate will be very important in transitioning between various contexts.• Storytelling: how will this project be documented? Want to ensure we can tell the story of what was here before and how it is changing. Helps to generate ownership of the space within the community. There's a strong legacy here. Opportunity to work with historians to document the history of the space and ensure we're not losing the stories by moving to modern architecture.• Connection between the hospital, the CEF and health. Need to consider health-care from a variety of angles – that's a strong legacy of this site and of the Central Experimental Farm overall, given the CEF's mandate to produce healthy food for Canadians, with the secondary mandate of creating health-inducing landscapes.• Heritage goes back beyond Sir John Carling and CEF: Before the CEF existed, this was Algonquin land. The hospital has a commitment to Truth and Reconciliation Commission calls to action and is working with First Nations, Inuit and Métis communities on how to make the new campus culturally safe for FNIM patients and families.• There are strong examples of hospitals integrated within greenspace in places like Germany, where pavilion hospitals were common in the 20th century. Greenspace has a strong role in healthy communities. Also need to consider how the greenspaces will be used during winter months. How can we encourage current users of the site to continue accessing it so that there is strong community integration? Need to create access but ensure that health-care function is unimpeded.• Sustainability plan will begin to take shape in next stage of planning.• Hart Massey had a significant impact on Ottawa's landscape overall. Wasn't just a high modernist architect – he had a strong connection to the outdoors and the natural world. Drew these ideas together.• Interpretation is a key element. Traditional ways of designating and interpreting heritage elements may not work. Storytelling can help people explore how these spaces used to be and how they evolved. Creates a sense of place and commemorates the historical elements. Example of Honest Ed's in Toronto: community came together to share experiences and memories. An interpretation plan could be helpful.• There are design elements or materials that could be reused in some way, decontextualized or with interpretation. Glazing, relationship with terrace, low walls, setting within the landscape, connection to the rest of the building, vaulted graceful ceiling. Projects that are 'inspired by' previous buildings don't always live up to what they were intended. Could jeopardize the rest of the design if not done carefully. Most important that it's a good design, and then interpret any artefacts clearly to preserve the history.
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6	Closing Remarks	<ul style="list-style-type: none">• Positive to see early consultations taking place early in the project so that feedback can be incorporated as it moves forward.• Want to build in flexibility because this new hospital needs to stand the test of time.• Might seek another meeting in the future to continue this discussion. There are variety of ways that people can continue to be involved in the project.

Meeting notes by Sarah Hartwick, The Ottawa Hospital