

Added Item 4.2 – Delegation from John Neary, Beasley Neighbourhood Association

Thank you for hearing my delegation from the Beasley Neighbourhood Associations regarding the [application](#) by Hamilton Health Sciences (HHS) for official plan and zoning amendments for lands located at 201 Robert Street and 166 Ferguson Avenue North, in Beasley Neighbourhood.

These amendments would allow for the expansion of the existing HHS parking lot on the south side of Barton Street, adding 158 parking spaces to the existing 640 spaces.

The proposed justification for this parking lot expansion is that the construction of the new McMaster Children's Health Centre (MCHC) on Wellington Street North, just south of the CN tracks, has led to the loss of a roughly similar number of parking spaces in the HHS parking lot north of Barton.

The Beasley Neighbourhood Association has discussed this application on numerous occasions, and a vote of our membership in March was unanimously opposed to this proposal.

Parking lots are dead, deserted spaces that encourage crime and vandalism. The automobile traffic that they induce contributes to cardiovascular and respiratory disease and road traffic accidents in our community.

Parking lots are bad for neighbourhood well-being: people just don't like living next to them or walking alongside them. Finally, our neighbourhood already has far more than [its share](#) of parking lots.

City of Hamilton Planning Report

In December 2009, the Economic Development and Planning Committee approved a zoning application to permit HHS to construct a 640-space parking lot on the south side of Barton Street to the east of Ferguson Avenue, serving Hamilton General Hospital (HGH) and associated buildings.

In June 2012, the Ontario Municipal Board issued a decision that brought the [West Harbour Secondary Plan](#) (Setting Sail) into effect.

This plan calls for limiting parking to the rear of new developments and for the holes in our street grid to be fixed by connecting Cathcart Street north to Barton and Robert Street west to Ferguson.

The current [report](#) by the Planning and Economic Development Department does not acknowledge that the Secondary Plan calls for the reconnection of Cathcart and Robert Streets, or that this parking lot expansion would preclude such reconnection.

It strains credulity in arguing that expanding the parking lot is in line with the Places to Grow Act, completely [overlooking](#) section [2.2.6.10](#):

In planning lands for employment, municipalities will facilitate the development of transit-supportive, compact built form and minimize surface parking.

However, the most egregious error in the Planning report is in how it argues that the design standards of Setting Sail can be ignored as they apply to this proposal:

While the proposal does not implement the ultimate planned land use (i.e. medium density residential) ... it does not negate the likelihood in the future of such redevelopment occurring.

With regards to the specific policy direction for the lands designated “Medium Density Residential 1” and “Medium Density Residential 2”, these are design related objectives that would apply to the final intended land use (i.e. primarily apartment buildings) to ensure their ultimate design is compatible with surrounding uses, and meets objectives for comprehensive development with shared parking not directly in front of a future building. As the proposed parking lot expansion is the interim use, not the ultimate land use, the intent of the policy is not being contravened.

[M]ultiple dwellings are the ultimate land use planned for the subject lands. This is also reflective of the existing zoning of the lands which also permits multiple dwellings. The proposed parking lot is not permitted within the designation. However, the proposed parking lot is not intended to be the final land use and the applicant has not proposed to redesignate the lands to any commercial, mixeduse or institutionally oriented designation that might otherwise have permitted such a parking lot, nor to eliminate multiple dwellings as a permitted use. The proposed parking lot is intended as an interim use until the ultimate land use is implemented.

In other words: we can ignore the zoning for multiple dwellings as long as we pretend that multiple dwellings will eventually be built, and since we're ignoring the zoning, we can also ignore all of the design standards.

By this logic, we don't need to have city planners, because every development proposal can be approved under the fiction that "this is temporary, we'll achieve the ultimate land use later, and we can ignore all of the rules until we achieve that use."

Communication between HHS and Beasley

Hamilton Health Sciences' public outreach regarding this issue started with a misleading letter sent to a fairly small part of our neighbourhood (it didn't reach my own house on Mary Street, 350 m from the land in question) inviting us to a "community information event" about the MCHC project.

The only reference to the proposed parking lot expansion south of Barton was a single mention of "renovations to accommodate the added volume" on the lot south of Barton.

The meeting was held at the Eva Rothwell Centre on Wentworth Street North - a site which is 2.1 km from the lands in question and poorly accessible by all means of transportation other than the private automobile.

Nevertheless, the BNA was represented at this meeting by residents of the Robert/Cathcart area, who are strongly opposed to the parking lot expansion.

(I should note in passing that HHS staff refuse to use the word "expansion", under the logic that the total number of parking spaces is not increasing. It is not an expansion of the overall HHS parking footprint, but it is certainly an expansion of the parking footprint in the residential part of our neighbourhood.)

To their credit, when HHS management found out about the opposition to their proposal from Beasley residents and the BNA, they improved their engagement with our neighbourhood by attending the Beasley Fair on April 11 and having a meeting regarding transportation policy with local stakeholders on April 30.

However, while we are happy at the BNA to have improved lines of communication with HHS, we have made no progress regarding the parking lot impasse. HHS will not withdraw their application, and we will not budge in our opposition to it. Therefore, this issue will be decided in an adversarial manner by the Planning Committee.

Why This Parking Is Not Needed

Hamilton Health Sciences will argue that this parking is needed to serve the needs of children and families attending the MCHC. In fact, the purported parking shortage is not a problem of parking supply. Rather, it is a problem of transportation mismanagement by HHS.

Current transportation policy at HHS privileges the interest of a subset of HHS employees and physicians over the interests of patients and families, the community, and even HHS itself. Improved transportation policy would solve the purported parking shortage without any additional cost to HHS or its patients.

HHS operates three parking lots near HGH. Staff and physicians (henceforth, "staff" for simplicity's sake) with monthly parking passes pay \$60 per month to park in the lot south of Barton, \$70 in the lot north of Barton, and \$97 in the parking ramp on Victoria.

By contrast, patients and visitors using the south lot pay \$6 per day, and patients using the parking ramp pay \$3.50 per hour to a maximum of \$20 per day. (Discounted options are available for patients and visitors who purchase long-term parking). HHS currently has a waiting list of about 80 staff who cannot obtain a monthly parking pass.

Private lots near HGH charge considerably more for parking. For example, Impark charges \$110 per month for its lot on West Avenue, despite the fact that this lot is neither protected from the elements nor directly connected to the hospital (by contrast to the HHS parking ramp).

The conclusion from these facts is simple: HHS is subsidizing staff parking, which it is under no legal, contractual, or moral obligation to do.

Each parking space devoted to monthly staff permit parking generates considerably less revenue than it would if it were made available for daily parking, and less than is charged by the private lots.

There is a waiting list for staff parking because it is cheaper than the open market. (As an aside, the City's pricing is even worse: two municipal parking lots on Barton just east of Victoria charge only \$40 per month. Guess what: they have waiting lists as well.)

By artificially pricing staff parking below the market rate, HHS is providing a subsidy to its staff - and not to all of its staff. No subsidy is offered to staff who choose to live close to the hospital and walk to work, or to those who choose to take transit or cycle.

Furthermore, no subsidy is offered to staff who drive to work but who aren't fortunate enough to have a monthly parking pass.

This subsidy, offered to an arbitrary subset of staff, robs HHS of revenue that could be used to support its clinical, research, and educational missions.

It encourages staff to drive to work rather than using other forms of transportation, and by doing so increases the risk of cardiovascular and respiratory disease and road traffic accidents in surrounding neighbourhoods. (This is ironic, given that trauma and cardiology are two of HGH's biggest programs).

It artificially inflates demand for staff parking and, by doing so, creates an artificial shortage of patient parking.

The solution to HHS' parking policy problem is simple: charge staff the same rates as patients (or even more than patients: the latter have a much better case for a subsidy, as they didn't choose to get sick), and raise the staff parking rate until there is no waiting list and hospital parking is at least as expensive as the surrounding private lots.

Ideally, monthly parking would itself be abolished and replaced with a pay-as-you go transponder system, in which the user has a financial incentive to use alternate modes of transportation for individual trips. ("It's a nice day, so I'll bike to work and save the \$6 I would have spent on parking.")

This issue has nothing to do with patient parking. Market-based pricing of staff parking will reduce the demand for staff parking and increase hospital revenue, as well as freeing up more spaces for patients. The increased revenue from staff parking could be used to subsidize patient parking as needed.

If the market price rises enough, then it could be profitable for HHS to build additional parking ramps. (That they cannot currently afford to build parking ramps is another sign that their prices are artificially low.)

What Else Can Be Done

HS has been shortchanged by chronic municipal underinvestment in the infrastructure needed to support modes of transportation other than the private automobile. Competitor hospitals in Greater Toronto Area are increasingly served by frequent, rapid public transit routes.

For example, Trillium Health Centre in Mississauga is served by four local transit routes as well as an express bus, linking it directly to three nearby GO stations. Within a few years, Trillium will also be served by the Hurontario LRT line.

By contrast, HGH is served by a single local bus, the 2 Barton, as well as by the northbound leg - but not the southbound leg - of the 12 Wentworth. The 2 Barton service is relatively infrequent and slow, and the buses are often over capacity and have to pass by stops without being able to pick up passengers.

HGH is on none of the City's existing or proposed rapid transit routes and has no transit connection to Hamilton Mountain except through a transfer at MacNab transit terminal.

Possible solutions to this problem could include rerouting the A-Line express bus east along Barton to serve HGH; creation of an express bus route along Barton Street; or increasing the frequency of the existing 2 Barton service with other enhancements (e.g. signal priority at intersections) to improve the quality of service.

Needless to say, these solutions would require investment from the City of Hamilton, but Hamilton Health Sciences could publicly advocate for this sort of investment rather than accepting being left behind while neighbouring cities invest in their own hospitals.

HGH would also benefit from municipal investment in infrastructure to support cycling as a mode of transportation.

The hospital is only two blocks from the Cannon St. cycle track, which provides an excellent east-west cycling route across much of the city, and only six blocks from the Main-King transit corridor - an ideal distance for a commute using rapid transit for long-distance travel and Hamilton Bikeshare for the six blocks from King to Barton.

Unfortunately, there is no north-south route that is welcoming to prospective cyclists. Wellington and Victoria each have four lanes of high-speed, high-volume, pulsatile one-way traffic south of Barton, and West Avenue does not have a traffic light at any of its major intersections.

A possible solution to the poor cycling infrastructure would be a two-way separated cycle track on Wellington or Victoria from at least Main to Barton. Both Wellington and Victoria have excess lane capacity and could accommodate the loss of one general-purpose lane.

Again, it would be up to the City to build this infrastructure, but HHS could advocate for it.

Other hospitals have already made great strides towards proper transportation planning. An excellent example is [Seattle Children's](#).

Equity Between Neighbourhoods

In 2014, when Victor Veri [proposed](#) to tear down a Pigott-constructed house on leafy St. James Place opposite the Charlton Campus of St. Joseph's Healthcare Hamilton, residents of Durand [objected](#) in much the same way that Beasley residents are doing now.

The City of Hamilton quickly [designated](#) the house under the Ontario Heritage Act in order to protect it from demolition and prevent the creation of a parking lot (er, parking "area") on the property.

Beasley deserves the same treatment as Durand. Moreover, preventing the creation of a parking lot in our case doesn't even require an active step (listing a heritage building). Rather, the Planning Committee simply has to say "no" to an application to amend the official plan and zoning for these properties.

Conclusions

This parking lot expansion would be harmful to Beasley, would represent a policy inequity between neighbourhoods, and is not needed.

HHS has enough parking to meet the needs of its patients and staff as long as it stops subsidizing the latter at the expense of the former.

Investment in multimodal transportation system (by both HHS and the City of Hamilton) could further decrease the demand for hospital parking. Beasley residents and the BNA will continue to oppose the harmful proposal for surface parking expansion.