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## **Item No. 6**

**Halifax Regional Council  
February 26, 2008**

**TO:** Mayor Kelly and Members of Halifax Regional Council

**SUBMITTED BY:**

A handwritten signature in cursive script, reading "Cathie O'Toole".

Cathie O'Toole, CGA, Director, Infrastructure & Asset Management

**DATE:** February 26, 2008

**SUBJECT:** Public Response - Queen Elizabeth High School - Future Use Options

### **INFORMATION REPORT**

#### **ORIGIN**

The Provincial Government, on behalf of the Capital District Health Authority, requested HRM to sell the QEH property to facilitate future health care facility expansion at the Halifax Infirmary / QEII Health Centre. The Halifax Common Plan (1994) and the area Municipal Planning Strategy (MPS) requires public consultation prior to proposed re-use of Common land.

Regional Council requested staff to conduct a public consultation exercise as a result of an approved In Camera motion respecting 'Provincial and Municipal Land Transaction - Joint Use Land Plans', dated July 3, 2007.

This information report is presented to Regional Council as a review of public comment received from November 26, 2007 until January 23, 2008 in anticipation of Regional Council's discussion on the future of the QEH property and the request from the Province in January 2008.

## **BACKGROUND**

The motion approved by Regional Council at the In Camera meeting of July 3, 2007, respective to the private and confidential report entitled, 'Provincial and Municipal Land Transactions - Joint Use Land Plans', stated:

*MOVED by Councillor Fougere, seconded by Councillor Sloane, that Halifax Regional Council:*

- 1. Defer the portion of the June 22, 2007 report as it relates to Queen Elizabeth High School building to clearly define the contract with the Province in terms of HRM's public expectations for use and timing of the re-development of the QEH building;*
- 2. And further, to reaffirm HRM's desire to sell the QEH site for the expansion of QEII Infirmary.*

*MOTION PUT AND PASSED.*

Staff organized a public consultation workshop, which was advertised (Chronicle Herald: Nov.10 & 24, 2007 / PSA Released Nov.22, 2007) and was held on Monday, November 26, 2007 (6:30 - 9:30 pm) at the St. Mary's Boat Club.

The staff document summarizing the November public meeting was posted to HRM's website at <http://www.halifax.ca/RealPropertyPlanning/QEHLandUse.html> from December through January. Further written public comment was received and is presented in Attachment D - Written Public Submissions.

## **DISCUSSION**

The workshop (see Attachment - A - Workshop Agenda) began with an HRM presentation about the history and development of the Halifax Common, and why the workshop is being held. There was also an overview of policies surrounding the QEH site, identifying policy support for various uses, particularly to revert to open space and for health facility use. The Capital District Health Authority (CDHA) then provided a review of its health care strategy and why it requests QEH be sold for public health care facility expansion. The Friends of the Halifax Common concluded the background component of the workshop by reviewing why open space is desirable, referring to salient parts of the Halifax Common Plan, and how HRM, Capital Health and the Province of Nova Scotia have failed to implement a number of those policies.

The workshop then employed a discussion format whereby 7 groups of 6-to-9 participants (per group) responded to a series of round table questions (see below) intended to focus discussion. Attending were approximately 65 workshop participants, composed of members of the public

(including members of the Friends of the Halifax Common), Capital District Health Authority staff, HRM staff and facilitators, and members of the local media. Each group of 6-to-9 participants were asked to answer all round table questions listed here:

*Round Table 1 Questions - Open Space*

- *What is the importance of this potential open space to the community?*
- *If it were all open space, what could it be used for?*
- *If some of it were open space, what could it be used for?*

*Round Table 2 Questions - Health Care*

- *What would a future hospital look like on this site?*
- *What are the important open space features that would have to be created in the redevelopment of this site?*

*Round Table 3 Questions - Best Public Use*

- *Given the various ways to achieve the 2 policy options, (a) Open space, or (b) Hospital expansion, and given what you've learned from Round Tables 1 & 2, what are the short and long term possibilities for this site?*
- *Are there any qualifications or provisos?*

These questions were posed in order to help obtain better insight into two primary options (open space and health care facility expansion) that, in part, emanate from the following documents, which will assist Regional Council in decision-making:

1. Halifax Common Plan (1994);
2. HRM Capital District Public Facilities Needs and Opportunities Study (2004);
3. Economic Potential of HRM and Halifax Harbour, Gardner Pinfold (2004); and,
4. HRM Regional Municipal Planning Strategy (2006).

Excerpts of these background documents are provided in Attachment - B.

Each group of participants were facilitated by a staff member of the Halifax Regional Municipality (HRM). The workshop yielded the comments noted in Attachment - C, which had been transcribed from the facilitators' flip chart notes, verbatim. At the end of the workshop, each facilitator had verbally summarized their group's discussion for the benefit of all workshop participants.

In closing, participants and others were invited to present written submissions to HRM. Several

days after the workshop, an E-mail link for public responses was placed on the Real Property Planning section of HRM's website ([www.halifax.ca](http://www.halifax.ca)) and HRM's Call Centre (490-4000) was prepared to advise about public submission opportunities. Attachment - D reproduces written submissions received as at this report date.

## THEMES

Following the framework of the workshop questions, the review below raises themes that emanate from the transcribed notes appearing in Attachment - C:

### **1.0 Round Table 1 Questions - Open Space**

#### **1.1 Importance of Open Space**

Strong and frequent comment was made about the site reverting to *passive open space*, *green areas*, *gardens*, *gathering places*, *seating areas*, a place for *healing*, *serenity*, *art*, *sculpture*, and a place for *children*. There were also *discussions* about the site not being ideal for open space due to it being *isolated* by streets and the existing hospital complex. Open space continued throughout the workshop as a *theme* that needed attention even with the possibility of a health facility, calling for *generous setbacks* and *quality open space* on the *periphery*, and even within a healthcare facility, whether *atrium*, *garden*, or *green roof patio*.

#### **1.2 Gateway & Landmark Site**

The site, and specifically the corner at the 'Willow Tree' intersection, were regarded as an important *gateway* to the Halifax Common and Capital District, and that it should be respected with either plenty of *open space* or good *quality building design* and *landscaping*.

#### **1.3 Streetscapes Important Feature**

The importance of the streets and streetscaping along the site's periphery—whether the site will be all open space or a combination of open space and health care facility—was an important element requiring consideration, with emphasis on *generous setbacks*, *quality landscaping*, *tree-plantings*, *view planes*, *connectivity to* surrounding neighbourhoods (pedestrian and active transportation) and *permeability through* the site.

#### **1.4 Leveraging Other Land**

A *consistent theme* throughout all round table discussions was the strong desire to *recapture open space* opportunities elsewhere on the Common, and most specifically, at the *former site of the School for the Blind*, currently the South Park Street-facing parking lot of the VG hospital, as if a southerly extension of Victoria Park.

### **2.0 Round Table 2 Questions - Health Care**

## 2.1 Importance of Improving Health Care

Expansion of health care facilities was also regarded as important to the region and community, emphasizing need for *more hospital beds* in an *expanded acute care* centre. There was some recognition that not much space existed for expansion at the QEII/Camp Hill site without QEH, but some called on expansion to rather take place in the south precinct of the Common (at VG site).

## 2.2 Mixed-Use Approach

Proposals called for incorporation of other uses within the site that would *supplement/augment health care* while *animating the periphery* with public users/visitors, providing important, *complementary public services*, and introducing a more vibrant mixed-use. Some suggestions proposed *incorporating the existing QEH gym and auditorium* as part of a new hospital complex, emphasizing continued public access.

## 2.3 Creative Design & Land-Use

The workshop resonated with the need to ensure that if health care facility expansion is to take place, that it be done with *innovative, quality architecture*, and that *building/s be green* and *LEED certified*, and employing *green rooves*. New designs should respect *setbacks* that lend themselves to the perception of *good open space*, generous *landscaping*, *pleasing pedestrian access* to, around, and through the site. There was some debate supporting increased height in favour of more open space while others suggested limiting height and massing to reflect neighbouring form. *Tree* planting was regarded as an important landscaping element along roadways. A *master planning* exercise was recommended to consider how the site would work best with its surroundings including the *potential incorporation of the CBC site*, and given all the comments provided.

## 2.4 Parking & Traffic

Concern was expressed over parking, specifically that *no surface parking* (long or short term) be permitted. Parking was regarded as a necessity under assumption of a growing work force at the site, but *underground, structured parking*, out of general public view was strongly recommended. Traffic issues such as difficulty with *site access and egress* were predicted and some encouraged more use of *public transit* and *active transportation* by existing and future hospital staff. There was general recognition that a further increase in the institutional uses within this precinct of the Common may create further traffic issues.

## 3.0 Round Table 3 Questions - Best Public Use

Although many voices remained *resolute about the site reverting to open space*, future need for *expanding health care* was also recognized by many, and so there was intent to ensure that plenty of *quality open space and landscaping* be incorporated in any new concept, that itself was recommended to be striking in *architecture*. To ensure that good quality design takes place on the building and site, some called on *HRM to remain involved* with the Province/CDHA in design and planning. The idea of *HRM recapturing land* in other areas

such as the VG parking lot was reiterated strongly, as was emphasis on *quality streetscape* and *landscape design*.

#### **4.0 Other Comments/Issues**

Although not proposed as a workshop round table question, several participants commented about opportunities for *re-using the QEH site/building* for purposes other than open space or health care facility expansion. Concern was also raised that the only two options presented for discussion were open space and health care facility expansion. Some ideas included *assisted living*, *stand-alone re-use* of the QEH *auditorium* in support of art and culture, and re-use of the *auditorium* and gym *as part of* a new healthcare facility.

Other comments were of concern about the public consultation process being rushed and not robust enough to consider other, important uses for QEH. Some raised the spectre that HRM may have already decided to sell QEH to the Province, and that this (alleged) foregone conclusion results in the public consultation (i.e., workshop) as a mere formality.

#### **BUDGET IMPLICATIONS**

There are no budget implications associated with the information presented herein.

#### **FINANCIAL MANAGEMENT POLICIES / BUSINESS PLAN**

This report complies with the Municipality's Multi-Year Financial Strategy, the approved Operating, Capital and Reserve budgets, policies and procedures regarding withdrawals from the utilization of Capital and Operating reserves, as well as any relevant legislation.

**ATTACHMENTS**

- A -** Workshop Agenda, Nov.26, 2007
- B -** Excerpts - Background Documents
- C -** Verbatim Transcription - Facilitators' Notes, QEH Future Land Use Options, Public Meeting & Workshop, Nov. 26, 2007
- D -** Written Public Submissions

A copy of this report can be obtained online at <http://www.halifax.ca/council/agendasc/cagenda.html> then choose the appropriate meeting date, or by contacting the Office of the Municipal Clerk at 490-4210, or Fax 490-4208.

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Report Approved by: Peter Bigelow, Manager, Real Property Planning, 902-490-6047

## **ATTACHMENT - A**

### **Workshop Agenda Nov.26, 2007**

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- 6:30 HRM - presentation (Peter Bigelow, Manager, Real Property Planning)
- 6:50 Capital District Health Authority - presentation (Kenneth Baird, VP, CDHA)
- 7:05 Friends of the Halifax Common - presentation (Beverly Miller, Co-Chair)
- 7:20 Q & A
- 7:30 Round Table 1 – Open Space
- 7:50 Round Table 2 – Health Care
- 8:10 Break
- 8:20 Round Table 3 - Best Public Use
- 8:50 Round Table Summaries by facilitators
- 9:15 Concluding Comments



## ATTACHMENT - B

### Excerpts from Background Documents

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#### **HALIFAX COMMON PLAN (1994)**

***Please Note:*** *Select policy excerpts are presented below, reflecting related elements to the issue at hand. This is not an exhaustive list of relevant policies, however. Other policies—for example those relating to design elements—would also be pertinent to the discussion at a more detailed, design level. To review the entire Halifax Common Plan, go to:*  
[http://www.halifax.ca/RealPropertyPlanning/RPP\\_Archive/](http://www.halifax.ca/RealPropertyPlanning/RPP_Archive/)

#### **Policy 1.1 Public Place with Diverse Uses**

The city will continue to promote a diversity of activities in the Halifax Common which will include health care, education, sports, recreation, gardens, and cultural activities.

#### **Policy 1.3 Public Place with Diverse Uses**

The city will facilitate public involvement in the future planning and design of the Halifax Common.

#### **Policy 2.12 Public and Private Buildings**

Continued and further beautification and landscaping of public and private buildings and their grounds should be encouraged. All land and buildings should be made attractive to people at ground level, building on special characteristics of the district.

#### **Policy 3.5 Parking**

Where feasible, underground parking for major institutional uses should be encouraged.

#### **Policy 3.8 Pedestrian Linkage**

The city should encourage a strengthening of pedestrian linkages, especially around public buildings in long blocks in the South Precinct where hospital, university and other buildings present barriers to pedestrians. Paths around and, in some cases, through buildings should be encouraged where appropriate as illustrated on Map 9.

#### **C. City-owned Land and Public Open Space**

##### **Policy 1.1 Strengthen the continuous open space and pathway system**

Efforts will be made to strengthen and maintain a continuous public open space throughout the Common from Cunard street to South street.

##### **Policy 1.2 Strengthen the continuous open space and pathway system**

The city will enhance physical and visual access to public open space in future development and planning initiatives.

##### **Policy 1.7 Strengthen the continuous open space and pathway system**

The city, in cooperation with the provincial government, should seek to continue the open space

system through the Victoria General Hospital parking lot to South Street. The following possibilities should be examined.

- ( a )      A park as an extension of Victoria Park.
- ( b )      Continuation of a playground.
- ( c )      Underground parking.
- ( d )      A cultural centre, possibly combined with parking.

**Policy 2.1   Preserve Public Open Space**

The amount of public open space in the Halifax Common will not be decreased.

**Policy 3.1   Increase City-owned Land**

The amount of land owned by the City of Halifax will not be decreased.

**Policy 3.2   Increase City-owned Land**

The city will seek to increase the amount of land under city ownership through recapture of lands. Specifically, the city should seek to reclaim the following sites when the buildings or sites are no longer required for their current use.

- Federal:            - Canadian Broadcasting Corporation at Summer Street and Bell Road.
- Provincial:        - Community College site at Bell Road and Trollope Street.
- Victoria General Hospital parking lot on South Park Street.

**Policy 4.3   North and Central Commons**

Playing fields and other facilities for active organised sports will continue; however, emphasis will be placed on increasing opportunity for passive activity such as walking, relaxing, and sitting.

**Policy 6.2   Cost Effectiveness**

Flexible, multi-purpose use of areas should be emphasized.

**Policy 6.5   Cost Effectiveness**

Commercial benefit to the city will be an important consideration in deciding on uses. In keeping with this, there should be an emphasis on creating visitor attractions.

**HRM CAPITAL DISTRICT PUBLIC FACILITIES NEEDS & OPPORTUNITIES STUDY, 2004**

**4.2.6   Disposition of the Queen Elizabeth High School Site**

Once Queen Elizabeth High School is closed, the ownership of the property will pass to HRM. As indicated elsewhere in this report, this property is located adjacent to the main acute care hospital in Halifax, and there is a certain amount of logic in making it available should QEII Health Sciences Centre need to expand in the future. A detailed analysis is contained in the section on Hospitals. As the site may not be needed for hospital construction for 10 to 20 years, it may be desirable to identify an interim use.

Depending on the condition of the building, it may be possible to lease the building for a short period of time for some alternative use (e.g., community use, artist studios, performance space, etc.) Alternatively, the site may be useful as an overflow parking area for the QEII hospital, should the new QEII parking structure not be able to fully accommodate its demand.

*Recommendations:*

- Once HRM gains title to the Queen Elizabeth school site, a physical assessment and financial feasibility study should be carried out to determine the suitability of the building for alternative use over a 10-15 year period until the site becomes needed for hospital expansion.
- Should alternative use not be feasible, the building should be demolished and a portion of the site leased to the QEII hospital for improvements to the emergency department parking area and operation of an overflow parking lot. As the QEII has their own parking staff, it may make sense for the QEII to lease this parking lot from HRM, who would then use the land lease payments to pay for recreation improvements on the North and South Commons.
- Urban design guidelines should be developed for the portion of the site fronting on Bell Road to ensure that future development will enhance the Commons and the important gateway into the Capital District via Quinpool Road, the Willow Tree and Bell Road. The QEH Building presently dominates the street frontage. If new buildings were set further back, the Bell Road sidewalk could be transformed into a gracious, tree-lined boulevard. The design guidelines should be integrated with other design considerations as part of a new plan for the Commons. This is a good location for a signature entrance project to the Capital District.

**ECONOMIC POTENTIAL OF HRM AND HALIFAX HARBOUR, GARDNER PINFOLD, 2004**

**Hospitals, p.17**

Combined, Capital Health and the IWK operate with an annual budget of about \$650 million, employing about 11,000 overall. Capital Health and the IWK provide core health services to HRM residents, and acute care services to the rest of Nova Scotia and to residents of New Brunswick and Prince Edward Island. The hospitals are closely integrated with Dalhousie Medical School and associated research institutes.

The combined effects of an increasing and aging population provide the basis for moderately increasing demands on health care facilities. The number of beds is expected to rise in response to this demand, leading eventually to the construction of another hospital in the QE II complex. This could be needed as early as 2016. From the perspective of operational efficiency, any new hospital ideally would be located adjacent to existing facilities. This expansion would add 2,000 to 3,000 staff.

The major planning issues are ensuring the availability of land for the new facility, increased traffic to the Capital District and greater congestion around the QE II complex, and increased parking requirements.

**HRM REGIONAL MUNICIPAL PLANNING STRATEGY (REGIONAL PLAN), 2006**

**Goal 1.8**

Ensure the availability of useable public open-space in all communities for recreational and leisure opportunities, enhanced environmental character and community identity, and access to the natural beauty of the region's forests, lakes, rivers, and coastal areas.

**Goal 3.1**

Reinforce and enhance the role of the Capital District and its adjacent areas as the region's primary centre for government, commerce, education, health, military, festivals and events, arts and culture, and recreation and entertainment.

*Objectives:*

- Develop and promote an economic climate within the Capital District that attracts and retains business and employment through such means as appropriate incentive programs, adequate land supply, appropriate land development procedures, improved transportation access and other related initiatives.
- Establish and support growth targets for the Capital District as the major employment centre for government, institutions (universities, hospitals, military), business and business services.

**Principle 5**

Manage development in a way that will make the most effective use of land, energy, infrastructure, public services and facilities and considers healthy lifestyles.

## **ATTACHMENT - C**

### **Verbatim Transcription - Facilitators' Notes**

#### **QEH Future Land Use Options**

##### **Public Meeting & Workshop Nov. 26, 2007**

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#### **Workshop Format Summary**

The Queen Elizabeth High (QEH) School public consultation workshop was held on Monday, November 26, 2007 (6:30 - 9:30 pm) at the St. Mary's Boat Club. The workshop employed a discussion format whereby 7 groups of 6-to-9 participants per group responded to a series of round table questions (see below) intended to focus discussion. Each group of participants were asked to answer all round table questions.

Each group of participants were facilitated by a staff member of the Halifax Regional Municipality (HRM) and none (but one) had any direct involvement with the QEH Future Land Use Options project. The workshop yielded the opinions noted on the subsequent pages, which had been transcribed from facilitators' flip chart notes, verbatim. At the end of the workshop, each facilitator had verbally summarized their group's discussion for the benefit of all workshop participants. Approximately 65 workshop participants provided comment.

#### Round Table 1 Questions - Open Space

- What is the importance of this potential open space to the community?
- If it were all open space, what could it be used for?
- If some of it were open space, what could it be used for?

#### Round Table 2 Questions - Health Care

- What would a future hospital look like on this site?
- What are the important open space features that would have to be created in the redevelopment of this site?

#### Round Table 3 Questions - Best Public Use

- Given the various ways to achieve the 2 policy options, (a) Open space, or (b) Hospital expansion, and given what you've learned from Round Tables 1 & 2, what are the short and long term possibilities for this site?
- Are there any qualifications or provisos?

Round Table 1 Questions - Open Space

- Needs to be green space - variety of play areas, cafeterias/Tea House
- Gathering centre
- Sculpture garden
- Landscape art - completions
- Must be kept green! (Why?)
- Site too small for true green space (dangerous as a playground)
- Use as a trading card for another area
- Willow tree is not family friendly/worker safety
- Capital Health Vision: secure space for the public
- Hospital use is important to the community
- Link to high school/walk-able/openness
- “Cross Program” Dynamic space (not single use)
- Meets need of larger community

Round Table 2 Questions - Health Care

- Need to increase healthcare capacity (more beds)
- Be more creative
- Multiple programs - not 100% institutional
- “European”
- More transparent
- No more than 1/3 lot coverage
- Green roof
- Walkway
- Healing gardens
- Gateway to the city
- Healing site (message)
- Open space enclosed like Public Gardens
- But open space needs to be 24 hour site
- More activity = safer
- Permeable building
- LEED building

Round Table 3 Questions - Best Public Use

- Process needs second kick at the can; present all ideas and have more discussion
- Keep control of development and design
- LEED certification
- Must meet needs of Capital Health/balanced with community; high rises vs. shading
- “Good” buildings fit into landscape (it can be a beautiful building)
- Look for opportunities to trade land; what areas are really lacking in open space?; better connection between green spaces, bike route

Round Table 1 Questions - Open Space- Open Use:

- Potential open space importance (especially healthy facilities for kids)
- Need/crucial for open space on North Peninsula
- Public gathering space need/ part of community
- Significant location as landmark corner serving high-density surroundings and hospital (passive open space)

- Reuse of Existing QEH:

- Auditorium (exist) is type of uses needed in area/appropriate...arts and culture link
- Combine with library and swimming pool
- Possible assisted living
- Community control vs. Capital Health

Round Table 2 Questions - Health Care

- Capital Health is part of community
- No surface parking lots...structured
- Focus building uses on community health vs. regional health (Non-acute)
- Building face to address Commons with lower structure along street and set back tower (wind tunnel concerns)
- Campus-style construction with more trees
- Concern with province funding/achieving desired objectives if out of HRM control
- Health-related retail sales at grade
- Implement bus pass strategy for health care employees
- Balconies on new building/green roof/solar (sustainable building) - LEED
- Windmill
- High level of maintenance

Round Table 3 Questions - Best Public Use

- This may not be the best spot to augment open space...if used for healthcare, Capital Health should give back open space at VG site (South Park)
- HRM to partner with Capital Health to ensure green space, quality street-scapes and high quality facilities
- Integrate auditorium/culture into multi-use development

Round Table 1 Questions - Open Space

- What is the importance of this potential open space to the community?
  - Gateway
  - It's historic - "The Willow Tree"
  - Community meeting place
  - Encourages outside for activity
  - A green campus for hospital employees/patients/etc.
  - A place of respite/escape
  - Gives the health complex a green envelope
  - Gives the health complex an open space context
  - We need a humanistic streets-scape
  - Don't let the dominos keep falling - this is a "line in the sand" for open space
- If it were all open space, what could it be used for?
  - Sliding hill
  - Create a natural amphi-theater
  - Create an herb/butterfly garden
  - Play space natural for children
  - Giant labyrinth
  - Create a screen of natural materials
  - Historic panels - interpretation
  - Any use for open space is possible at ---
  - Community gardens
  - Re-establish Robie boulevard

Round Table 2 Questions - Health Care

- What would a future hospital look like on site?
  - Low rise stepped back from street
  - Halifax only health facility clinic community-based
  - Highly related to green space
  - No more than 1/3 of space
  - Take back some Common open space
  - Build on the existing parking lot - build up (adjacent to CBC property - new const.)
  - Green breaks between road and building
- What are the important green spaces that have to be created in the redevelopment of this site?
  - Maintain existing green spaces
  - The periphery of the site - a green envelope - all streets and access roads to have generous setbacks and green space
  - See all suggestions from round table one
  - Preserve Citadel viewscape in new direction
  - Plant lots of trees (willow tree) willow grove
  - Pedestrian walkways/pedways



### Round Table 3 Questions - Best Public Use

- If this is a done deal, what are we doing here? i.e. the construction has already started on the new emergency department
- Public weren't consulted then, why should we believe that this is a transparent process now?
- What are the short and long term possibilities for this site?
  - Open space must be preserved long as well as short term
  - If it is to be a community health center, HRM should retain control
  - If any portion of this QEH property is to go to Capital Health, it should only be released to a specific use and building and the land swap should get for HRM a portion of the Capital Health land in the school for the blind. Site should come to HRM to let Victoria Park to continue from University Avenue to South Street.
  - All Capital Health employees from CEO to the orderly should be requested to get a bus pass just as all university students now do - this changes this view of parking
- Concern for Council:
  - The report from this meeting will be "weighed" in terms of the limited options given tonight (open space vs. hospital expansion) – What about the many other options?

Round Table 1 Questions - Open Space

- Big enough - away from traffic
  - Earth berm
  - Passive open space
  - “Health” of community depends on open accessible space
  - Parking requirements a reality
  - No mega parking - perhaps underground
  - Parking attracts more parking
  - Turn into a cancer clinic - there is not one in N.S. - with healing gardens
  - Modern Public Garden’s
  - New building (hospital)
  - Move hospital off Peninsula
- Some open space:
- Balance open space needs for people who live there and for people accessing health
  - Walking trails and healing gardens to meet needs of public and patients

Round Table 2 Questions - Health Care

- Make it underground
  - Should not have a hospital there, can’t accommodate increase in traffic - option is unacceptable
  - If we oppose a hospital being located on this site, it sounds like we are opposed to sick people
  - Emphasis should be on recapture of public space
  - Need bigger future usage (volume)
  - More efficient to have hospitals together
  - School of Blind reverts to open space in exchange for QEH
  - Objective is to create more green space
- Space features:
- Fencing to unify all parts
  - Trees important views
  - Continuous walkway
  - Noise barrier to mitigate traffic noise
  - Public washrooms
  - Seating areas
  - Landscaping
  - Trees and shrubs on outside of fence
  - If we get more green space back than is lost, that could work

Round Table 3 Questions - Best Public Use

- If QEH property were to be used for hospital, no surface parking
- Land swap with School for Blind
- Green space
- Capital Health improve aesthetics of all their properties
- Parking on north end with bus line to hospital

**Round Table 1 Questions - Open Space**

- Play fields not disrupted by big events
- Maybe swap for site less isolated
- Site constraint - Bell Street – traffic – isolated
- Park for hospital complex
- Gateway from Robie to Bell Street
- Pedestrian walkway - sit down park
- Used part for park and exchange
- Remainder for more open space by VG
- Don't negotiate for VG site
- Tie park in with hospital
- Incorporate into theme of wellness tied into community open space
- Example – park near Camp Hill
- Integrate hospital development with public open spaces where people “mingle”
- Must be visible from street so people know it is there

**Round Table 2 Questions - Health Care**

- Must accommodate open space
- Allow taller building to reduce footprint – allow more open space
- No surface parking
- Main entrance on Robie and alternate entrance
- Don't exchange existing roadway
- Incorporate existing trees
- Little fountains – people like water
- Incorporate existing slope into design - not higher than eight storeys; keep height in context of existing buildings in area
- HRM should get CBC to relocate – could incorporate open space walkways which integrate with health care site
- Try to conserve auditorium and gym in new design
- Auditorium could serve hospital and public meetings

**Round Table 3 Questions - Best Public Use**

- Allow hospital but public “wellness” spaces important
- Find use for existing building for public purposes
- If buildings torn down, then should be public open spaces
- Try to regain public open spaces at VG site on South Park Street
- Keep existing trees and green space
- Retain existing auditorium and gym
- Allow some limited height increase for smaller footprint – more public open space
- Integrate plans with CBC site
- No surface parking

Round Table 1 Questions - Open Space

- Traffic flow highest in city; high visibility
- Site re-connects Common - would be great as a people open space
- Concerned about traffic impact on Robie Street: difficult to get people in and out of site
- Need green space with benches: parkland would make area better
- Can't agree with this, hospitals are needed
- Currently building one storey addition of sprawling infrastructure
- We'd like to see height on ambulatory expansion

Round Table 2 Questions - Health Care

- Should have building on site
- We need plants and OS
- Common is across street: why?
- Open space is needed but HFX has enough
- I see a variety of uses: trees, gardens
- Should be parkland (on the map)
- If expansion occurs, prefer CBC site - work out a deal for CBC relocation
- Must determine what the hospital needs so we can figure out how to use remaining space
- Could the site be used for multi purpose facility?
- Could have a mix of facilities
- Walking paths
- Trees
- Exercise stations facilitates health

Round Table 3 Questions - Best Public Use

- I would rather go to Bayer's Lake for hospital than not use this site for open space
- Is this the only site for a hospital on the peninsula?
- No, it is not more cost effective consider expanding this site because of all the existing infrastructure investment
- Two sites operate in tandem in patient care and surgery
- Have to have a critical care facility in town
- Traffic problem – bottle neck re hospital
- Site near 102 better site
- Flexibility and multi purpose design
- No buildings on this site
- No parking – for people, not cars
- Expand on old VG site

Round Table 1 Questions - Open Space

- Pepperell St. designated as Active Transportation (AT) corridor, but difficult to cross Robie St., and then it dead-ends at QEH block
- Improve street scape (e.g. creating Bell as Boulevard) and improving the street corridor on a human scale (e.g. more trees, wider sidewalks)
- Set back structures further from Bell Road (QEH too close)
- Is there dire need for active sporting area?
- Interruption of CBC-QEH parcel with new emergency wing doesn't lend to good open space use
- Halifax Common is under-utilized and more uses need to be introduced to the rest of the Common's open space to make it safer and to improve quality
- QEH site is isolated due to roads
- Not good for open space access
- Give to CDHA, but landscape properly
- Provide buffering (landscaping and set-backs), not just on periphery
- Experience open space through walking (setbacks)
- Entrance to downtown Capital District
- Improve access to the sun along Bell (setbacks & tall structures to centre of site)

Round Table 2 Questions - Health Care

- What about parking? Only underground, preferably on lower area (CBC) and providing transit access off Bell Rd becomes more important
- New building and infirmary don't absolutely need to be connected
- If possible, plan site with CBC in mind; how could two be used cohesively
- A signature building, illuminated (e.g. like NSCC, Dartmouth)
- Configure design to that of land/slopes
- Create atrium space within new building
- Animate ground floor of new health facility and create store-fronts, human scale architecture, pharmacy, physiotherapy, specialty uses related to health care
- More height, closer to centre of property, and set back for better sun exposure
- Green roof for patio space/outdoor use for patients and staff
- Allow penetration of block by public

Round Table 3 Questions - Best Public Use

- CDHA is best public use but! ...
- Good architecture on site
- Good landscaping
- Nice setbacks, especially along Bell Road
- Improve tree space
- Meandering landscape along Robie (e.g., Quebec City Boulevard)
- Improve connectivity (bikes, pedestrians, during day and night)
- Break-up building "monolith" with atrium to allow public access
- Green roof/healing garden
- East-west movement through site in support of AT traffic patterns
- Clear for visitors, staff, entrance/drop-off from Bell Road

## ATTACHMENT - D

### Written Public Submissions

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**RECEIVED VIA E-MAIL: November 30, 2007**

*Your Worship and Councillors,*

*I wish to add my voice to those asking for the future "use" of the Queen Elizabeth High School lands to be reconsidered. The significance of lands in that prime location cannot be overstated. It takes perhaps only second place in Halifax to lands such as the Province House grounds and the Grand Parade. In all reports and surveys, the importance of the Willowtree crossing is stressed as a gateway to historic Halifax, and as the first view for many visitors of the Common and Citadel. Such was the case for my family and myself, thirty-eight years ago. It was a rich pleasure to arrive on a weekend, to the busy family multicultural park between Cogswell and Bell Roads, and to savour that ambience.*

*HRM staff have stated that there are only two possible uses for the lands - those of a green space or those of the construction of a fifth hospital. Not so! They have said informally to us that a hospital is the best use for the lands. To which we told them emphatically "That is not your decision to make."*

*It is pretty clear who should make the decision. " ...the inhabitants of the Town of Halifax forever." (Jonathon Belcher, 1763)*

*We made our decision very, very clear in 1992, and the Council ratified it for us in 1994. We recognise six allowable uses for any and all lands within the Common: health care, education, sports, recreation, gardens, and cultural activities. Plus, we have laid a strong emphasis on recovering our rightful lands, for which our (the inhabitants) free enjoyment has been surrendered, and for making them more freely accessible to us. In any particular location, clearly, we must be consulted in prioritizing those six permitted uses, in our best interests. All six uses are quite feasible in this exceptional location by the Willowtree crossing. The choice between the six acceptable uses must rightfully be made in consultation with us.*

*Personally speaking, my order of priority for that most significant location is as follows:- (1) gardens; (2) education; (3) cultural activities; (4) recreation; (5) health care; (6) sports.*

*I join with many of my fellow citizens in stating firmly that a designed garden of the highest quality is what we prefer most. Something such as a rich sculpture garden, or maze, or other landscaping that would signal Halifax and attract our friends and visitors to photograph it and to report well of our home city. A location where weddings are photographed.*

*A similar effort is commendably being made on the Cunard landing by the cruise ship piers. The design for the Willowtree location should be chosen in a prize competition for the most artistic of landscape designers.*

*It is obvious, however, that in a well-designed area, more than one of our six permitted uses can be included. A simple, unobtrusive interpretive centre has been mentioned in our 1994 testament. This would be educational and cultural. Recreation for the youngest children can be included in a compact public garden, and so can a daycare facility for visitors to the hospital. The focussed nature of the location is not best suited to most sports, which usually require an expansive field layout, but a pelotte court, or a bowling green, or chess tables, which focus social activity, might be considered, especially if there is a small staffed interpretive visitor centre to supervise and to maintain them. Most HRM visitor centres are obscurely buried in unobtrusive and less-frequented spots. It doesn't make any sense to me to welcome our visitors so secretively.*

*Councillor Sloane, for District 12, which includes the site, correctly emphasises increasing our activities on and our visible "use" of our Common. The only comparable spot in our Common would be the intersection of Spring Garden with South Park. Please invest our monies to this end purpose, at the Willowtree crossing?*

*What is the case for the hospital? Well, much has been said about "intensifying" the Downtown by building upward to 20 or 30 stories. It is immensely more rational and pleasing to "intensify" the hospitals, by building them upward to 20 or 30 stories. That is, if it is necessary, which in truth it isn't. They don't need more of our lands they need to use them better. Why is Capital Health not using the land, of which we have so graciously granted so much to it, more intensively than it has thus far? Especially the part we have granted to it in the South Precinct?*

*The bottom line is, on our behalf, please direct that an intensive, multi-use design be commissioned for us on this spot which, with its busy-ness and with its view, is perhaps the prime spot in the whole of our precious and beloved 235-acre Common.*

*Very, very sincerely, and urgently,*

*Aubrey Fricker  
Halifax*

*cc: Dawn Sloane, Sheila Fougere, Sue Uteck*

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**RECEIVED VIA E-MAIL: December 5, 2007**

*HRM and the Common*

*Last week, we had the privilege of hearing three speakers share their ideas about the potential use / misuse of the QEH lands of the Common. We did not have time to express ideas at the table before moving on to another event. Thank you for making it possible to submit comments.*

*It was enlightening to learn what lands have been taken over by our esteemed health care institutions. In the interest of preventive health, we suggest that as much of the available land as possible be converted to publicly accessible green space – walkways, paths, gardens or contemplative areas of rest. In addition, off-road bicycle paths and secure bicycle storage areas should be available to the public who are visiting the area or going about their daily commute. To date, I have not noticed this service in any district of HRM following release of the AT Report.*

*HRM Traffic could look at alternative configurations at the Willow tree corner to alleviate the bottlenecks of car traffic and include more bicycle lanes. And why not replant a willow tree.*

*If there is not a substantial green space provided in the proposed plans, then an alternate site in the neighbourhood/community must be considered to maintain an equivalent opportunity for green space – a land swap!*

*The public must be given an opportunity to discuss the proposed plans when presented before Council – a Public Hearing – before a vote is taken.*

*It was disappointing to learn that the majority of the people in the room at St Mary's were either staff – HRM or Capital Health. Public Consultation is about inclusiveness of the public voice. The public was outnumbered. Please listen to the people of Halifax and the daily and occasional users of the area. We do not want a high-rise on the corner. While this discussion is intended to be about the QEH lands, remediation of lands previously taken for less than green purposes should be returned over time, as well. The Capital Health architects will know where these lands are– the plots were listed on Nov 26.*

*In addition, mention was made of the health needs of the Halifax population. The time has come to consider the construction of a Community Health Centre such as the Cobequid Centre off the peninsula but within the commuter shed districts such as Clayton Park, Timberlea, Bayers Lake, etc. The growing, aging population can keep a service like this busy. This would leave the health campus downtown to service provincial/regional needs.*

*Although talk continues about relocating employers and residents back to the peninsula, the traffic cannot withstand any additional numbers without serious problems. Look to transit and bicycle routings first and employment sites away from the tight areas.*

*And please reconsider the Chebucto Road moves. A simple alternative would be lane changes for the short blocks morning (IN) and evening (OUT) as on the bridge. Bus lanes take priority!*

*Wendy and Bob McDonald  
Mainland North*

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**RECEIVED VIA E-MAIL: January 2, 2008**

*Dear Mr Vodicka,*

*I have attended many sessions of development plans for HRM in the past few years. Because HRM by Design was a huge plan encompassing the future of a wide area, it could not focus on current municipal properties and their designation. I think it was unwise not to emphasize the history and scope of the common land of Halifax to those involved in dreaming of a new HRM; so we now have to ask again for input that is not connected to the larger plan. I am concerned that policies developed by many hours of volunteer citizens with a sincere regard for appropriate use of municipal land, are routinely disregarded for short term efficacy.*

*I believe that we must start thinking differently about how we deliver health (Sick) care. I think I am not alone in believing that we should not put everything together in a huge complex, but rather deliver services in communities on a smaller scale. Therefore an expansion to the hospital is not in the best interests of the municipality. The increase in automobile traffic must not happen nor the increase in the number of parking lots.*

*The QEHS site should be restructured and used for the next few years until better plans are developed through the HRM by Design. In the meantime, the classrooms facing Bell Rd can be renovated and used by small businesses 'Art Alley', using the space in back for studios and workshops. The auditorium can be used by the community for any number of activities, including municipal round tables, meetings, performances, etc. Cultural organizations throughout the city would be very interested in a central office space at a reasonable rate.*

*Thanks for the opportunity to give my opinion.*

*Sheilagh Hunt  
Halifax*



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**RECEIVED VIA E-MAIL: January 2, 2008**

*Dear Rudy,*

*Please let me add my two cents and advise that the Queen Elizabeth High School site would be best suited for green space. I know it won't show immediate revenues on the budget via taxes or help the hospital expand but it will prove benefits to all. It is the green space and tree lined streets that give value to the surrounding properties and to the city as a whole and this will lead to higher taxes and more revenue later for the city. As the commons becomes engulfed in high-rise complexes, so too will Robie St south of the Willow Tree (and plant a willow tree there asap for tourism and history). More green space, more value for the citizens. More green space, more physical activity, more healthy citizens, less need for more hospital space.*

*Cheers,  
Walter Forsyth  
Executive Director  
Atlantic Filmmakers Cooperative*

*The Atlantic Filmmakers Cooperative (AFCOOP) is a non-profit, charitable organization dedicated to providing new and experienced filmmakers with equipment, facilities, training and funding. Mandate: AFCOOP is an accessible member-run centre for the production and presentation of creative films in a collaborative, learning environment.*

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**RECEIVED VIA E-MAIL: January 7, 2008**

*I have reviewed the submissions made by the citizens who attended the meeting at Saint Mary's Boat Club, and also reviewed the Archive documents at your website concerning the history of the Commons.*

*This site is especially important in light of the HRM by Design vision for Halifax to become a vital and beautiful pedestrian friendly city.*

*My views are most closely mirror those of Group A, facilitated by Fred Wendt. I would like to see this area be transformed into a lovely green space, accessible and permeable to pedestrians.*

*I would like to see the current expansion of the emergency room become a taller building, with more bed space on that footprint.*

*I strongly oppose using this site for additional parking area. (The most recent parking which fronts Robie Street at the Infirmary is, I believe, seriously flawed in having ignored the vision of the beautiful pedestrian friendly city).*

*I agree that if a deal has already been cut to use this space for hospital expansion, it needs to be WELL SET BACK, without parking, and a beautiful LEED building.*

*I also believe that in that case, the parking lot south of Victoria Park should return to the City to be used for additional parkland.*

*I wonder whether you have considered the site of Bayers Road Village for additional hospital space, as that seems to be a failure for retail and potential available for hospital development.*

*Thank you.  
Connie Berman*

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**RECEIVED VIA E-MAIL: January 8, 2008**

*Rudy Vodicka,*

*as a lifetime resident of HRM, please know that I want the commons green. We have paved and built on so much of the commons land in the past. Please give us some green back.*

*And for heavens sake, if the city is still going to give Capital Health some QEH land to build upon, give them a small piece where than can build a multi-story unit (with underground parking), and give the rest to us as some kind of green space.*

*Thanks.  
Glenn Fraser  
Halifax*

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**RECEIVED VIA E-MAIL: January 9, 2008**

*Dear Mr. Vodicka,*

*I would like to see this site used to create more public space. I and my friends and family believe this would be the best use for it as so much the commons has been taken over by buildings. The parks are rare in this city and we need more green common areas.*

*Thank You,  
Katie Guitton*

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**RECEIVED VIA E-MAIL: January 9, 2008**

*Attention: Rudy Vodicka*

*Re: discussion on possible future use of QEH site, I feel strongly that first option should be to enable Capital Health to expand its facilities if deemed necessary. Just because this site came from "common lands" does not mean it has to revert to pasture, especially when the north common is right across the street and provides several hectares of green space for public use.*

*The QE11 Health Sciences Centre provides health services for the entire Atlantic Region. The availability of additional land adjacent to the Centre should be viewed as a godsend for the future of healthcare in the region. Surely this is a no-brainer.*

*Gillian Pullen*

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**RECEIVED VIA E-MAIL: January 14, 2008**

*Friends of the Halifax Common  
Halifax*

*Rudy Vodicka  
Coordinator, Real Property Policy, HRM  
Box 1749, Halifax, NS B3J 3A5*

*Dear Mr. Vodicka:*

***Re: Disposition of Queen Elizabeth High School site***

*Friends of the Halifax Common do not support that in 2008 we should be considering putting a building on the Common. We believe the highest and best public use for this site is open space. We request that HRM honour its Halifax Common Plan developed through consensus with its citizens. This Plan (1994) commits the City to the following:*

- Section 2.1: to not decrease the amount of public open space;*
- Section 3.1: to not decrease the amount of Common land owned; &*
- Section 3.2: to increase the amount of land under city ownership through recapture of former Halifax Common lands.*

*Despite this Plan, HRM has continued to ignore its own rules. For example it has:*

- Allowed the former Grace Maternity hospital to be a parking lot operated by Dalhousie with proceeds going to Dalhousie & offered no oversight in the current design of the new Life Sciences Research Institute;*
- Sold the site of the former Civic Hospital to the IWK for a parking garage;*
- Permitted All Saints Cathedral's condominiums on its side yard;*
- Lost north and south lands adjacent to the Bell Road campus community college because of the larger footprint of the new Citadel High School and the relocation of Bengal Lancers.*

*The Friends of the Halifax Common believe that the proposed expansion of the Halifax Infirmary is a direct contravention to the provisions of the Halifax Common Plan as this plan specifically directs Council to not divest any more common land and to reclaim lands such as the QEH site, when available. We are also disturbed by a lack of transparency throughout this entire process, as HRM staff has not been fully forthcoming in regards to its plan for the site. To provide you with some context:*

*1. HRM had already signed a MOU with Capital Health to negotiate to turn part of this land over to them without any public consultation;*

*2. The construction of the new emergency for the Halifax Infirmary had already commenced without any public consultation;*

3. At the only public consultation held on November 7, apart from HRM staff, Capital Health, as both developer and advocate for the new facility was the only “public” slated to present on the agenda: &

4. Details that the new emergency will be followed by a phase II which is an entire new wing for the Halifax Infirmary or that the HRM is negotiating with the CBC to access a piece of land from them seem only to have emerged through stealth.

Although it appears that HRM supports the position that health care is a priority for use of the Common on the contrary the Halifax Common Plan simply includes health care as one amongst a list of activities:

1.1: The city will continue to promote a diversity of activities in the Halifax Common which will include health care, education, sports, recreation, gardens and cultural activities

Our organization’s concern over the matter of prospective loss of Halifax Common land is not frivolous. A single public meeting does not a public consultation make. It is certain that HRM staff have had more than one consultation with Capital Health. Our membership is concerned about HRM staff lacking attention to the policies that are already in place and that need to be enforced.

At a time when Halifax by Design is looking to concentrate population density on the peninsula by increasing the height of buildings in entire districts why is Capital Health not being held to account for how well they use the significant amount of “our” lands we are graciously conceding to them? Perhaps the real issue is why Capital Health isn’t scrutinizing its own plans and efficiency of land use. Rather than sprawling the hospitals, should they not be growing upward?

Although the densification of the peninsula at this juncture is speculative, this too should be foremost in the decisions made regarding the Halifax Common as there will be ever increasing demands and pressures made on existing green space making present care for its use by future generations ever more critical.

HRM seems to believe there are only two alternatives for the site: open space or health whereas the Friends of the Halifax Common believe that open space supports health. Current understanding of health instead of emphasizing bricks and mortar stresses the importance of enabling people’s increased control over their own determinants of health and improvement of their health through disease prevention.

“Green spaces, including our own domestic gardens, are important even to the most hardened city slickers among us. They are places to sit and contemplate, meet with friends, walk the dog, go for a run, feed the ducks, for children to play. Scientists have shown that green spaces promote community togetherness, reduce crime, improve our physical health and enhance our psychological well-being. They promote inward investment into cities, and even increase house prices. But more fundamentally than this, urban green spaces are one of the few places where we can experience nature in our increasingly urbanized world. Even small scraps of green space can be vitally important.”<sup>1</sup>

The Queen Elizabeth High School site is located in a very prominent place within the context of the peninsula. The “Willow Tree” is in fact a bridge between Robie Street, Quinpool Road and the downtown. As suggested by Dr. Richard Florida on a recent visit to HRM, one of the problems with Quinpool Road is that it lacks

*a connection to the downtown. As he noted, this is principally because the area is completely urbanized and has no connecting green space flowing over to Bell Road.*

*Friends of the Halifax Common request that HRM honour its Halifax Common Plan as it was developed through consensus with input with citizens. We do not support that in 2008 we should be considering putting more building on the Common. We ask that you imagine this site as a beautifully landscaped hillside park to be enjoyed by all people; those in the neighbourhood, hospital staff, patients, their families or their visitors and everyone we welcome to our city along this route. We believe the highest and best public use for this site is open space.*

*Yours truly,  
Peggy Cameron  
Co-chair, Friends of the Halifax Common*

*Copied:  
Beverly Miller, Co-chair,  
Executive & Members of Friends of the Halifax Common  
His Honour, Mayor Peter Kelly & Council*

*I Dr Richard Fuller is a post-doctoral researcher at the University of Sheffield, examining the ecological sustainability of urban spaces  
<http://news.bbc.co.uk/1/hi/sci/tech/6754549.stm>*

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**RECEIVED VIA E-MAIL: January 17, 2008**

*Dear Sir,*

*I attended the workshop at The Saint Mary's Boat Club and would like to comment.*

*1. How much land will the Capital Health Complex need? The answer is more than can be supplied by annexing common land. Infinity. Cars, cars, cars.*

*The current planning is awful. The complex is depressing and absolutely no consideration for human needs are incorporated in the current facilities.*

*The staff need some natural surroundings to soften the experience and stress as do the patients. What we have going on now is chaos and improvisation ad hoc. More staff = pave more land.*

*Time for a think!*

*Peter McCurdy  
Halifax*