VANCOUVER GENERAL HOSPITAL
HEATHER PAVILION

Conservation Management Plan

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Project # 25-120

ERA Contributors: PE/SI/SL/KK/NP/MS/AG

PREPARED FOR

Vancouver Coastal Health
855 West 12th Avenue, Leon Blackmore Pavilion
Vancouver, British Columbia V5Z 1M9

PREPARED BY

ERA Architects Inc.
625 Church Street, Suite 600
Toronto, Ontario M4Y 2G1

CONTENTS

EXECUTIVE SUMMARY

Report Purpose and Context

Vancouver Coast Health (VCH) is undertaking a multi-year campus planning exercise for the Vancouver General Hospital (VGH) campus (the "Campus") to upgrade existing facilities and prepare for future growth. In order to accommodate development, a formal application to rezone existing campus boundaries, along with associated obligations, will be required.

The Campus includes the Heather Pavilion (the "Site" or the "VGH Heather Pavilion"), a designated property protected under the City of Vancouver's Heritage By-law and subject to a Heritage Revitalization Agreement (HRA). The VGH Heather Pavilion is proposed to be demolished as part of the development.

This Conservation Management Plan has been prepared as part of the rezoning exercise. It consolidates an understanding of the VGH Heather Pavilion's current condition, legal status, historical context, and significance. It then outlines a proposed approach to the building.

Heritage Status

The VGH Heather Pavilion is municipally designated under City of Vancouver Heritage By-law No. 4837. The designation, enacted in 2002, applies to the 1906 original Heather Pavilion and the 1908 additions, including the two most southerly end bays (one bay deep and three bays wide), together with the two adjoining granite stone-clad towers, each three storeys high and capped by a cupola. The portions of the 1908 additions between the 1906 original pavilion and the two end bays and towers are excluded from the designation. The property is also protected by an HRA between VCH and the City of Vancouver.

Building Condition and Integrity

The VGH Heather Pavilion comprises original building fabric and subsequent additions and alterations, with the core of the building largely obscured by 1950s additions. The general condition of the building elements is poor to fair, with many of original features in poor to defective condition.

Despite this, the building retains some legibility: the front setback, pathways, and courtyard planting convey institutional character, reinforced by the granite towers, symmetrical plan, and arched openings.

While the heritage character is somewhat legible, strategic demolition of additions and restoration would be necessary to reinstate the integrity of the original design.

Site Evolution and Historic Themes

The VGH Campus encompasses over 28 acres of land in the Fairview neighbourhood above False Creek on the traditional, ancestral, and unceded territories of the xʷməθkʷəy̓əm (Musqueam), Sḵwx̱wú7mesh (Squamish), and səlilwətaɬ (Tsleil-Waututh) peoples.

Following colonial settlement and its early development, Fairview became a critical civic node in the expanding city. VGH relocated to Fairview in 1906. Since that time, the hospital has expanded and evolved continually to serve Vancouver's healthcare needs. VGH is now recognized as a provincially-significant institution, providing the health care "safety net" for all British Columbia citizens due to its tertiary/quaternary mandate.

Five key themes underpin the framework for understanding the Site's history and signficance:

i. changing physical geography;
ii. rapid population growth;
iii. evolving hospital design and architectural expression;
iv. the professionalization and integration of medical education; and
v. the hospital as a reflection of society.

Layering chronological and thematic understanding demonstrates the dynamism and continued evolution of VGH, which occurs in tandem with changing societal needs and advances in medical science and technology.

Statement of Significance (VGH Heather Pavilion)

ERA has prepared a Statement of Significance (SOS) for the designated parts of the VGH Heather Pavilion. The SOS recognizes the Heather Pavilion's value as an early 20th-century Beaux-Arts hospital and emphasizes its role as the first building on the VGH campus, its association with Vancouver's early civic expansion and the cluster of institutions in Fairview, and its contributions to medical and nursing education, including the professionalization of nursing by women.

The SOS also identifies character-defining features of the VGH Heather Pavilion, or physical components of the building that communicate its cultural heritage value.

Challenges and Opportunities

Challenges

The VGH Heather Pavilion exists within a layered set of conditions that impede physical conservation and reuse. These include:

- Functionally obsolete layout and systems;
- Building form and type that is difficult to retrofit for contemporary healthcare; and
- Vulnerability to seismic risk.

Retrofitting the VGH Heather Pavilion to meet contemporary standards for healthcare would be complex, prohibitively expensive, and ultimately offer only a compromised version of what could be achieved in a new facility.

To maintain uninterrupted care at VGH while replacing obsolete facilities, new construction must proceed on developable land. Based on current planning capacity, the VGH Heather Pavilion parcel is the only viable location on the campus for a large new acute-care building.

Finally, given the building's colonial history and institutional expression, the VCH Indigenous Health team has indicated that retention of building fabric, including partial retention or material reuse, may not align with the Truth and Reconciliation Commission recommendations and culturally sensitive redevelopment of the VGH Campus, and would require further conversation as campus redevelopment evolves.

Opportunities

In addition to supporting the facilities improvements required at VGH, the redevelopment of the VGH Heather Pavilion presents an opportunity to advance urban design, Reconciliation, and environmental sustainability objectives.

Conservation Objectives

Three overarching Conservation Objectives should inform the redevelopment of the Site:

- **Objective 1**: Communicate the nature of hospitals as evolving places that reflect societal values of their time.
- **Objective 2**: Respect and make space for Indigenous expressions of cultural identity and connection to territory, and the transmission of culture, histories, stories, traditions and values.
- **Objective 3**: Balance the Site's planning and community objectives with the heritage value of the VGH Campus.

Proposed Development

The proposed Zoning By-law Amendment is intended to implement a campus-wide vision for VGH, allowing for its continued evolution to the year 2050 and beyond. Demolition of the VGH Heather Pavilion is proposed.

The proposed development will be implemented over phases:

- **Phase 1:** Demolition of the existing Laundry Building and Research Pavilion
- **Phase 2:** Construction of an expanded new 'Emergency Expansion + Bed Tower'.
- **Phase 3:** Demolition of the VGH Heather Pavilion, Doctor's Residence, and Tzu Chi Building to clear space for new construction in later phases.
- **Phase 4:** Development of interim open space in the area cleared by demolished buildings.
- **Phase 5:** Construction of a new Acute Care Building in the approximate location of the existing VGH Heather Pavilion to replace clinical functions of the Leon Blackmore Pavilion, Willow Pavilion, inpatient GF Strong beds and net new beds based on projection modeling; construction of a new Energy Centre to the southwest of the Acute Care Building.
- **Phase 6:** Demolition of the Leon Blackmore Pavilion, Willow Pavilion and Physical Plant building.
- **Phase 7:** Development of interim open space in the area cleared by demolished buildings.
- **Phase 8:** Construction of a new Acute Care Building located predominantly along West 12th Avenue to replace the Jim Pattison Pavilion (North Podium and South Tower)
- **Phase 9:** Demolition of the Jim Pattison Pavilion.
- **Phase 10:** Development of interim open space in the area cleared by Jim Pattison Pavilion

Impact Assessment

Demolition of character-defining elements will negatively impact the cultural heritage value of the VGH Heather Pavilion as a local Vancouver example of early Beaux-Arts hospital architecture. The cultural and societal value of the VGH Campus can be conserved in alternative ways that do not require the building retention.

While demolition of the VGH Heather Pavilion does not represent minimal intervention or building conservation per the commonly used federal Standards and Guidelines, the project team has determined that it is the only feasible response to the hospital's needs for expansion and achieving contemporary standards of patient care.

PART I: UNDERSTANDING

BACKGROUND AND CONTEXT

What is a Conservation Management Plan?

A Conservation Management Plan (CMP) is a bespoke tool for the conservation of heritage resources, including buildings, structures, landscapes and places carrying intangible cultural heritage value. It is based on best practices in heritage conservation articulated in Parks Canada's Standards and Guidelines for Historic Places in Canada (the "Standards and Guidelines") and industry-leading conservation practices from the UK and Australia.

The Heather Pavilion CMP consolidates an understanding of the current condition and legal status of the VGH Heather Pavilion (the "Site" or the "VGH Heather Pavilion"), as well as its historical context and significance. The understanding component of the CMP supports objectives and parameters for conservation, which must be balanced against the evolving needs of the Vancouver General Hospital (VGH) campus (the "Campus").

The CMP has been developed as part of a broader multi-year campus-planning exercise undertaken by VCH in conjunction with the City of Vancouver. The proposed approach to the VGH Heather Pavilion is evaluated in Part III of this CMP, which includes a heritage impact assessment.

Thematic Understanding and the Cultural Landscape Approach

The CMP methodology aligns with the phased approach to conservation articulated in the Standards and Guidelines, which bases all interventions to historic places on thorough understanding of their history and evolution (first) and planning for their future (second).

The Standards and Guidelines provide that understanding a place is a process, rather than an ultimate state of knowledge. Understanding develops over time and can be refined significantly, even as planning for future change is underway.

This dialectical approach to change management assumes a continually changing and sharpening picture of cultural heritage value and correspondingly flexible bespoke management strategies. Developing these strategies is the work of the CMP.

The CMP employs a cultural landscape approach to explore the significance of the VGH Campus thematically, broadening the consideration of its history to include geomorphological context, Indigenous stewardship and uses of the land and themes of changing physical geography, rapid population growth in Vancouver, evolving hospital design, professionalization and integration of medical education, and the hospital as a reflection of society.

This layering of chronological and thematic understanding underscores the importance of the continued evolution of VGH, which occurs — and has always occurred — in tandem with society's needs and advances in medical science and technology.

Implementation and Interpretation of the Conservation Management Plan

In accordance with the principles for understanding and planning articulated in the Standards and Guidelines, the following assumptions should guide the implementation and interpretation of this CMP.

- Ensuring that places have viable long-term uses is critical to supporting their conservation and limiting their deterioration over time.
- Places do, and should, evolve to meet contemporary needs, even as we acknowledge existing character and conserve features that embody heritage value.
- Heritage value is multi-valent and multi-faceted; the process of "understanding" a place can be iterative and evolutionary, particularly in the context of places with complex histories.
- The CMP should be considered a living document, rather than a static framework for decision-making. Its recommendations should be re-evaluated as the Campus and circumstances change, particularly as relates to the current proposals.

In addition to policy and best practice guidance, our work has been informed by in-the-field site review, contextual design experience, and precedent analysis, all of which support an understanding of the balance to be struck between heritage conservation and contemporary needs, including meeting hospital capacity requirements, facilities upgrades, Truth and Reconciliation, universal accessibility, and sustainable design.

Consultation with and feedback from stakeholders and Indigenous groups with historic or contemporary interest in the Site should inform the ongoing refinement of the conservation strategies in this CMP. Engagement to-date has informed the contents of this document.

Community Engagement

Community engagement has been initiated through pre-application stakeholder meetings with the VCH Indigenous Health Leadership at VCH and Heather Heritage Society. Meetings were scheduled by the project team on August 7 and 20, 2025.

Present at the first meeting were members of the VCH Indigenous Health Leadership Team, Heather Heritage Society, City of Vancouver Staff, ERA and the VGH/Kasian project team members. Following the August 7 meeting, Heather Heritage Society withdrew from further engagement.

Preliminary discussions with City Staff (including Heritage Staff and Special Projects Office Staff), as well as Ministry of Health officials were undertaken in preparing for the re-zoning submission. VCH will participate in further community engagement, including as part of the City's formal rezoning process, following application package submission.

Preliminary community engagement, led by VCH, was conducted prior to application submission.

Indigenous Engagement

Engagement with interested Indigenous communities will be an essential part of the broader engagement strategy for the current redevelopment plan. Dialogue has been initiated between the project team and the VCH Indigenous Health Leadership as part of the stakeholder engagement strategy.

VCH is committed to further meaningful consultation with Indigenous communities as part of the formal zoning by-law amendment process, including with Musqueam, Squamish, and Tsleil-Waututh host Nations.

Engagement will be led by VCH's Vice President of Indigenous Health and their staff.

HISTORICAL OVERVIEW

Historic Context Statement (Eras of Development)

Introduction

The Historic Context Statement (HCS) provides summary information about the area's eras of development, and the themes that have shaped its cultural, physical, and functional development and evolution. The HCS and its analysis focus on the intersection between people and place, understanding historic patterns of use in relation to the geographic setting. This analysis, in turn, provides the basis for the statement of significance and conservation approach.

Geological and Ecological Setting

The Site is situated within the Cordillera physiographic region of Canada, and more specifically, within the Fraser Lowland subregion. Extending from southern British Columbia north to the Yukon and the Beaufort Sea and encompassing part of southwestern Alberta and the Northwest Territories, this region includes plateaus, valleys, and plains, as well as rugged mountains. The Fraser Lowland is a triangular area in southwestern British Columbia, bounded by the Cascade and Coast Mountains.

As the Cordilleran ice sheet retreated about 13,500 years ago, the sea flooded land depressed by the ice, forming a bay in the western Lowland. The gently-rolling upland area of the Lowland, which includes the Site, formed from Ice Age (approximately 25,000–11,000-year-old) glacial and alluvial deposits, while low-laying (less than 15 meters below sea level), flood-prone areas surrounding the Fraser River delta are the result of recent (less than 10,000-year-old) alluvial deposits. The Site is located in an area of Ice Age sediment overlaid on top of bedrock that slopes down to False Creek, which was infilled during the 20th century to allow for industrial expansion.

Description

The Site is located on the traditional, ancestral, and unceded lands of the hən̓q̓əmin̓əm̓ (Halkomelem) and Sḵwx̱wú7mesh sníchim (Squamish) speaking peoples, the xʷməθkʷəy̓əm (Musqueam), Sḵwx̱wú7mesh (Squamish), and (səlilwətaʔɬ) Tsleil-Waututh Nations. These Nations are three of many Coast Salish First Nations that have inhabited this coastal region since time immemorial.

The VGH Campus encompasses approximately 30 acres of land in the Fairview neighbourhood above False Creek, in proximity to Broadway Avenue, a major east-west thoroughfare traversing the majority of the City of Vancouver. The key eras of the Site's development are:

i. pre-colonial use and occupation with First Nations lifeways centered on the area's waterways and abundant natural resources;
ii. colonial settlement and the onset of intensive harvesting of natural resources;
iii. arrival of railways and early industrial development at the end of the 19th century;
iv. rapid growth and expansion between 1900-1914;
v. the challenging period spanning the World Wars;
vi. the post-World War II boom, and
vii. contemporary transformation since the 1980s.

Indigenous Settlement and Stewardship

Humans first appeared in the Fraser Valley between 10,000 and 8,000 years ago, following the retreat of the Sumas Glacier. The stories of xʷməθkʷəy̓əm elders, bolstered by archaeological evidence, confirm the existence of a xʷməθkʷəy̓əm village on the Fraser River known as səẇq̓ʷeqsən[1] dating back 9,000 years.

As sediments were carried downriver from the melting glacier, the Fraser River delta progressed westward and the mouth of the river moved, as First Nations communities followed. Waterways, including the Fraser River, Burrard Inlet, and False Creek, were (and continue to be) critical to the existence of Coast Salish peoples, and settlements were established in close proximity to bodies of water. Two such settlements were millennial-old c̓əsnaʔəm, a xʷməθkʷəy̓əm ancestral village settled over 4,000 years ago[2], and Sen'ákw, a seasonal Sḵwx̱wú7mesh settlement at the mouth of False Creek.

c̓əsnaʔəm, located in what is today known as Marpole, was the main xʷməθkʷəy̓əm winter village. Sen'ákw, known as "the place inside the head of False Creek", was an important hub for trade and commerce, cultural practices, and the hunting and harvesting of resources for the Sḵwx̱wú7mesh First Nation. The area was accessed by an extensive overland trail network. The natural geography of False Creek provided a rich food supply with an abundance of resources including elk, beaver, deer, salmon, duck, and cedar. The sand bar in False Creek (later infilled to become present-day Granville Island) was rich in berries and plants, and the waters around it were said to have teemed with flounder, perch, shellfish, and salmon.

Smallpox had been introduced into Coast Salish communities via trade routes prior to European contact in the late 18th and early 19th centuries, but it wasn't until Europeans arrived and exacerbated the spread of measles, influenza, tuberculosis, and smallpox in the late 18th century that the Coast Salish population began to decline significantly. Disease contributed to or caused the death of roughly 90% of the Coast Salish during the 18th and 19th centuries. Coast Salish communities were further impacted by the subsequent arrival of missionaries, farmers, and miners during the 1858 and 1862 gold rushes.

In 1858, the mainland portion of present-day British Columbia became the Crown Colony of British Columbia. Colonial policy allowed settlers to acquire 160-acre "pre-emptions" of previously unsurveyed land to farm, while small reserves were established at some, but not all, ancestral Coast Salish villages including Sen'ákw. In 1865, George Garypie, a newcomer married to a xʷməθkʷəy̓əm woman named Catherine, pre-empted c̓əsnaʔəm, calling the new settlement Eburne. As colonial settlements expanded, the xʷməθkʷəy̓əm, Sḵwx̱wú7mesh, and səlilwətaʔɬ were forcibly removed from their village sites and placed on small reserves under the control of the federal government. In 1869, Sen'ákw became Indian Reserve No. 6, consisting of an allocation of 37 acres.

Despite displacement and disruption of free seasonal movement, First Nations communities persevered. However, sustained contact with colonists significantly altered their traditional economies, which shifted from subsistence-based models to a hybridized economy that included wage labour, often in the newly established sawmills, canneries, and factories around Burrard Inlet and False Creek. In 1863, the British Columbia Mill Company opened the first sawmill on Burrard Inlet, and by the end of the 19th century, the sawmill and logging industries had expanded into False Creek, expanding the labour market for First Nations communities.

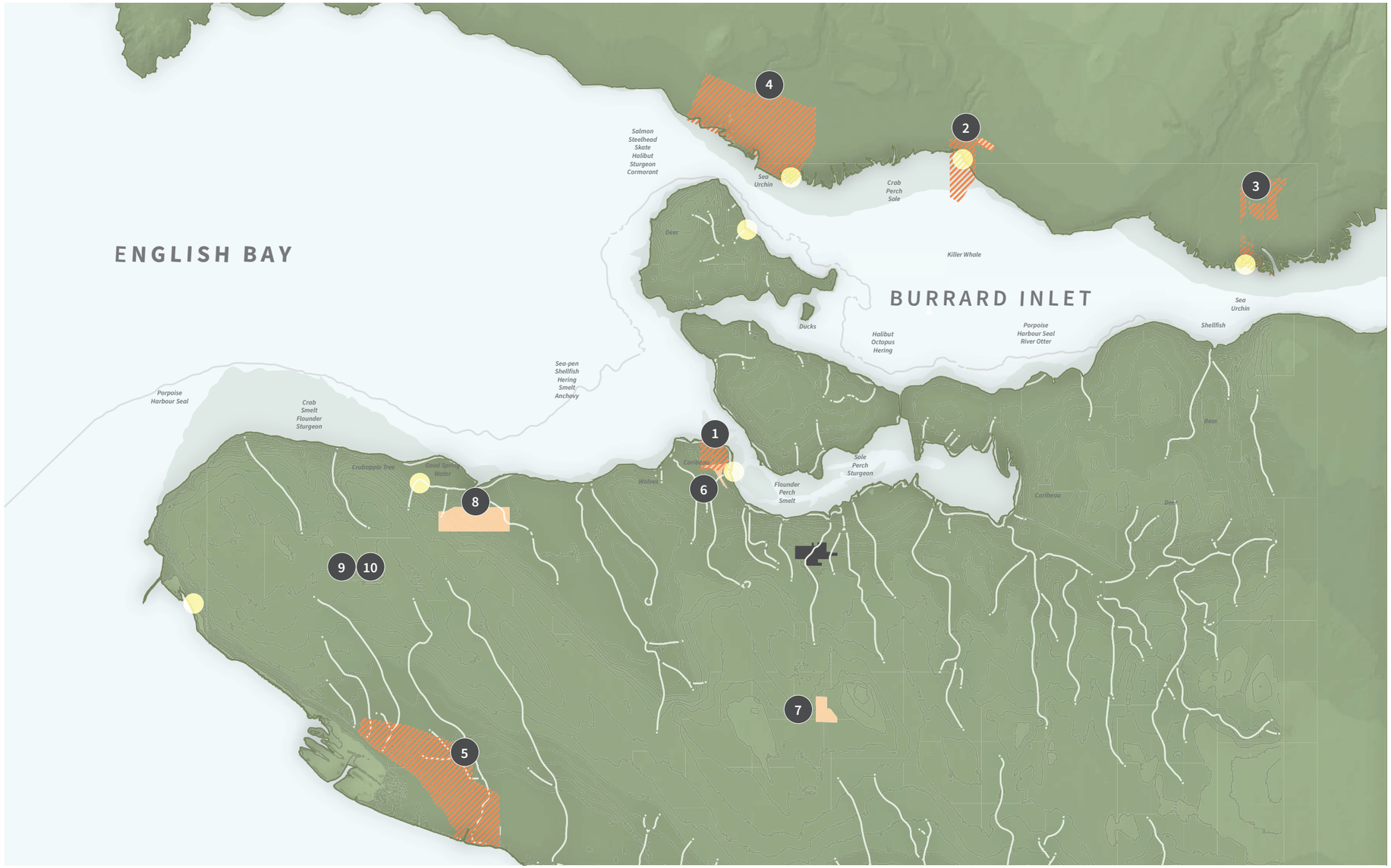
Indigenous workers moved to villages in proximity to the industry around False Creek, including Sen'ákw. By the early 1900s, sənáʔqʷ had 20 houses and was home to 150 members of the Sḵwx̱wú7mesh Nation, but in 1913, as the settler population of the newly established City of Vancouver started to encroach on Sen'ákw, the village was burned to the ground and its residents relocated.

Throughout the 20th century, institutional marginalization of First Nations communities, exemplified by measures such as restrictive federal policies and the erosion of Crown reserve lands, was commonplace. Discriminatory policies extended into the realm of healthcare, where segregated "Indian hospitals" were operated as part of the broader colonial system, but separately from hospitals for the general population. These hospitals often provided inadequate or culturally unsafe care, while the two-tier system categorically restricted First Nations peoples from accessing mainstream medicine. These inequities contributed to longstanding distrust of the healthcare system in Indigenous communities, influencing Indigenous healthcare experiences today. Since 2000, Reconciliation efforts have begun to take shape through sustainable urban development led by First Nations. In 2002, following lengthy legal proceedings, the Supreme Court of Canada ruled in favour of the Sḵwx̱wú7mesh, enabling the return of Seṅáḵw. In 2017, the xʷməθkʷəy̓əm broke ground on leləm̓, the first major independently led, mixed-use development by a First Nation in Metro Vancouver. More recently, in 2024, the xʷməθkʷəy̓əm, Sḵwx̱wú7mesh, and səlilwətaʔɬ, in partnership with the City of Vancouver and the Province of British Columbia, announced a new housing initiative on the Heather Lands in Marpole, further embedding Reconciliation into the city's evolving urban landscape.

Within this context, VGH has begun adapting practices and space to better support First Nations patients and families. Indigenous Patient Navigators (IPN) have become a central feature of culturally safe healthcare at VGH. These navigators provide direct support to patients and families by facilitating access to Elders and traditional practices and guiding them through the healthcare system. In 2022, 13 IPNs supported over 3,600 Indigenous individuals, more than doubling annual usage over the course of three years. These programs form part of broader efforts by VCH to foster Indigenous-specific services.

1 This ancestral xʷməθkʷəy̓əm settlement is located near the contemporary southern end of Alex Fraser Bridge.

2 With the changing delta, many people moved from c̓əsnaʔəm to xʷməθkʷəy̓əm (Musqueam's present community) approximately 1,500 years ago.



Indigenous Settlement & Stewardship (10,000 BP–Present)

POST- CONTACT RESERVES

Sḵwx̱ wú7mesh

1 Reserve No. 6 at Seȟ á ḵw

2 Reserve No. 1 at Slhá7aȟ (Mission)

3 Reserve No. 2 at Ch'ich'éx̱ wí7ḵw (Seymour Creek)

4 Reserve No. 5 at Xwmelch'stn (Capilano)

xʷməθkʷəy̓əm

5 Reserve No. 2 at xʷməθkʷəy̓əm

CONTEMPORARY DEVELOPMENT

6 Seȟ á ḵw (Land Returned to Sḵwx̱ wú7mesh Nation)

7 Heather Lands

8 ʔəy̓alməxʷ / Iyálmexw / Jericho Lands

9 leləm̓ / Block F, University Endowment Lands

10 Block K (added to Block F)

- Early Contact Settlement
- Reserve Land
- Contemporary FN Led Development
- Present Day VGH Campus

Contact and Early Colonial Settlement (Late 1700s–Mid 1800s)

The first contact between Europeans and First Nations peoples on the Northwest Coast occurred in 1774, when Spanish navigator Juan Jose Perez Hernandez began trading with the Haida and Nuu-chah-nulth Nations near Estevan Point on Vancouver Island. Four years later, Captain James Cook initiated trade with the Nuu-chah-nulth at Nootka Sound while seeking the Northwest Passage. By 1791–92, the first European explorers — Juan Carrasco and Jose Maria Narvaez and Captain James Vancouver, entered the Burrard Inlet. During his hydrographic survey of 1856–1863, Sir George Henry Richards gave False Creek its current name, having mistaken the inlet for a creek — an act of mapping and renaming typical of Dominion rule over the landscape of early Canada.

Prior to the Gold Rush of 1858, which attracted an influx of transient miners, few non-First Nations residents lived in the area, with most being loggers or missionaries. In 1858, the mainland of British Columbia became a British Crown colony, and a year later a British proclamation declared all lands to be Crown property. To encourage settlement, inexpensive land was made available to British subjects and anyone willing to take an Oath of Allegiance to the Crown. Through the process of "pre-emption", settlers could claim land not surveyed or actively settled by First Nations by marking off 160 acres and improving it[3].

In practice, economic activity centered on lumber mills and not pre-emption and settlement. Between 1870 and 1885, the area around Burrard Inlet focused the production and export of lumber[4]. Loggers and sawmill workers being the majority wage earners, and population growth as a result of land pre-emption was minor. By 1881, roughly 800 First Nations and 800 non-First Nations residents were recorded on Burrard Inlet. The main colonial settlements were the Hastings Mill Townsite, the company town of Hastings Mill, and Granville (later known as Gastown).

In 1884, logger and former gold miner William Mackie pre-empted a 160-acre parcel of land bounded by 16th, 25th, Oak and Cambie Streets (identified in records as District Lot 472 [DL 472]). Previously, the land had been a well-used pasture for elk and a berry-gathering ground for local First Nations. Mackie Creek, a north–south waterway bisecting the Campus just west of Heather Street, ran through a steep ravine to False Creek, where its mouth had long been used by Indigenous communities as a landing place. A wharf was later established at this point. By 1875, logger Jerry Rogers was already harvesting timber around DL 472 and transporting logs down to False Creek.

Even Crown land that was not pre-empted for settlement was subject to exploitation, as timber leases were issued to loggers. The combined processes of pre-emption and heavy resource extraction resulted in the loss of lands long used by First Nations peoples for seasonal harvesting, fishing, and gathering. While colonial policy prohibited the pre-emption of "inhabited" land, settlers often mischaracterized Indigenous use, despite clear signs of prior habitation (like shell middens), clearing, or seasonal use, to justify acquisition. These practices both displaced communities and reflected the broader minimization of Indigenous presence that would persist well into the 20th century.

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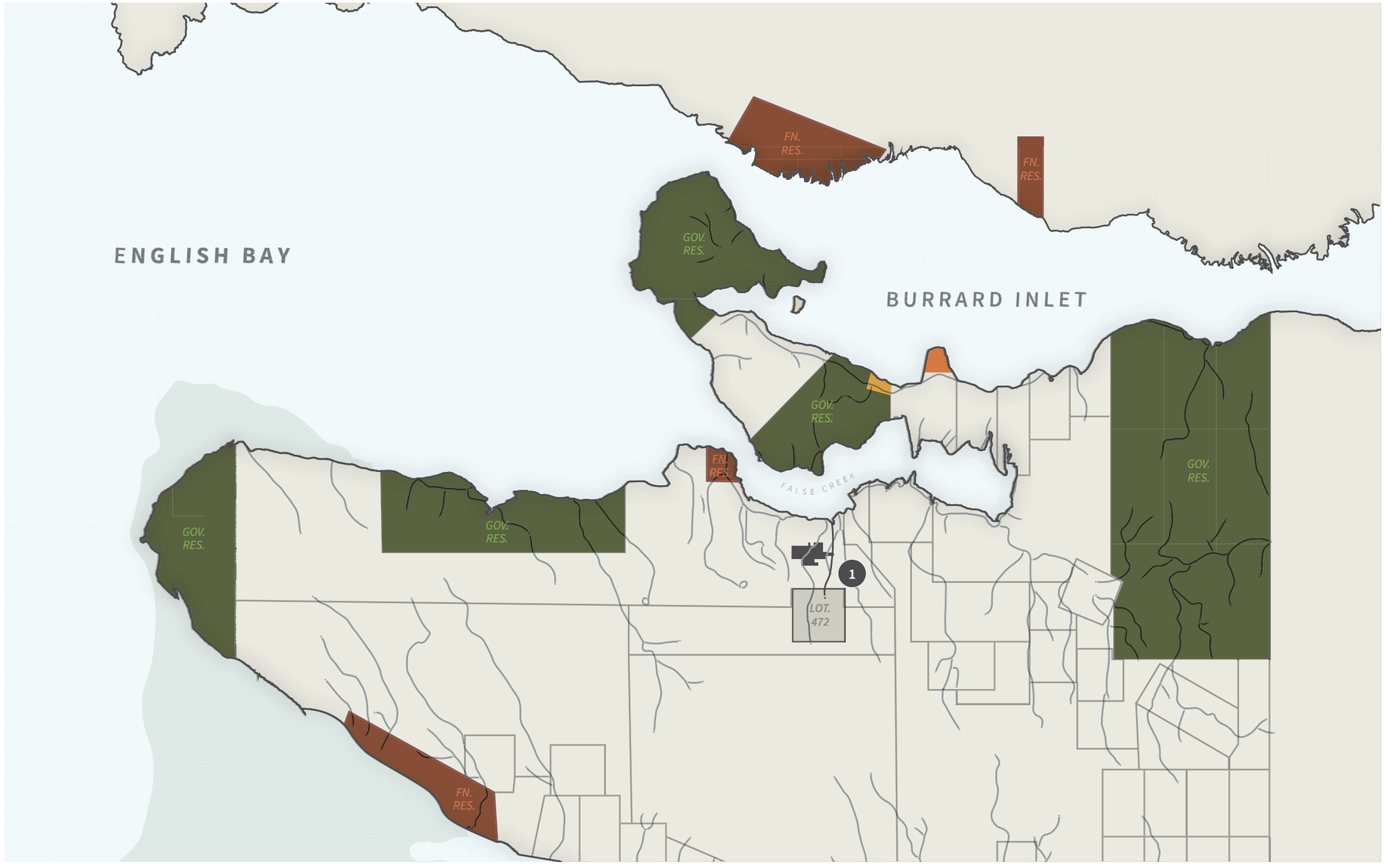
3 Settlers who made the necessary improvements and paid a purchase price following their pre-emption could receive a Crown Grant. In practice, a portion of pre-emptions never matured to Crown Grants due to reasons including abandonment, forfeiture, or conflict with reserves, townsites, or railway grants. Some settlers simply squatted, without pre-empting land. In Volume 5 of Early Vancouver (1945), J.S. Matthews recounts some of the families that resided along the south shore of False Creek in 1883.

4 In addition to supporting local development, logging served an emergent export economy that sent Canadian lumber to international markets in China, Australia, and South America.



Contact and Early Colonial Settlement (Late 1700s–Mid 1800s)

1 Logging Road

- Historic Streams
- District Lots
- Government Reserve
- First Nations Reserve
- Granville / Gastown
- Hastings Mill
- Mackie's Pre-Exemption (District Lot 472)
- Present Day VGH Campus

Arrival of the CPR and Early Industrial Development (1886–1889)

In 1885, Cornelius Van Horne, the Canadian Pacific Railway (CPR) managing director, made a fortuitous deal with the provincial government to locate the western terminus of the new transcontinental railway at the settlement of Granville. In exchange, the railway received a land grant of 6,275 acres covering most of the downtown peninsula and including District Lot 526 (DL 526) on the south shore of False Creek, including the Site. The same year, the CPR's surveyor, Lachlan Alexander Hamilton, initiated a survey for the future city, including the area south of False Creek, which he called Fairview. While Hamilton's survey did not initially extend beyond Ninth Avenue, his basic street system, characterized by numbered east-west avenues and cross streets named after trees, would in time be extended all the way to the Fraser River to the south. While the act of surveying did not result in the immediate development of Fairview, it precipitated future development including the filling of creeks, regrading of land, and alteration of the False Creek shoreline.

On April 6, 1886, the City of Vancouver was incorporated, its southern boundary being 16th Avenue. Its second hospital[5], a nine-bed tarpaper shack on Powell Street, was established shortly after by the CPR, primarily to treat railway workers. In June of the same year, a CPR crew was burning bush to clear land for a new railway roundhouse on the north shore of False Creek. Sparks from their fire blew into adjacent underbrush, which resulted in a devastating fire that destroyed much of the city and killed approximately 20 residents.

The city quickly rebuilt after the fire, and by the end of 1886, Vancouver's population climbed to 2,000. The following year, the first transcontinental passenger locomotive arrived in Vancouver from Montreal. In 1888, the new Vancouver City Hospital, situated between Pender, Beatty, and Cambie Streets, was completed to meet the needs of the city's burgeoning population. What started off as a wooden structure with accommodation for 35 beds would grow to a compound of primarily brick buildings with capacity for 50 beds by 1902.

Despite Vancouver's expanding population (13,709 residents by 1891) and corresponding flurry of construction, the area south of Ninth Avenue remained largely undeveloped at the end of the 19th century. Settlement was sparse, with only a handful of houses clustered around the bridge at Cambie Street (then known as Bridge Street) and most of the area characterized by stumps and second growth forest. At Cambie and Fifth Avenue, near the western end of the Cambie Street Bridge, the Leamy and Lyle Sawmill, which had operated throughout the 1880s and 1890s, stood derelict by 1899. A few creeks at the bottom of ravines drained into False Creek, including Mackie Creek.

In 1889, the Vancouver Electric Railway and Light Company (VERLC) started laying tracks for an extension of the city's street railway network into Fairview. By 1891, a streetcar line connected Mount Pleasant and downtown Vancouver, running along Ninth Avenue through the sparsely populated Fairview. However, the cost of building bridges across the creeks that flowed down the slope into False Creek proved to be prohibitive, and by the mid-1890s, the VERLC went bankrupt, and the Fairview Line went out of service. By the end of the 19th century, the CPR boom was over, and while the city continued to grow modestly, Fairview remained sparsely developed.

5 The first hospital was housed in a tent, set up in 1886 by Dr. J. M. Lefevre, CPR surgeon, accompanying the arrival of railway workers.

CPR and Early Industrial Development (1886–1899)

1. CPR Roundhouse
2. First CPR Hospital (Pre-1888)
3. First City Hospital (Circa 1888)
4. CPR Land Grant (1885)
5. CPR Bridge (1886)
6. Granville Street Bridge (1889)
7. Cambie Street Bridge (1891)
8. Second Westminster Avenue Bridge (1890)

- CPR Rail
- Electric Tram Route
- City Boundary
- CPR Land Grant
- Urban Fill
- Present-Day VGH Campus
- Forested Area

Edwardian Era Boom (1900–1914)

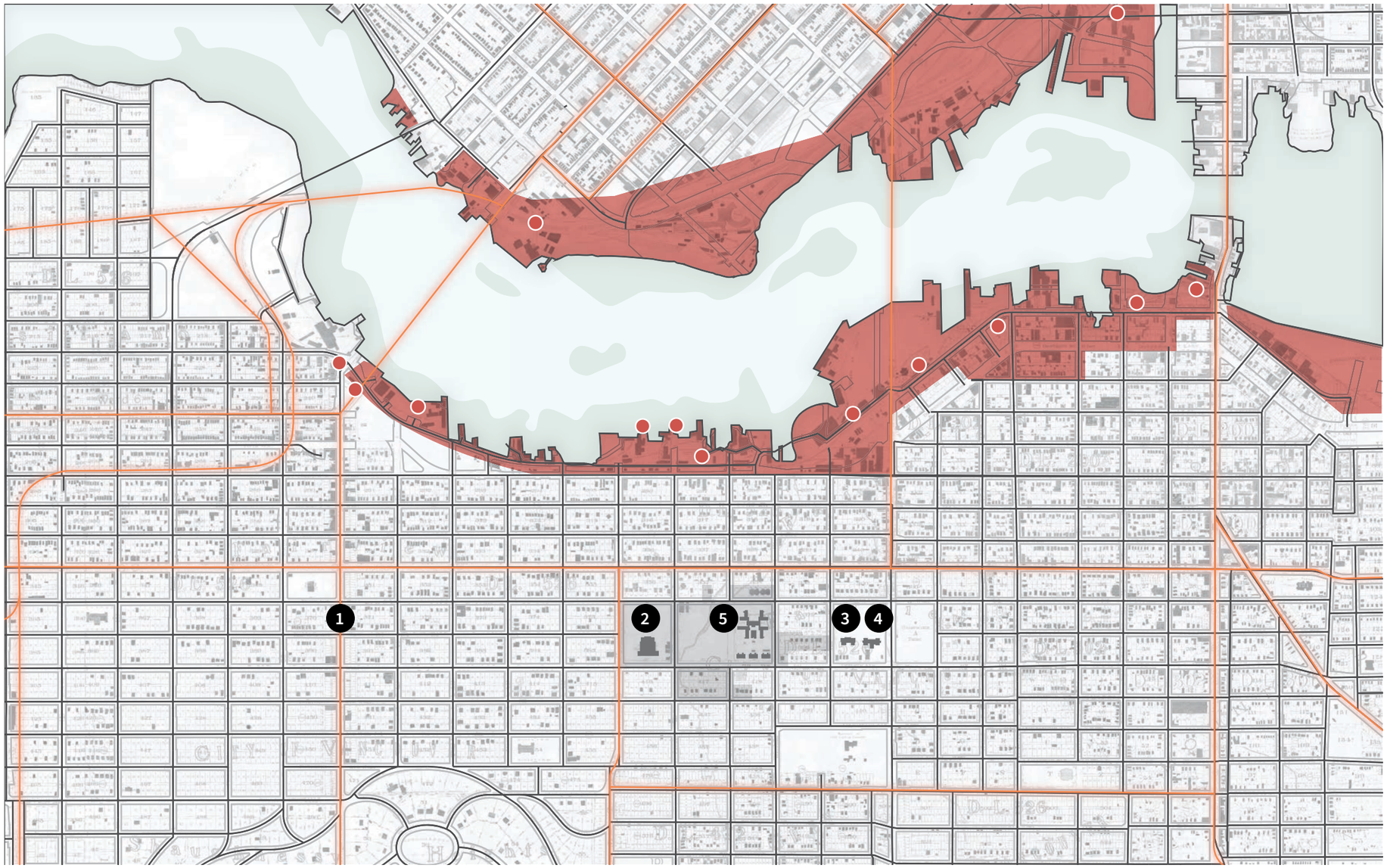
The start of the 20th century was marked by rapid growth and change, spurred by a large influx of immigrants, largely from the British Isles, industrial growth, and an expanded urban transportation network that broadened settlement opportunities. By the turn of the century, the city was emerging from recession, and Fairview was becoming a desirable suburban neighbourhood, enabled and directed by the expansion of the city's streetcar network. The British Columbia Electric Railway Company (BCERC) had taken over streetcar service to the neighbourhood from VERLC in 1897. This time, service did have the desired effect, spurring development. A high school was completed in 1905, followed by the Model and Normal Schools in 1905 and 1909. Frame dwellings filled out the area, and by 1912 Fairview had become a well-established residential district anchored by civic institutions.

At the same time, the shoreline of False Creek was being reshaped into a hub of industrial activity, hastened by a CPR rail spur along its south shore. By 1891, six of Vancouver's eight sawmills were located there, and by 1912 industries such as J. Coughlan and Sons Structural Steel Works, the Vancouver Lumber Company, Alberta Lumber Company, BC Fir & Cedar Lumber Company, and Joseph Chew Lumber & Shingle Manufacturing were operating along its banks. By 1914, the industrialization of the False Creek shoreline was largely complete.

The need for a larger hospital was clear as the population reached 26,133 by 1901. In 1902, the same year VGH was incorporated, voters approved a plebiscite to purchase 5.5 acres of land in Fairview for a new facility, as the one built in 1888 was already inadequate. The site was regarded as an ideal location, valued for the clean air and natural light thought essential to patient recovery. Construction began in 1904 on the new hospital, and in 1906, the new hospital received its first transfer of 40 patients despite not yet being complete.

The hospital's first eight years were marked by rapid growth. Between 1906 and 1914, a nurses' residence, laundry and powerhouse, and pathology building with morgue were completed, along with the first Isolation Hospital (1907) for infectious diseases such as smallpox, diphtheria, and tuberculosis. For more than a year, nurses were housed on the second floor of the main building until a purpose-built residence was completed. At the main building, a southwest and a southeast wing were constructed in 1909 and 1912 respectively to keep pace with the city's rapid growth. In 1914, a brick-clad service wing was added between the two south wings, providing more staff accommodation and expanded operating rooms. In 1915, a new nurses' residence was completed, and part of the third storey of the main building was rebuilt to house skylit operating rooms in line with modern surgical practices.

Meanwhile, in 1913 the hospital negotiated a formal medical teaching program with McGill University, College of British Columbia. The following year, McGill occupied a building adjacent to the hospital. This presence would lead to the establishment of the University of British Columbia's (UBC) first campus in Fairview in 1915, with hospital staff actively involved in medical training. Ultimately, the hospital's early years were characterized by continual change, with its physical form repeatedly adapted to meet the pressures of a rapidly growing population and evolving standards of medical care.



Edwardian Era Boom (1900–1914)

1 BC Electric Railway Co. Ltd. Vancouver City Lines

2 King Edward High School (1905)

3 Model School (1905)

4 Normal School (1909)

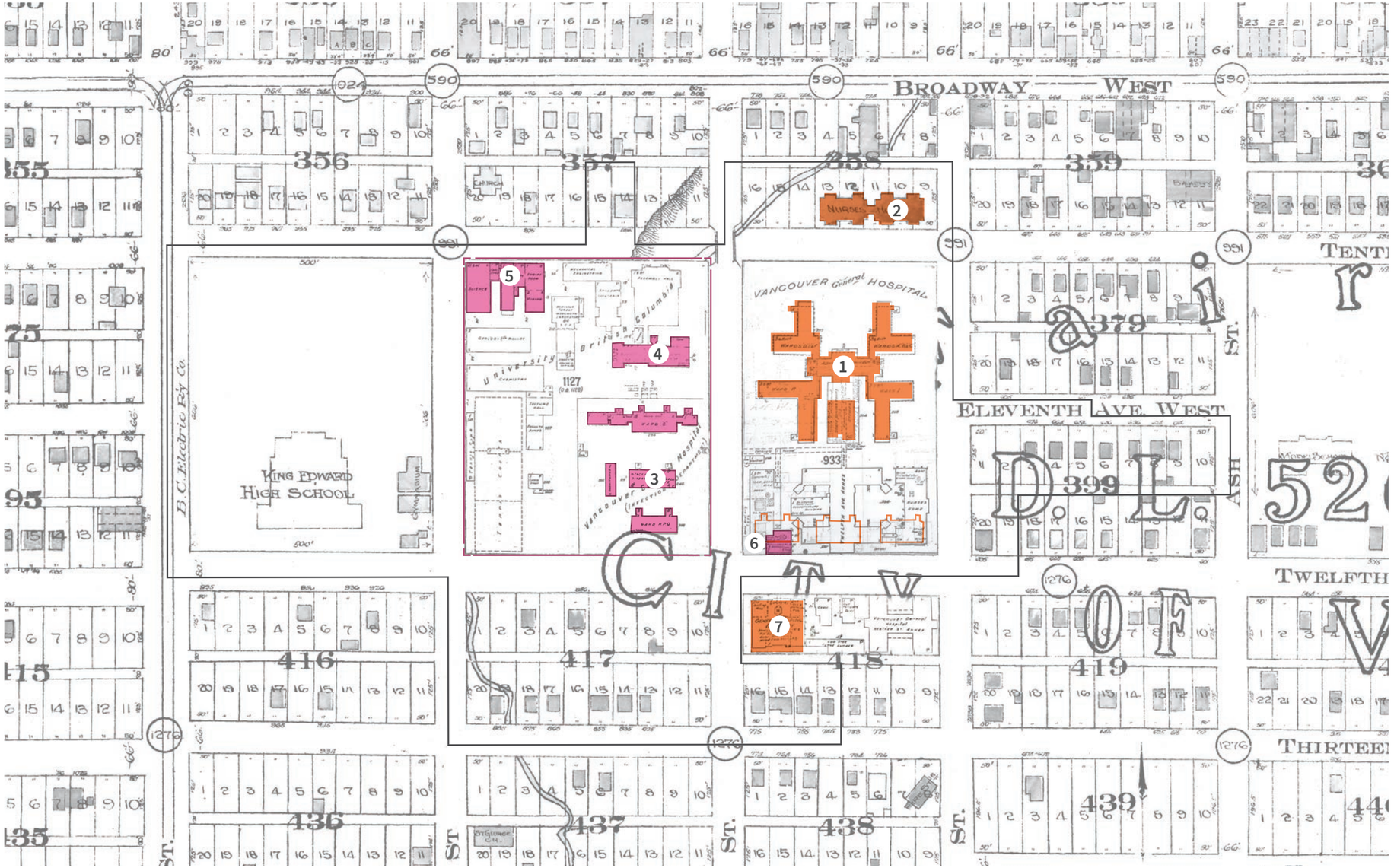
5 Heather Pavilion

Saw and Shingle Mills Circa 1912

Streetcar Route

Present-Day VGH Campus

Industrial Lands



Edwardian Era Boom (1900–1914)

1 Main Building (Heather Pavilion)

2 Nurses Houses

3 Infectious Disease Building

4 UBC Main Administrative Office (future Tuberculosis Building)

5 UBC Science, Shop, and Engine Room

6 Power house, pathological department, and morgue

7 Hospital Laundry

VGH Buildings Built Prior to 1912

VGH Buildings Built Between 1912-14

From 1913 Fire Insurance Plan (Revised 1920)

Present-Day VGH Campus

The Trial Years: World War One, Spanish Flu, Depression, World War Two (1915–1945)

Rumours of war in Europe unsettled investors. The Dominion Trust Company and Bank of Vancouver collapsed in 1914, and the value of building permits fell sharply. While Fairview had developed into a respectable residential district before the war, the slowdown in investment curtailed momentum. At VGH, the war created new pressures that overshadowed local stagnation.

World War I lasted four years, with about five percent of the population of British Columbia killed overseas. Three months after the Military Hospitals Commission requested beds for returning soldiers, a temporary building south of the main hospital was completed, with beds for 200 patients. In May 1917, the first soldiers arrived, and by 1919, more than 10,000 soldiers would receive care.

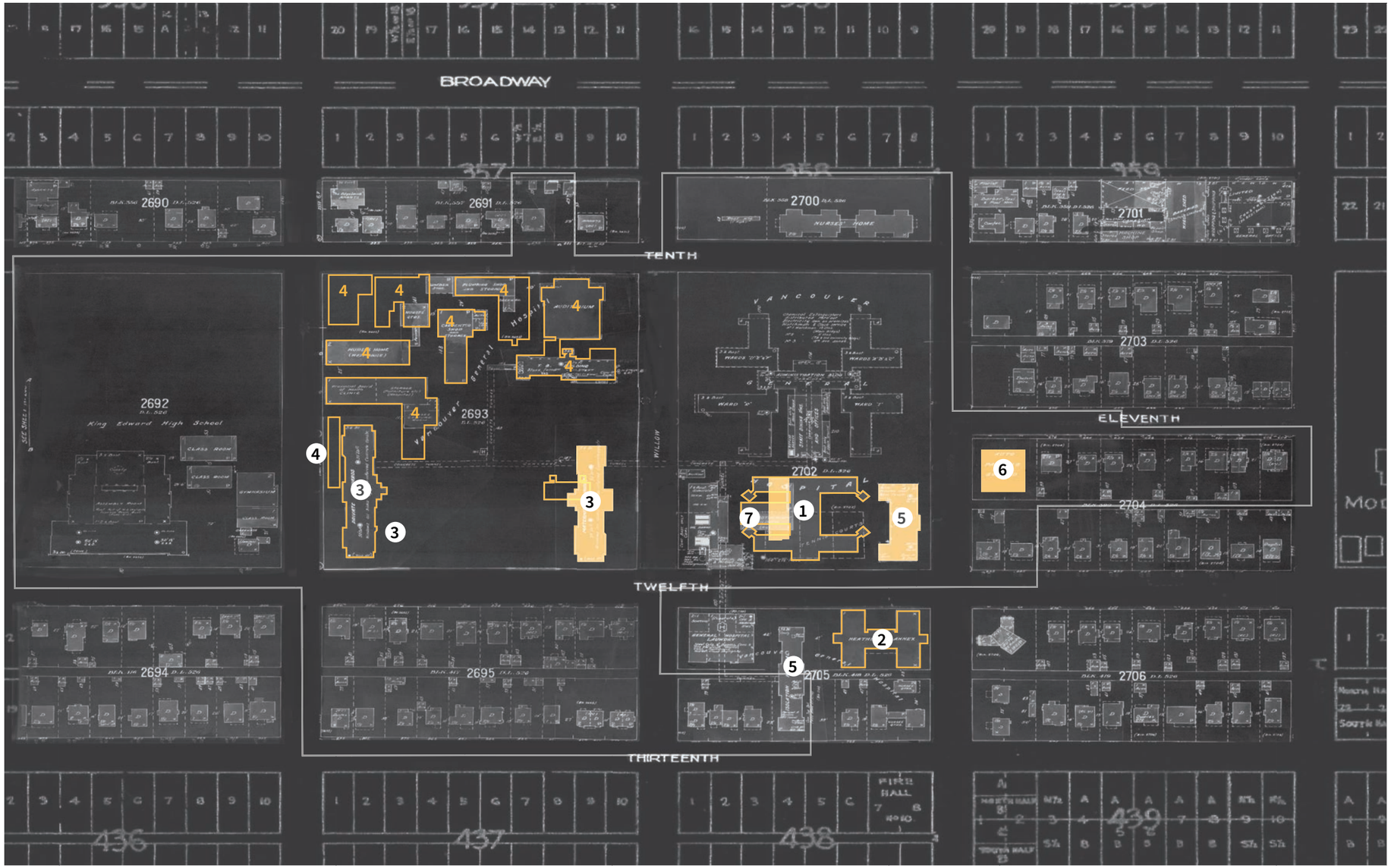
Just as the war wound down, tragedy struck again. In 1918, a virulent strain of influenza broke out. The Spanish Flu pandemic devastated communities across British Columbia. First Nations communities, particularly those in rural areas, were disproportionately affected[6]. By January 1911, the death toll in Vancouver reached 795 — one of the highest per capita rates in North America. In response, Vancouver City Council and the provincial government paid for a hastily erected temporary facility at VGH. The one-storey frame "Emergency Flu Barn" (also known as the "Heather Street Annex") was completed in just three weeks by June 1918. Though intended as short-term, it remained in use until 1973. These crises underscored the need for better-trained medical professionals, and in 1919 UBC established the first baccalaureate nursing program in Canada, shifting education from apprenticeship to academic study.

During the 1920s, Vancouver's population climbed to 163,220, aided by amalgamation with Point Grey and South Vancouver. To keep pace, VGH added three modern pavilions: Private, Maternity, and Infectious Diseases. Buildings previously used by UBC were also absorbed into the campus.

The 1929 Stock Market Crash brought bankruptcy, unemployment, and labour unrest, placing severe financial strain on Vancouver's main city-wide hospital. With no funds for new construction, overcrowding became acute. Superintendent Dr. A. K. Haywood invited U.S. consultant Dr. W. H. Walsh to review conditions. Walsh confirmed the need for more beds, a new nurses' residence, teaching facilities, and upgrades to x-ray, laboratory, kitchen, and powerhouse services.

In 1939, Canada was at war again. Enlistment drained hospital personnel. An accelerated course of training was authorized by the Registered Nurses Association of BC as a wartime measure, condensing 36 months of instruction into 28 months. However, the shortage of accommodation for nurses was acute. While the building program was largely paused, the critical state of facilities was clear. By the mid-1940s, funding was secured, and plans prepared for a new nurses' residence and power plant, laying the groundwork for dramatic post-war modernization.

6 The disease spread quickly beyond the cities, carried along rail lines to remote mining towns, logging camps, and canneries, where transient immigrant labourers and First Nations workers were especially vulnerable. In places like Prince Rupert, many Indigenous men died in isolation, while entire student bodies at the Coqualeetza Residential School in Chilliwack and St. Mary's Residential School in Mission became infected.



THE TRIAL YEARS: WWI, THE SPANISH FLU, DEPRESSION, WWII (1915 – 1945)

1 Military Annex housing returned soldiers (demolished)

2 Heather Annex ("Emergency Flu Barn")(demolished)

3 Private Pavilion

4 Maternity Pavilion

5 Infectious Diseases Pavilion

6 Small Nurses' Residence (demolished)

7 Buildings used by UBC taken over by VGH after 1925 (demolished)

8 *Semi-private Pavilion (demolished)

9 *Tzu Chi Building (in 1956, this was the BC Medical Research Institute and laboratory building)

VGH Buildings built between 1915 and 1945 (Extant)

VGH Buildings built between 1915 and 1945 (Demolished)

Present-Day VGH Campus

Post-War Boom and Modernization (1946–1980)

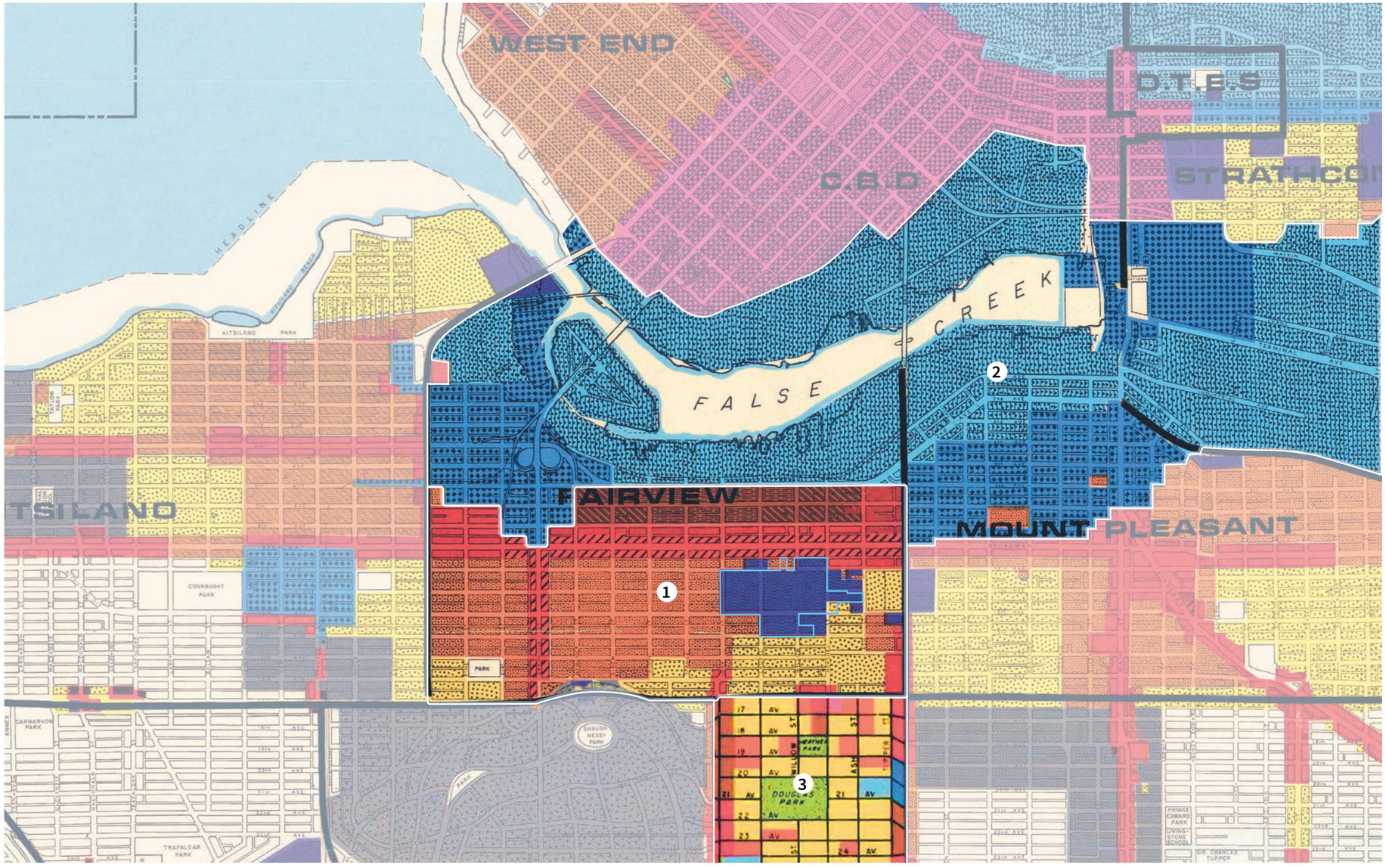
In the post-World War II era, Vancouver experienced unprecedented growth driven by returning veterans, a rising birthrate, renewed consumer confidence, and the ready availability of automobiles. New social supports were also introduced. In 1949, the provincial government introduced Hospital Insurance, sharply increased demand for medical services. While it was a boon to patients, it immediately increased patient days, placing added pressure on hospital resources.

VGH expanded rapidly in the post-war period despite financial constraints. In 1948, a new power plant was completed. Rehabilitation of the main building began soon after, and by 1951, an acute care addition to the north elevation of the main building and office wing at the south had been completed. The acute care wing at Heather and West 10th Avenue was directly connected to the open wards of Heather Pavilion. Despite limited funds, a three-phase program for a new nurses' residence also went ahead. In 1950, UBC's Faculty of Medicine was formally established, with clinical facilities opened at VGH. To accommodate its role in training doctors, the government improved ward facilities by creating an acute care unit and freeing up beds for teaching. In 1957, a major extension along Heather Street was opened with support from the provincial coalition government. It provided expanded space for Surgery and Medicine, Pathology and autopsy rooms, research laboratories, lecture theatres, and seminar rooms, with clinical research facilities added later.

By 1955, VGH's School of Nursing had become the largest in Canada. By the late 1950s, VGH had become the largest public hospital in Canada, with more than thirty departments and a reputation as "one of the continent's major medical centres". This standing was reinforced in 1959 with the completion of the 504-bed Centennial Pavilion, effectively a hospital within itself. By the end of the decade, it was estimated that approximately 50 percent of medical practitioners in Vancouver had located their offices in proximity to the hospital due to the services and facilities at the VGH, including the Faculty of Medicine at UBC and the BC Cancer Institute.

By the mid-1970s, the hospital had grown to be one of the largest acute care facilities in Canada, with approximately 40% of patients referred from beyond Vancouver. Recognized as the largest general hospital in Canada, VGH was also described as a "mother hospital" for the province, with functions and services that extended well beyond local boundaries. It is noteworthy that the VGH Campus continues to serve as the 'safety net' for the province given its tertiary/quaternary mandate.

Meanwhile, the rail-based economy around False Creek was in decline. Industries that once lined the south shore began to relocate, leaving behind contamination that required remediation before redevelopment could proceed. In 1972, City Council rezoned Fairview Slopes north of VGH from industrial to residential/commercial. The following year, policies for the redevelopment of False Creek were adopted, beginning the transformation of the area into a mixed-tenure residential district with publicly accessible waterfront, foreshadowing broader changes in Fairview that would reshape the neighbourhood surrounding the hospital in coming decades.



Post-War Boom and Modernization (1946–1980)

1 1972 rezoning of Fairview Slopes from industrial to commercial and residential

2 Industrial sites still remaining along shores of False Creek during this period despite rezoning

3 1984 Fairview Heights rezoning to low-rise apartments

Present-Day VGH Campus

1972 Zoning Map

- Industrial
- Commercial & Multiple Dwelling
- Commercial District
- Multiple Dwelling
- Two Family Dwelling
- Comprehensive Development District

Contemporary Vancouver (1981–Present)

The early 1980s marked the transition of VGH from a postwar institution to a modern health sciences centre of provincial significance. Phase I of the Laurel Street Project launched a phased program of renewal, signaling the end of large International Style pavilions and the beginning of a campus shaped by advancing medical technology, specialization, and the hospital's role as a provincial centre for teaching and research. During this decade, VGH refined its role as a provincial referral hospital, transferring newborn, paediatric, and obstetric services to Children's and Grace Hospitals in 1982 while consolidating other specialized programs. The focal points of hospital activity in the 1980s and 1990s became the Laurel Street buildings, the new Research Centre, and Centennial Pavilion, anchoring the campus as a provincial hub for specialized care. As a consequence, the VGH Heather Pavilion gradually transitioned from serving as the acute care hospital to an ancillary/support building as direct patient care was relocated to the more modern buildings of the campus.

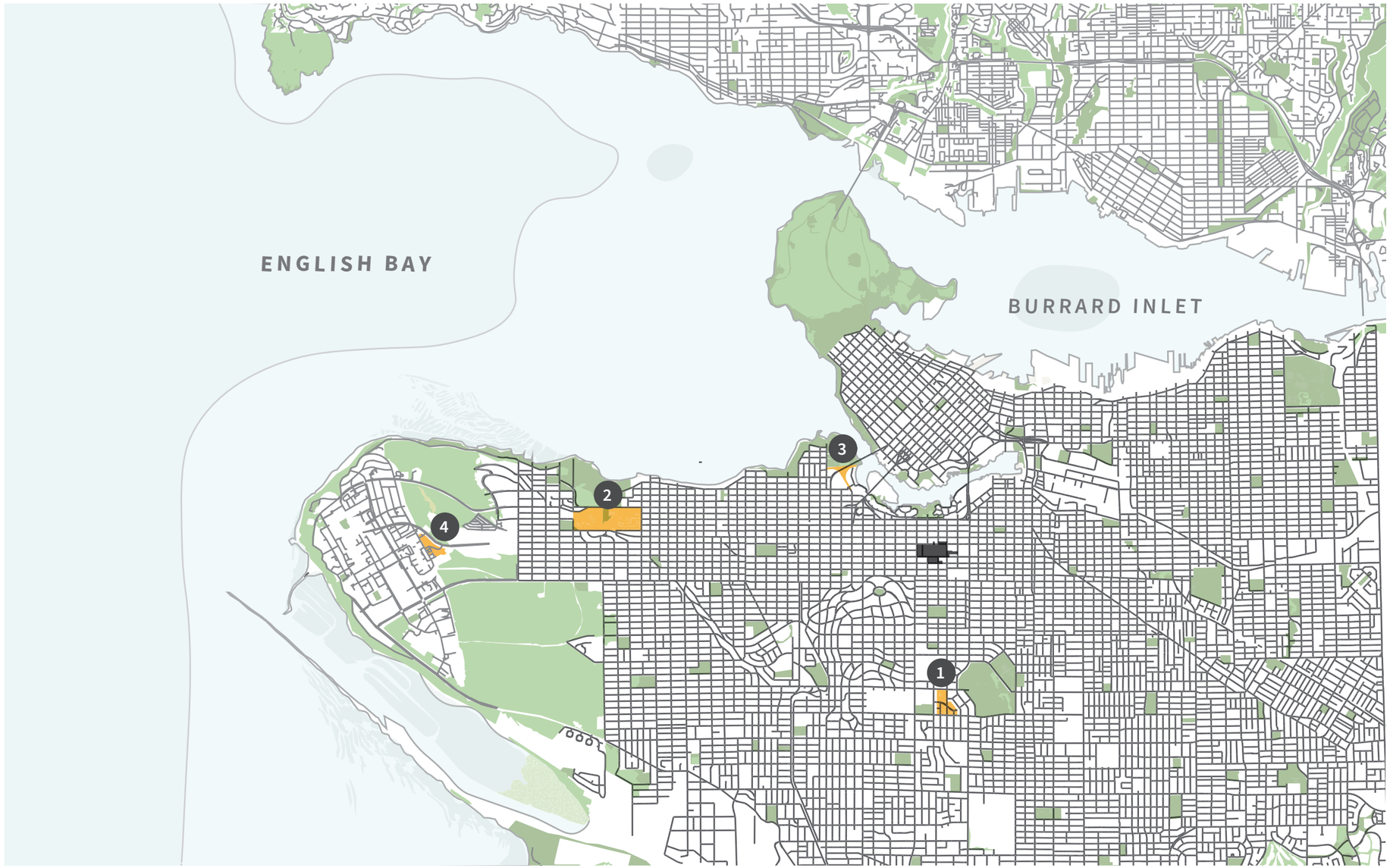
Meanwhile, Vancouver was undergoing profound transformation. In 1984, Fairview Heights, a fifteen-block area consisting predominantly of pre-World War I frame dwellings, was rezoned from a duplex to a low-rise apartment zone. Policies for False Creek's redevelopment, adopted in the 1970s, began reshaping the waterfront into a mixed-use district of housing, commerce, and public amenities. Expo 86 capped this transformation, drawing international attention, accelerating investment in transit and infrastructure, and leaving landmarks such as Science World and the SkyTrain Expo Line. The Expo took place on the north side of False Creek, which would be redeveloped into new neighbourhoods shortly after the end of festivities.

Institutional restructuring also defined the era. In 1993, VGH merged with UBC Hospital to form the Vancouver Hospital and Health Sciences Centre (VHHSC), later merging with the Vancouver Richmond Health Board, reinforcing its role as the province's principal teaching hospital. In 2001, the creation of VCH further embedded this regional role, with VGH as its flagship acute-care facility.

The campus itself expanded through major projects. The Jim Pattison Pavilion, the largest building on the Campus, opened its first three floors in 1996 and was fully operational as a 19-storey tower by 2003. It consolidated acute-care services and symbolized VGH's modern identity. New specialized facilities followed: the Gordon and Leslie Diamond Health Care Centre (2006), the Blusson Spinal Cord Centre (2008), and the Joseph & Rosalie Segal Family Health Centre (2016). A plan for the revitalization of the VGH Heather Pavilion was adopted in the early 2000s (as an obligation tied to the 2002 zone obligations), and in 2009, removal of the Chronic Wing reinstated the landscaped forecourt of the Heather Pavilion (in an altered configuration). In the early 2000s, the core functions the delivery of direct patient care in the Heather Pavilion ceased and was relocated gradually to other parts of the Campus.

These physical changes paralleled broader shifts in medical practice and societal expectations. VGH became a center for increasingly specialized care, with facilities designed to integrate research, teaching, and treatment. At the same time, recognition of health inequities spurred programs to better support diverse communities, particularly Indigenous patients. Initiatives such as Indigenous patient navigators, cultural safety training, and partnerships with the First Nations Health Authority positioned VGH within a broader movement toward Reconciliation and equity in healthcare.

Today, VGH has evolved into a health sciences center of national significance, its layered campus reflecting the city's growth and the shifting values, priorities, and aspirations of the society it serves. It continues as the major referral, teaching, and research hospital, shaped by both its long history and its evolving mandate to deliver specialized care.

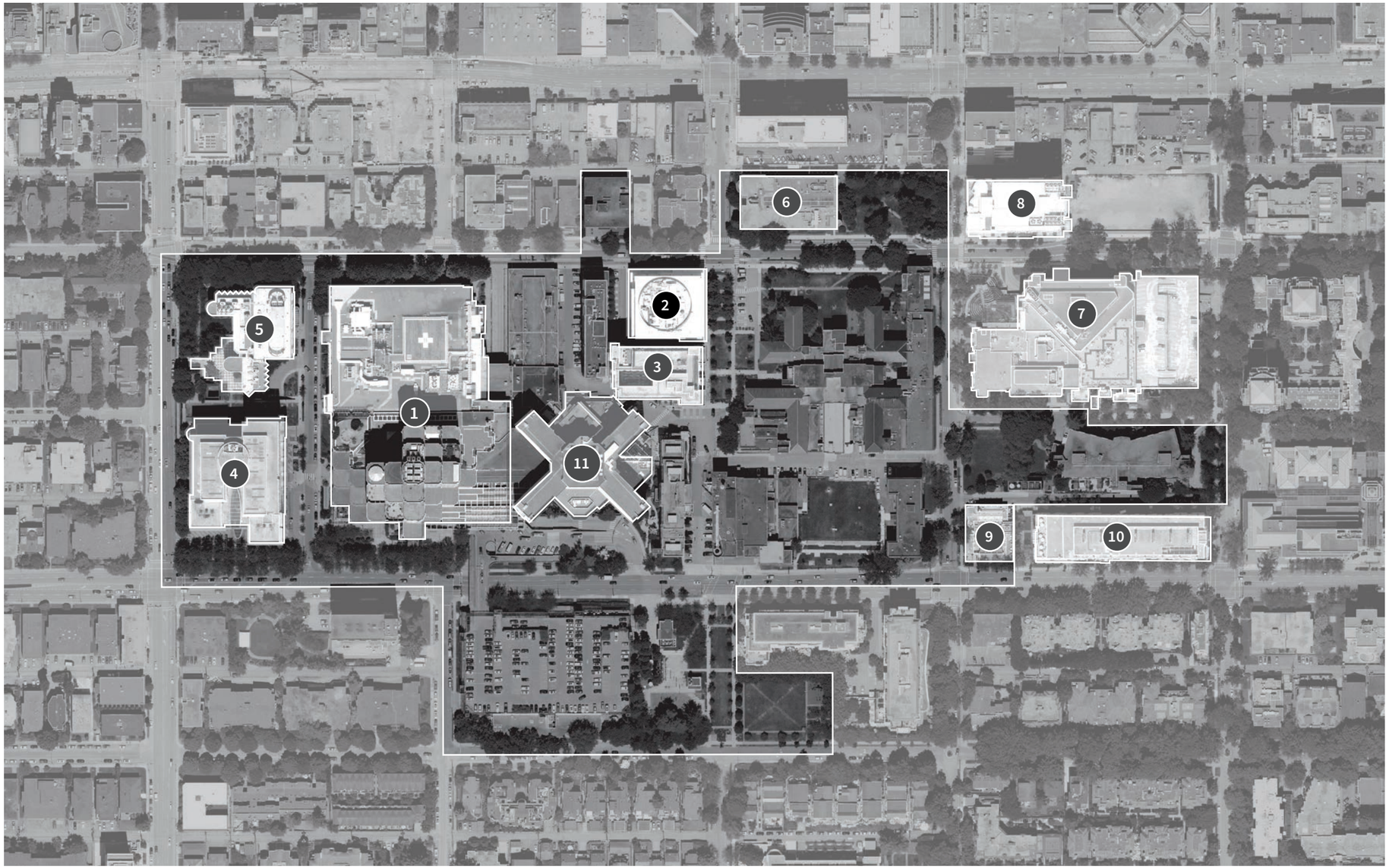


Contemporary Vancouver (1981–Present)

1. Heather Lands to the south in Marpole (8.5 hectares (21-acres) in size located between West 33rd Ave and West 37th Ave at Heather St.)
2. Jericho Lands redevelopment
3. Sen'áḵw in Vanier Park at the foot of Burrard Bridge, present-day
4. Musqueam lands at UBC being developed by FN, present-day

First Nations led developments

Present-Day VGH Campus



Contemporary Vancouver (1981–Present)

New buildings constructed at VGH during this period:

1 Laurel Pavilion/Jim Pattison Pavilion

2 Blusson Spinal Cord Centre

3 Joseph and Rosalie Segal Family Health Centre

4 Gordon and Leslie Diamond Health Care Centre

5 Robert Ho Research Centre/Jack Bell Research Centre

6 Eye Care Centre

7 BC Cancer Agency

8 BC Cancer Research Agency

9 Alumni Building

10 BC Centre for Disease Control

11 Centennial /Leon Blackmore Pavilion

Present-Day VGH Campus

HISTORIC CONTEXT STATEMENT (THEMATIC FRAMEWORK)

Changing Physical Geography

The Site's physical geography has been shaped by both natural and human-driven processes since time immemorial, from the formation of the Fraser Valley delta at the end of the last Ice Age to the reclamation of land along False Creek for industrial uses in the 20th century.

The physical geography of False Creek and Fairview has been profoundly shaped by human intervention in the recent past. Once characterized by tidal flats, forested slopes, and creeks flowing through steep ravines, the area was gradually transformed over the course of the 20th century.

Logging operations in the second half of the 19th century stripped the dense forest, streams were buried, and industrial development reshaped the shoreline to support sawmills, steelworks, and other industries along False Creek.

These alterations created the level ground necessary for the expansion of the colonial city and for large-scale institutional development, including VGH. Following World War II, the decline of industry along False Creek led to new remediation and redevelopment, particularly in the last quarter of the 20th century, producing mixed-use neighborhoods with public waterfront access.

Rapid Population Growth

Vancouver's history of significant population growth has consistently driven the expansion of VGH over the course of the 20th century.

The city experienced four major phases of rapid growth: the arrival of the CPR in the late 19th century, the boom of the early 20th century, amalgamation with Point Grey and South Vancouver in the 1920s, and the postwar baby boom of the 1950s and 1960s. Each wave of growth placed renewed pressure on the hospital's facilities. Like Vancouver, often described as a "city that did not fit its clothes," VGH persistently outgrew its capacity, forcing cycles of reassessment and expansion.

Even as birthrates declined and the number of veterans needing care diminished in the 1960s and 1970s, the hospital remained under heavy strain, reflecting the broader challenges of meeting urban health needs in a rapidly growing city.

Evolving Hospital Design and Trends in Architectural Expression

As medical theory and practice evolved, so too did the architecture of VGH. Early 20th-century hospitals were rooted in the philosophy of "Nature's Cure", with emphasis on abundant light and fresh air. These institutions combined medical care with residential functions, including on-site accommodation for nurses.

Between the world wars, hospitals retained a dignified, conservative image, but their internal layouts shifted toward smaller rooms and increasingly specialized services.

After World War II, the influence of International Style modernism reshaped hospitals into streamlined, efficient complexes. By the late 20th century, postmodernism reintroduced architectural concerns with identity and civic presence.

Collectively, the buildings on the VGH campus form a physical record of the evolution of hospital design in Canada, reflecting shifts in both medical knowledge and architectural expression.

Professionalization and Integration of Medical Education

The growth of professional education is central to VGH's history. While the hospital had operated a training school for nurses since 1899, the First World War highlighted the strain on the nursing profession and the need for more specialized training.

In 1918, the provincial legislature passed the British Columbia Registered Nurses Act, and the hospital administration soon proposed closer affiliation with the university. In 1919, the Department of Nursing was established as a joint initiative of the VGH School of Nursing and UBC, under the Faculty of Applied Science. As the first university nursing school in the British Empire, it marked a turning point in the professionalization of nursing, shifting education from apprenticeship to academic study. The final School of Nursing class graduated class in 1991.

With the establishment of UBC's Faculty of Medicine in 1950, VGH cemented its role as both a major hospital and a teaching institution. This dual identity as a place of care and education and innovation continues to shape its character today.

The Hospital as a Reflection of Society

Hospitals reflect the values and priorities of the communities they serve, and VGH has long embodied the social currents of British Columbia.

In its early decades, it operated under the charitable model typical of Victorian-era hospitals, with a strong emphasis on the treatment of infectious diseases. During and after World War I, the hospital became a central site for caring for veterans, reshaping its facilities and staffing in line with a national emphasis on service and sacrifice. Immigration, post-war baby booms, and the rise of chronic and specialized illnesses further influenced its programs and facilities.

By the late 20th century, heightened public expectations for equity reshaped hospital policy and campus design. For First Nations communities, however, hospitals often symbolized exclusion or inequity, as settler-colonial healthcare systems frequently marginalized Indigenous patients.

More recently, VGH has taken steps to address these inequities, introducing Indigenous patient navigators, cultural safety training, and partnerships with First Nations health organizations. These initiatives reflect a broader societal shift toward Reconciliation and equity in healthcare, situating VGH as both a product of its past and an agent of change in the present.

HOSPITAL DESIGN TYPE REVIEW

ERA conducted a Hospital Type Study (see Appendix B) to understand the evolution of hospital design in Canada and to situate the VGH Heather Pavilion within that historical context.

Hospital architecture is shaped by interrelated factors that distinguish it from other built forms. Because of their complexity, hospitals are typically designed by specialized firms (like airports), resulting in uniformity of design and sometimes relative isolation from local context and vernacular. Their design is also framed by dense regulation including building codes and health and safety standards.

Despite being largely publicly funded, hospitals must remain competitive to attract and retain talent. They are and must continue to be inherently adaptable, as advances in technology, shifting patient populations, and ever-evolving medical best practices demand continual change.

The history of Canadian hospital design also underscores the influence of broader social and political forces. Prior to 1870, most hospitals were charitable institutions, frequently affiliated with religious or benevolent organizations and reliant on donations. The introduction of provincial legislation in Ontario in 1870, which provided annual grants to hospitals and related institutions, marked a turning point. Other provinces soon followed, embedding hospitals more firmly within the framework of public responsibility while retaining their civic and philanthropic character.

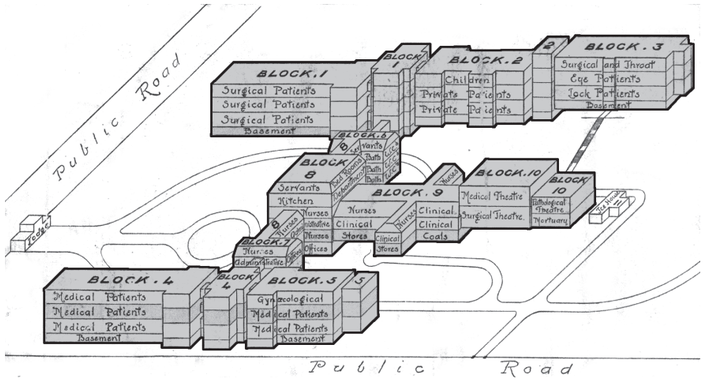
In the Canadian context, the development of hospital architecture can be understood in the following broad chronological eras:

- Early Urban Hospitals (1870–1918)
- Inter-War (1918–1939)
- Modernist (1945–1970)
- Post-Modern (1970–1990)
- Contemporary (1990–Present

Early Urban Hospitals (1870–1918)

Early Urban Hospitals took directly cues from British precedents, with patient care focused primarily on the treatment of infectious and nutritional diseases such as influenza, pneumonia, tuberculosis, gastroenteritis, and scurvy — conditions often linked to poverty and inadequate public health measures. At a time when disease transmission was poorly understood, hospitals were often sited in relative isolation from major population centers to reduce contagion.

Miasma theory, popularized by Florence Nightingale, speculated that the spread of infection and disease was caused by poor ventilation and inadequate access to natural light. Hospital design responded accordingly, as many institutions adopted the Pavilion Plan, with long, narrow wards with patients organized in parallel rows of beds. Verandahs, sun porches, and sanitary towers reinforced ideals of ventilation and hygiene.



Royal Victoria Hospital, Montreal (1893)

Inter-War (1918–1939)

In the inter-war years, hospitals expanded their role as middle-class patients increasingly sought institutional care in place of home treatment. While hospital buildings often retained the dignified public presence of earlier institutional architecture, their planning shifted away from the Pavilion Plan model, particularly towards the end of the period.

Efficiency and specialization defined the new approach. Double-loaded corridors lined with small patient rooms replaced the open ward of the preceding period. Surgery moved out of amphitheaters into purpose-built, specialized rooms devoted to specific functions. Expansions of pre-World War I facilities, such as at Kingston General Hospital in Ontario, often continued existing architectural vocabularies, maintaining civic identity while modernizing internal functions.

Modernist (1945–1970)

The post-World War II period brought rapid growth in patient populations and a concurrent rise in demand for treatment only available at technologically advanced facilities. To accommodate this increase, hospital architecture responded with vertical expansion, enabled by innovation in engineering and building systems.

Freestanding high-rise towers, shaped by functional planning, and characterized by an austere modern aesthetic with minimal ornamentation, became the norm. Elevators, long-span structures, and controlled ventilation supported standardized, efficient floor plates. Interiors reflected a clinical, ordered environment with wide corridors and centralized nursing stations.

Post-Modern (1970–1990)

By the 1970s, new research on patient outcomes began to underscore the importance of holistic health, integrating physical, mental, social, and environmental well-being. This prompted a reaction against modernist functionalism, with design turning towards softer, human-centered forms.

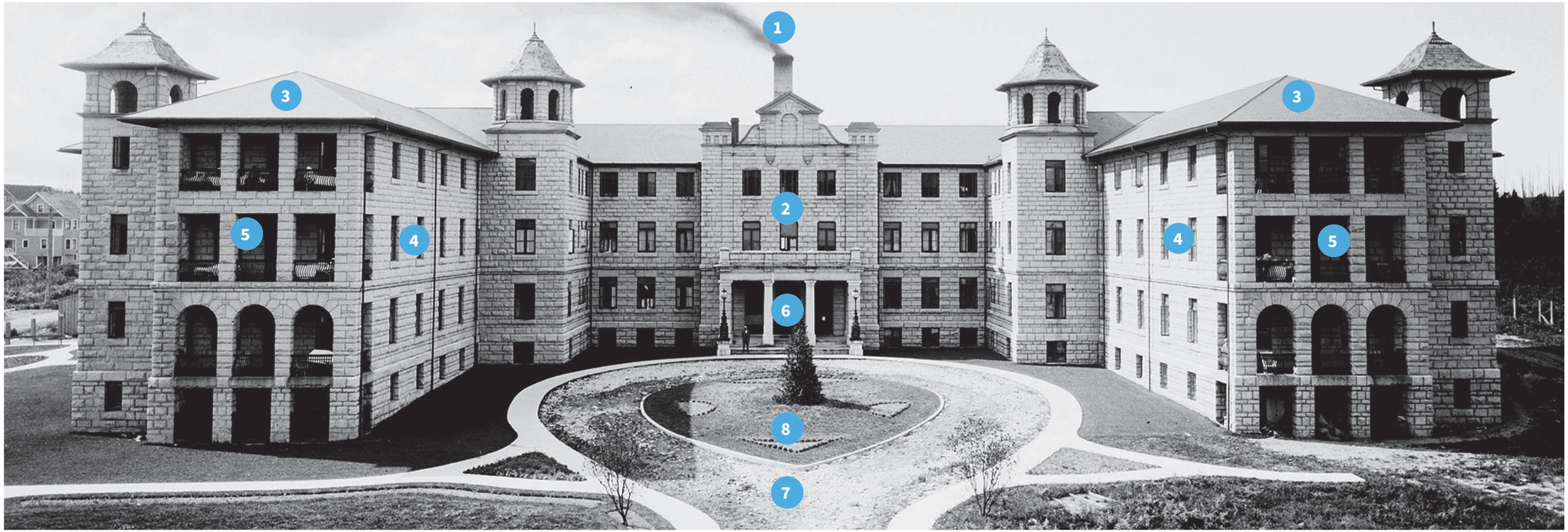
Many hospitals introduced features that reflected a more familiar environment: shorter, human-scale blocks, playful colors and varied forms, and welcoming spaces for visitors. Adaptability became a concern, with service floors designed to accommodate future change.

Contemporary (1990–Present)

Contemporary hospital design extends the principles of “whole-person”, holistic health into a model of people-centered care, emphasizing patient autonomy and choice alongside increasingly specialized medical treatment.

This trend has resulted in an increasingly decentralized model of care, housed within large buildings in campus-like complexes that enable synergies between specialists and services. Public atria and circulation spaces serve as focal points, while decentralized models of care aim to reduce duplication, streamline services, and enhance collaboration.

The built form of modern hospital buildings is dictated by specific program and technological requirements. This includes fully mechanical ventilation for indoor air management and infection control; large floorplates for adjacencies and flexibility; high-performance envelopes for energy efficiency; and tall floor-to-floor heights as well as large mechanical floors/penthouses for specialized equipment and mechanical needs.



1. Pavilion style building Plan surrounded by fresh air and access to natural light
2. Central administration building, flanked by long and narrow patient wards
3. Large open wards, with patients organized into parallel rows of narrow beds
4. Cross-axial window arrangement
5. “Sun Porch” Balconies and towers
6. Formal entrance with ornate architectural detailing
7. Circular driveway
8. Landscaped forecourt

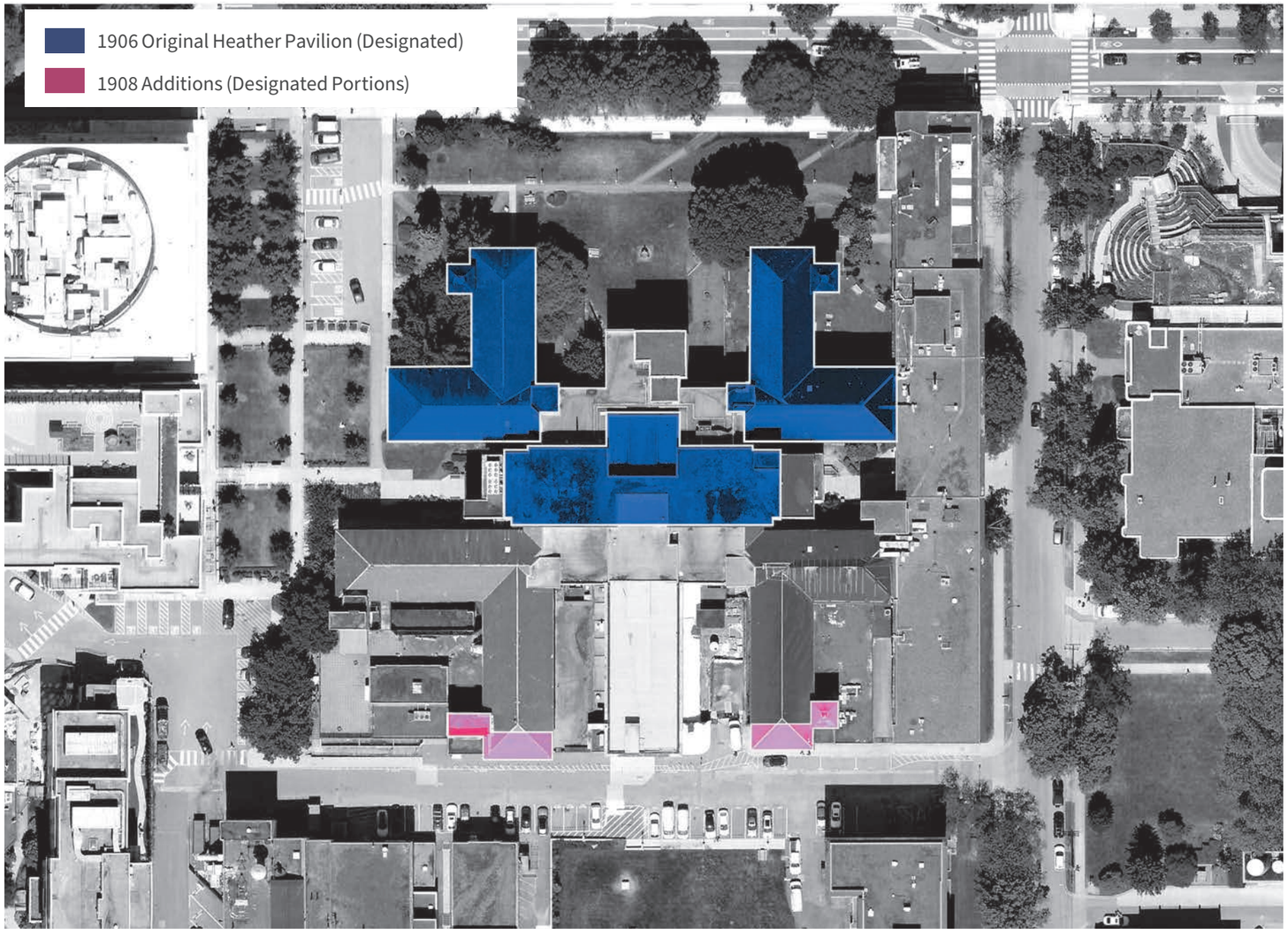
HERITAGE STATUS

Designation By-law

The VGH Heather Pavilion is designated under Schedule A of By-law No. 4837. The designation protects the following elements of Heather Pavilion:

183. [General Description of Building or Structure] Improvements consisting of the 1906 original Heather Pavilion and the 1908 additions to the Heather Pavilion including the two most southerly end bays, each of which is one bay deep and three bays wide, together with the two granite stone clad towers adjoining the end bays, each of which is three storeys high and capped by a cupola, but excluding those portions of the 1908 additions between the 1906 original pavilion and the two end bays and adjoining towers. [Civic Address of Building or Structure] 2733 Heather Street, Vancouver, BC

[Description of Lands upon which located] PID: 003-065-774, Block 378, District Lot 526, Plan 991



Heritage Revitalization Agreement

A Heritage Revitalization Agreement (HRA) is a legally binding agreement between the City and the owner of a heritage property. Section 592 of the Vancouver Charter authorizes Council to enter into HRAs. The terms of an HRA override existing land use regulations and define duties, obligations, and benefits for both parties, as they relate to heritage conservation.

The City of Vancouver entered into an HRA with the Vancouver Coastal Health Authority for the property at 2733 Heather Street, dated July 1, 2002 (the "Heather Pavilion HRA"). In accordance with Sections 592 and 601 of the Vancouver Charter, the agreement was filed with the Land Title Office, with receipt dated November 4, 2002.

Under the terms of the agreement, the owner committed to rehabilitating the components of Heather Pavilion protected by the designation by-law (the "Heritage Building") and to preserve, stabilize, and protect them from deterioration and vandalism. In return, the City approved the rezoning of the VGH lands.

The Heather Pavilion HRA recites, in detail, the requirements for conservation of Heather Pavilion as agreed in connection with the 2002 rezoning, including interim measures for stabilization and protection of the Heritage Building, an obligation to repair damage, and an acknowledgment that the rezoning is considered full and fair compensation for the restrictions imposed by the agreement.

It further provides that all additions to the Heritage Building, except for the two 1908 end bays and towers, will be removed and the remaining building fabric will be secured and stabilized. Building materials from 1908 and 1920 additions are required to be salvaged and stored for reuse in the rehabilitation of the Heritage Building.

Interim protection for the Heritage Building to guard against deterioration includes heating as required and maintaining adequate ventilation to prevent moisture build up. Should the building become unoccupied, security is required to prevent vandalism.

The Heather Pavilion HRA provides that no alterations to the Heritage Building are permitted without a heritage alteration permit.

Two collateral agreements support the Heather Pavilion HRA, both of which were registered on title for the property at 2733 Heather Street along with the Heather Pavilion HRA on November 4, 2002.

The Restoration Agreement provides for the implementation of the Heather Pavilion HRA through the municipal permitting process and further specifies requirements that must be met by the owners to fulfil their obligations.

The Restoration Agreement provides that the owner will rehabilitate and restore the Heritage Building in accordance with drawings, specifications and permits for development or conservation work. Conservation work will be done in accordance with the municipal permitting process and supervised by a qualified architect or engineer. Once the Heritage Building is vacated for redevelopment, the owner agrees not to apply for occupancy permits until the restoration and rehabilitation work is completed.

The Restoration Agreement requires securities to be paid from VCH to the City in an amount totaling $3,100,000, on a payment schedule phased to reflect the redevelopment phasing plan. Permitting for non-hospital buildings, which were contemplated as part of the 2001 rezoning and include buildings located on adjacent parcels of land, is contingent on security being fully paid by the owner. A right of entry is conferred upon the City for the purpose of completing conservation work, using the security provided by VCH, if the owner is unable to do so.

The Reconstruction Covenant reiterates provisions from the HRA that the owner will repair any damage to the Heritage Building and, should the Heritage Building be irreparably damaged/destroyed, the owner will be permitted to replace it with a structure of similar height, massing and proportions, with a facade that is a reasonable facsimile of the original. The agreement also reiterates that a reconstruction of the Heritage Building will use original materials where possible.

The full agreements are provided in Appendix A.

EXISTING CONDITION

Inspection Overview

ERA performed a visual inspection of the VGH Heather Pavilion, which is part of the VGH Campus, located at 2733 Heather Street in Vancouver on June 24, 2025. Most of the observations were carried out from grade and the roof. The core of the building is almost completely obscured by additions built in the 1950s. Some exterior elements of the core building were observed in ceiling cavities from the interior. The core building has 4 L-shaped wings — two facing north built in 1906 and two facing south, built in 1909 (East), and 1912 (West). These are partially obscured by the building additions, and some areas were inaccessible due to fencing.

The review focused on visible exterior envelope features and excludes interior spaces, structural systems, and inaccessible roof areas. No closeup “hands on” inspections were carried out using scaffolding or a lift. The review does not include structural systems/elements.

All photographs taken by ERA.

1. Portion of obscured ‘Vancouver General Hospital’ carved stone signage band

2. Entry pillar with ivy inside wall cavity

3. East entry from courtyard

4. West entry

5. Front elevation 1906, east wing, unsympathetic additions

DEFINITION OF TERMS

The building components were graded using the following assessment system:

Excellent: Superior aging performance. Functioning as intended; no deterioration observed.

Good: Normal result. Functioning as intended; normal deterioration observed; no maintenance anticipated within the next five years.

Fair: Functioning as intended. Normal deterioration and minor distress observed; maintenance will be required within the next three to five years to maintain functionality.

Poor: Not functioning as intended; significant deterioration and distress observed; maintenance and some repair required within the next year to restore functionality.

Defective: Not functioning as intended; significant deterioration and major distress observed, possible damage to support structure; may present a risk; must be dealt with immediately.

Roof and Flashing

The original hipped roof and towers of the 1906 core building were replaced by a flat roof during the 1950s. The roofs of the VGH Heather Pavilion were observed from the various flat roofs of the 1913 wing and the 1957 addition to the 1906 core building.

The hipped roofs of the 1906 wings have original slate tile roofs that are in poor condition. Multiple tiles are missing, cracked, or slipping. Moss and lichen are growing in shaded areas and staining from the zinc vent pipes (potentially galvanized) is evident. Flashings are a mix of decorative metal and copper that have sections of corrosion and open seams.

Half-round gutters are in defective condition, deformed due to impact and have rusted through in areas. Some downspouts have come disconnected from the eavestroughs. The original eaves have exposed rafter tails with unpainted tongue and groove soffits that are in poor condition under the original slate roofing. In some areas of the roofs, they have visible dry rot and have deteriorated to defective condition.

6. 1906 northeast hipped roof, looking east

7. 1906 northeast Hipped roof, looking north

8. 1906 northwest hipped roof, looking north

9. 1906 northwest hipped roof, looking west

10. Roof lichen and moss in gutters

11. Roof staining and moss

12. 1906 west wing, northwest tower roof

13. 1906 east wing, northeast tower roof

14. Vestigal pathways in forecourt

15. 1906 west wing, northeast corner, soffit condition

The three remaining bell cast roofs (one of each of the two 1906 wings, and one on the southeast wing) are slate tile roofs in defective condition. Evidence of minor maintenance can be seen, but the wooden roof structures have deteriorated to the point of collapse, and the arched open-air turrets appear to be housing pigeons and are in various states of disrepair. The painted metal decorative cornices are in fair condition. The gutters are in poor to defective condition. Eavestroughs and downspouts are rusted and often detached. The 1906 towers have downspouts.

The remainder of the roofs are flat and are a mix of modified bitumen with or without gravel ballast. There are some hip roof connections that connect to the original roofs. The flat roofs are in fair to good condition based on their age.

16. 1909 southeast tower from roof

17. 1912 southwest tower from roof

18. Soffit condition

19. 1906 east wing,northeast tower

20. 1906 west wing, northwest tower

21. 1909 southeast tower from roof

Stone Cladding and Masonry

The VGH Heather Pavilion's 1906 core and L-shaped wings and towers are clad in mass masonry walls with rock-faced ashlar granite coursing on all elevations. The 1909 and 1912 L-shaped wings and towers are clad in granite masonry on the public facing elevations and red brick masonry walls on the west and east elevations respectively. The former open-air porches located in the first bay at either end of the wings have been blocked in since the 1920s (based on information received from maintenance staff on-site). The openings have been infilled with windows and below these, tooled and tuckpointed concrete to resemble masonry walls and sills.

The original wall assembly appears to be solid rock-faced ashlar granite facing (~8") on two wythes of terracotta backup wall with a painted plaster finish, and cove ceilings. The interiors in the 1909 and 1912 wings appear to be intact.

The coursed rock-faced ashlar granite is in fair condition. There is some mortar loss and localized biological growth in shadowed areas and minor staining and surface erosion typical of age. The monolithic granite sills

22. 1909 west wing from roof

23. 1912 east wing from roof

24. Infilled open-air balcony

25. Tooled concrete infill

26. Concrete infill sill and new window

27. 1909 Original plaster cover ceiling

28. Typical biological growth

and lintels are in fair condition.

The ashlar granite masonry joints have been tuckpointed with red brick dust mortar. The tuck pointing is in poor condition and is deteriorating and/or missing on most of the building. It is delaminating and friable in many locations around the building.

The brick masonry walls of the 1909 and 1912 wings are in fair condition. There is staining and efflorescence around downspouts with areas of unsympathetic patching and incompatible mortar. The square punched openings have jack arches and monolithic granite sills. The sills are in poor condition due to window failure and poor maintenance. Most of the ground floor openings have been modified with smaller windows or vents, and partial stucco infill.

29. Typical tuckpointing

30. Friable tuckpointing

31. 1912 southeast wing from roof

32. 1909 southwest wing from roof

Windows and Doors

Original window openings are generally intact, but the units themselves vary widely in condition and originality. Original units appear to be a mix of casement windows, some of which have transoms above, and wood-sash double-hung windows. They range from poor to defective condition. There is evidence of widespread paint failure, warped frames, open joints, infilled glazing, and rot. Many have non-original aluminum storm windows, vents or security bars that are in poor condition.

Infill windows in the closed-in porches of the wings have double windows separated by a wide wood mullion in various configurations some with arched divided lite transoms. These windows tend to be in poor to fair condition.

Several windows have been replaced with painted steel or aluminum divided windows that mimic double hung windows. These windows tend to be in fair condition.

Two painted metal door exits have replaced arched openings at ground level on the west elevation. Several arched openings have been infilled with tooled concrete and or stucco wall panels.

33. 1906 east wing (partial)

34. 1906 east wing, west elevation, original windows

35. Typical window sill and surround

36. Typical window sill and surround

37. Typical window sill and surround

38. Open-air balcony filled in

39. 1906 East wing, north elevation

Later Additions and Infill

Several unsympathetic additions obscure the core building and L-shaped wings. Later cladding and fenestration disrupt the architectural legibility of the historic building and appear to be contributing to the deterioration of the building.

Site and Landscaping

The setback from the original front entry on West 10th Avenue is still legible due to the restoration work carried out in the 2000s. Pathways and trees, while not original, do convey a sense of the building's original courtyard.

Historic stone towers, a symmetrical plan, arched openings, and vestigial formal landscaping convey some sense of the original institutional character, despite alterations.

While the heritage character is legible, strategic demolition of additions and restoration would be necessary if the full integrity of the original design were to be recaptured.

40. North addition

41. 1906 east wing, west elevation

42. 1906 west wing, central entrance addition

43. 1909 partial north and east elevations, obscured by later additions

44. Front elevation of 1906 east wing, unsympathetic additions

45. 1912 south elevation

46. Central courtyard

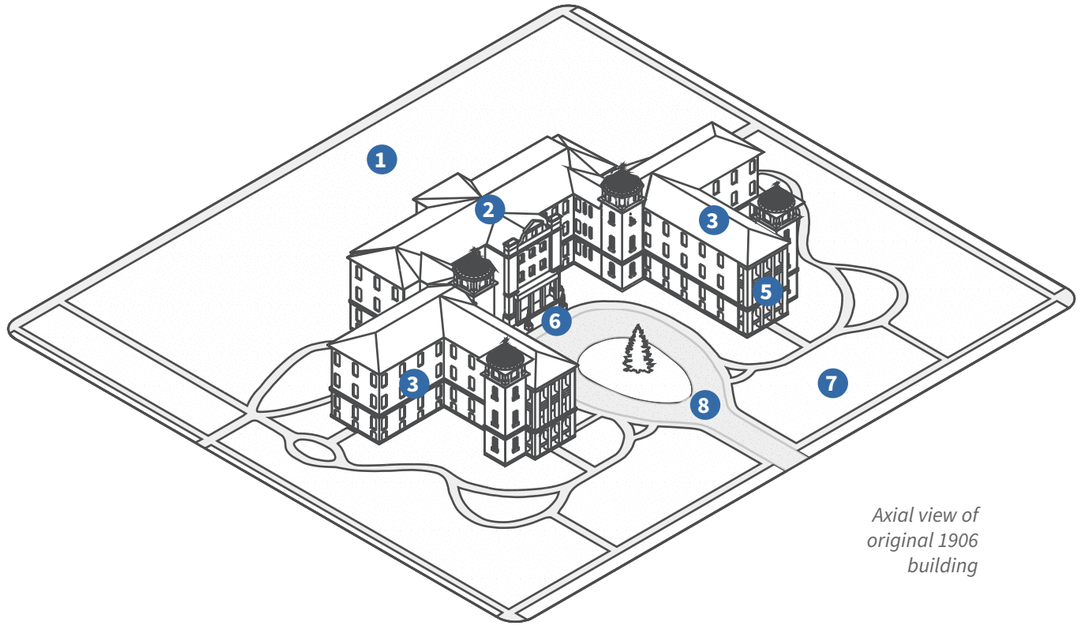
47. Vestigal pathways at landscaped setback

48. Central courtyard, looking southeast

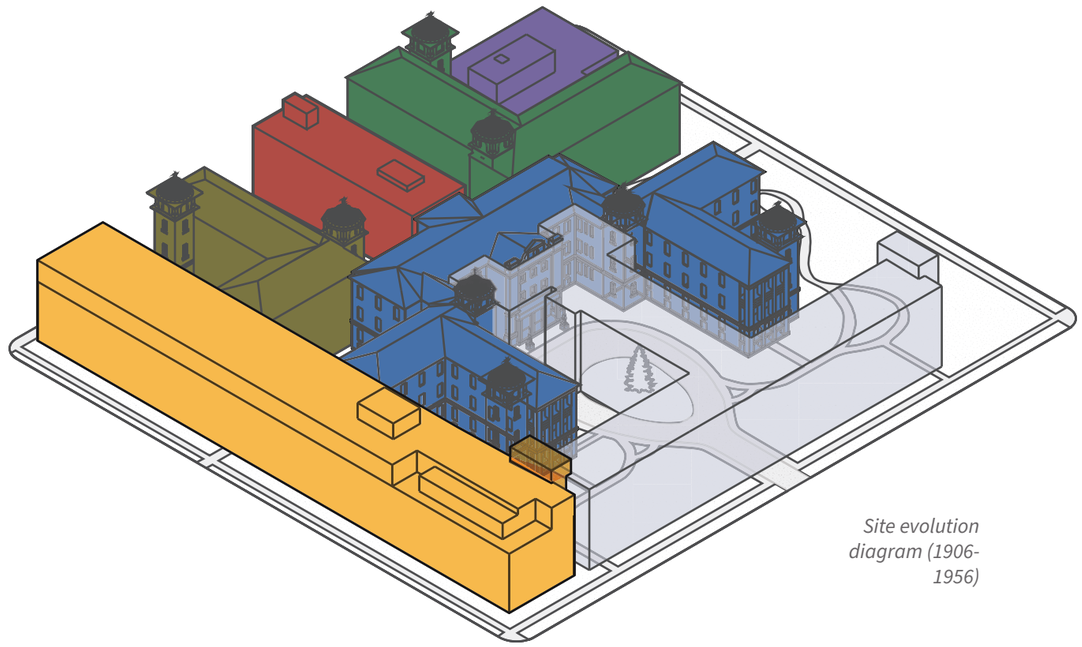
SITE EVOLUTION

Overview

Since completion of the Heather Pavilion's original portions in 1906, successive additions were added to the building throughout the first half of the 20th century, to meet evolving needs. Early additions in 1908 and 1912 were generally sympathetic to the original building, continuing its "pavilion" form. Unsympathetic post-war additions largely obscured and overclad the original building fabric, most notably the 1951 "Chronic" wing (removed in early 2009) which infilled the landscaped forecourt.



Axial view of original 1906 building



Site evolution diagram (1906-1956)

1906
1908
1911
1914
1950
1951
1956

1 Pavilion style building Plan surrounded by fresh air and access to natural light

2 Central administration building, flanked by long and narrow patient wards

3 Large open wards, with patients organized into parallel rows of narrow beds

4 Cross-axial window arrangement

5 "Sun Porch" Balconies and "Sanitary towers"

6 Formal entrance with ornate architectural detailing

7 Circular driveway

8 Landscaped forecourt

ALTERATIONS AND HISTORIC INTEGRITY

This timeline provides a chronology of major exterior alterations. Interior alterations, unless they impacted exterior appearance, are excluded. The selective infill of original openings (mostly on the ground floor) with stucco and installation of small windows, vents, or doors after 1960 is excluded.

1908
Southwest wing completed

1912
Southeast wing completed

1935
By this point, all balconies enclosed

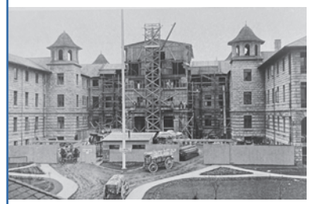
1951
Acute wing along West 10th Avenue added

1955-1960
Alterations to west entrance and central block of Heather Pavilion completed

1900 | **1910** | **1920** | **1930** | **1940** | **1950** | **1960**

1906
Initial construction of Heather Pavilion completed

1914
Brick-clad south addition constructed



1915
Alterations to the main entrance and parapet to accommodate operating theatres

1950
One-storey office addition at southwest corner completed

1957
Addition of wing along Heather Street to accommodate offices for UBC Faculty of Medicine

PART II:
STATEMENT OF SIGNIFICANCE

STATEMENT OF SIGNIFICANCE

Introduction to the Statement of Significance

The Statement of Significance (SOS) speaks to themes associated with the VGH Heather Pavilion generally. It is based on a review of the written historical record only. We recommend documenting oral histories or traditional knowledge that may be held by Indigenous communities in future updates to this SOS.

Note: The character-defining elements identified on the following page relate specifically to the portions of Heather Pavilion referenced in Heritage By-law 4837, amended by 8575.

Description

Located on the traditional, ancestral, and unceded lands of the həńq̓əmiṅəm̓ (Halkomelem) and Sḵwx̱wú7mesh sníchim (Squamish) speaking peoples, the xʷməθkʷəy̓əm (Musqueam), Sḵwx̱wú7mesh (Squamish), and (səlilwətaʔɬ) Tsleil-Waututh Nations, the VGH Heather Pavilion is a three-storey institutional building on the east side of the VGH's Fairview campus, in the Fairview neighbourhood of Vancouver. The building is located at the intersection of Heather Street and West 10th Avenue, with its original main entrance oriented toward West 10th Avenue. It features a forecourt framed by two symmetrical wings flanking a central pavilion. Constructed in 1906 as the first building on the VGH campus, Heather Pavilion was designed by the architectural firm Grant and Henderson, which made notable contributions to Vancouver's building stock in the late 19th and early 20th centuries.

The VGH Heather Pavilion has not been used for the provision of patient care since the early 2000s, its core functions having been relocated gradually to other parts of the Campus. Since its decommissioning as a healthcare facility, occupied components of the building have served ancillary office functions for VGH, including administrative and operational supports like storage and training facilities for staff. The building currently sits about two-thirds vacant.

The VGH Heather Pavilion is designated by the City of Vancouver by By-law 4837 (amended by By-law 8575). By-law 4837 describes the 1906 original building and 1908 additions to Heather Pavilion, including the two most southerly end bays, each of which is one bay deep and three bays wide, together with the two granite towers adjoining the end bays.

Cultural Heritage Value

The VGH Heather Pavilion carries cultural heritage value as a local Vancouver example of early 20th-century Beaux-Arts hospital architecture incorporating elements of the Romanesque Revival and Italianate styles. The use of these stylistic elements was typical of North American hospitals of the period.

Its pavilion plan and symmetrical composition illustrate the application of Beaux-Arts principles to hospital design in the early 20th century, reflecting contemporary priorities for natural light and fresh air, orderly circulation, and outdoor recreation. This pavilion plan created a landscaped courtyard, ensuring that interior spaces received sufficient ventilation and daylight while supporting outdoor recreation. Features like the loggia contributed to both the building's aesthetic value and therapeutic function by providing sheltered outdoor space for convalescence.

The granite used for the construction of Heather Pavilion was quarried locally in Aggasiz, British Columbia and was chosen for its durability and symbolic association with permanence. The use of monolithic masonry was common in civic and institutional buildings of the period, in North America.

Heather Pavilion also has historical significance through its association with the early 20th-century expansion of Vancouver beyond its original core. Heather Pavilion was the first building constructed on the VGH's Fairview campus in 1906. VGH, which became a permanent institution in 1888, is Vancouver's oldest public hospital. Originally known simply as the "main building" on the hospital campus, Heather Pavilion received its current name in 1959 following the completion of Centennial Pavilion (currently known as the Leon Judah Blackmore Pavilion).

When completed in 1906, Heather Pavilion formed part of a cluster of institutional buildings in Fairview between West 10th and 12th Avenues, including the Model and Normal Schools and Vancouver High School (later renamed King Edward High School). The development of Fairview and the VGH campus reflected public investment in institutions required to support a rapidly growing population. Heather Pavilion stands alongside other major public buildings in Fairview, including UBC's first campus to the west (1915–1925) and Vancouver's new City Hall to the east along West 12th Avenue (1936). Collectively, these institutions illustrate the area's early prominence as a centre for education, healthcare, and civic activity.

Heather Pavilion is further valued for its contribution to medical and healthcare education in Vancouver, and for its associations with the professionalization of nursing as pursued by women in the early 20th century. In 1919, UBC and VGH initiated Canada's first university nursing degree program (continuing until 1991). In 1950, the establishment of the UBC Medical School's clinical teaching program at VGH included new facilities linked to Heather Pavilion, with the Department of Medicine added as an extension to Heather Pavilion.

Character-Defining Elements

- Location at the southwest corner of West 10th Avenue and Heather Street, representing the original location of the VGH Fairview campus at the periphery of the expanding City of Vancouver.
- Large, landscaped setback from West 10th Avenue that forms the forecourt to the front entrance, signalling the building's prominence and reflecting functional and aesthetic priorities of early Canadian hospital architecture.
- Features common to early 20th-century hospital architecture in Canada, including:
  - Symmetrical plan reflecting Beaux Arts principles;
  - Central entrance block (partially concealed) and projecting wings which together frame a landscaped forecourt;
  - Three-storey height;
  - Towers creating vertical breaks; and,
  - Landscaped forecourt.
- Regularly spaced square and round-arched openings, typical of the Romanesque Revival and Italianate architectural styles.
- Monolithic masonry construction, using locally sourced rock-faced ashlar granite.

Character-defining elements with diminished integrity*:

- The three extant Italianate stone towers (one per wing except for the southwest wing, where the tower has been truncated) with cupolas and roofing, used for sanitary purposes;
- Loggia and sunporches (infilled), typical of the Romanesque Revival and Italianate architectural styles; and,
- Carved stone banding over the central entrance that reads "VANCOUVER GENERAL HOSPITAL" (currently obscured by later construction), signaling the building's prominence as a civic institution.

**diminished integrity in this context means that the capacity of the attribute to communicate the cultural heritage value of the property has been reduced through alteration. Many alterations are reversible; through restoration, the integrity of character-defining elements could be reinstated (though it may be costly to do so).*

PART III: PLANNING

POLICY AND BEST PRACTICE

The following statutory tools, policies, guidelines and conservation standards provide the primary framework for heritage conservation and land use planning at the Site.

Heritage Statutes and By-laws

Vancouver Charter (1953)

The *Vancouver Charter* is a provincial statute that incorporates the City of Vancouver and delegates to it a distinct set of municipal powers and responsibilities. While other municipalities in British Columbia are subject to the Community Charter, which sets out general municipal governance powers and responsibilities, and the *Local Government Act*, which provides the framework for land use planning and development regulation, the Vancouver Charter fulfills both functions.

Part XXVIII of the Vancouver Charter addresses heritage conservation. It enables the City to identify, protect, and manage heritage resources through a range of tools. These include the creation of a Heritage Register, the establish heritage commissions, and the provision of both temporary and continuing protection measures (such as heritage revitalizations agreements, heritage designation, heritage conservation areas and heritage maintenance standards). The Charter grants Council the authority to issue Heritage Alteration Permits for proposed changes to protected heritage properties. It also sets out public notification requirements, including notice to property owners, occupiers, the land title office, and the minister responsible for the Heritage Conservation Act. Finally, it outlines the remedies and enforcement mechanisms available to the City in cases of non-compliance with heritage requirements, including court orders, land title notices, and fines.

Vancouver Heritage Register (2024)

The creation of the Vancouver Heritage Register (VHR) is authorized by the *Vancouver Charter*. The VHR is a list of properties formally recognized by Council for their heritage value in accordance with the City's Heritage Evaluation Methodology. The VHR was created in 1994, incorporating listings from the Vancouver Heritage Inventory of 1986, and updated in 2024 to reflect the current VHR Policy, which emphasizes values-based, equitable, and people-centered approaches to heritage evaluation, planning, and resource management. The VHR includes approximately 2,300 buildings and structures (according to the City of Vancouver's VHR website.)

Not all properties on the Heritage Register are legally protected. The VHR notes whether a property has legal protection (municipal or provincial) and provides additional information, such as whether it is located within a designated Historic Area or is subject to a Heritage Revitalization Agreement (HRA).

The entry for the VGH Heather Pavilion is as follows:

> *2733 Heather Street, Heather Pavilion, M, HRA*
>
> *Where* **M** *indicates that the building or site is protected by a legal heritage designation by the City of Vancouver and* **HRA** *indicates that the building or site is the subject of a Heritage Revitalization Agreement.*

By-laws No. 4837 and 8575

Section 593 of the Vancouver Charter grants Council the authority to designate heritage properties by by-law. Sites designated between 1974 and January 2003 are protected by Vancouver's Heritage Bylaw No. 4837, while sites designated after January 2003 are protected by an individual Heritage Designation Bylaw. By-law No. 4837 lists all properties designated under it in two schedules:

- **Schedule A** designations include buildings where the exterior is fully protected from inappropriate alteration. In certain cases, protection may also apply to selected interior landscape features.
- **Schedule B** designations provide protection for specific features or portions of a building.

By-law No. 8575, enacted on November 5, 2002, amended By-law No. 4837 by adding Heather Pavilion to Schedule A. Through its inclusion in By-law No. 4837, the VGH Heather Pavilion is protected as a designated heritage property. The designation applies to the 1906 original Heather Pavilion and the 1908 additions, including the two most southerly end bays (one bay deep and three bays wide), together with the two adjoining granite stone-clad towers, each three storeys high and capped by a cupola. The portions of the 1908 additions between the 1906 original pavilion and the two end bays and towers are excluded from the designation.

Applicable Standards and Definitions in Best Practice (National)

Parks Canada's Standards & Guidelines for the Conservation of Historic Places in Canada (2010)

The Standards and Guidelines is Canada's national benchmark document for heritage conservation. The Standards and Guidelines set out a 3-part conservation decision making process which consists first of the *understanding* phase, followed by the *planning* phase, and finally, the *intervention* phase.

The Standards and Guidelines do not provide specific direction related to hospital buildings or campuses, but provide the following 14 Standards, based on internationally recognized conservation principles. While adherence to the Standards is not legally mandatory, decision-making in accordance with the Standards generally reflects best practice and sound decision-making in the realm of heritage conservation. These are:

1. Conserve the heritage value of a historic place. Do not remove, replace or substantially alter its intact or repairable character-defining elements. Do not move a part of a historic place if its current location is a character-defining element.
2. Conserve changes to a historic place that, over time, have become character- defining elements in their own right.
3. Conserve heritage value by adopting an approach calling for minimal intervention.
4. Recognize each historic place as a physical record of its time, place and use. Do not create a false sense of historical development by adding elements from other historic places or other properties, or by combining features of the same property that never coexisted.
5. Find a use for a historic place that requires minimal or no change to its character-defining elements.
6. Protect and, if necessary, stabilize a historic place until any subsequent intervention is undertaken. […]
7. Evaluate the existing condition of character-defining elements to determine the appropriate intervention needed. […]
8. Maintain character-defining elements on an ongoing basis. Repair character- defining elements by reinforcing their materials using recognized conservation methods. […]
9. Make any intervention needed to preserve character-defining elements physically and visually compatible with the historic place and identifiable on close inspection. […]

Additional Standards Relating to Rehabilitation

10. Repair rather than replace character-defining elements. Where character- defining elements are too severely deteriorated to repair […]
11. Conserve the heritage value and character-defining elements when creating any new additions to an historic place or any related new construction. Make the new work physically and visually compatible with, subordinate to and distinguishable from the historic place.
12. Create any new additions or related new construction so that the essential form and integrity of a historic place will not be impaired if the new work is removed in the future.

Additional Standards Relating to Restoration

13. Repair rather than replace character-defining elements from the restoration period. […]
14. Replace missing features from the restoration period with new features whose forms, materials and detailing are based on sufficient physical, documentary and/or oral evidence.

In addition to the 'Standards', the document's 'Guidelines' provide more specific advice for decision-making when interventions are undertaken on a historic place, specifically as relates to cultural landscapes, archaeological sites, buildings, engineering works, and materials.

Key relevant definitions include the following:

Conservation: all actions or processes that are aimed at safeguarding the character-defining elements of a cultural resource so as to retain its heritage value and extend its physical life. This may involve "Preservation," "Rehabilitation," "Restoration," or a combination of these actions or processes.

Character-defining Element: the materials, forms, location, spatial configurations, uses and cultural associations or meanings that contribute to the heritage value of a historic place, which must be retained to preserve its heritage value.

Heritage Value: the aesthetic, historic, scientific, cultural, social or spiritual importance or significance for past, present and future generations. The heritage value of a historic place is embodied in its character-defining materials, forms, location, spatial configurations, uses and cultural associations or meanings.

In situ: (sur place) This term means 'in place' and as used in this document, it refers to the action of protecting, maintaining and/or stabilizing the existing materials in the location where they were found.

Intervention: (intervention) Any action, other than demolition or destruction, that results in a physical change to an element of a historic place.

Preservation: the action or process of protecting, maintaining, and/or stabilizing the existing materials, form, and integrity of an historic place, or of an individual component, while protecting its heritage value.

Rehabilitation: the action or process of making possible a continuing or compatible contemporary use of an historic place, or an individual component, while protecting its heritage value.

Restoration: the action or process of accurately revealing, recovering or representing the state of an historic place, or of an individual component, as it appeared at a particular period in its history, while protecting its heritage value.

Applicable Standards and Definitions in Best Practice (International)

The Burra Charter: The Australia ICOMOS Charter for Places of Cultural Significance (2013)

The Australian ICOMOS Charter for Places of Cultural Significance is an internationally accepted statement of principles that sets a standard of practice for the conservation and management of places of cultural significance. The Charter's central principal is that places of cultural significance should be conserved (Article 2.1), with conservation defined as "all processes of looking after a place so as to retain its cultural significance."

The Charter directs that conservation of a place should identify and take into consideration all aspects of cultural and natural significance without unwarranted emphasis on any one value at the expense of others (Article 5.1). It further recognizes that conservation may be achieved in different ways, depending on circumstance. These approaches may involve, alone or in combination, the retention or reintroduction of a use; the retention of associations and meanings; or processes such as maintenance, preservation, restoration, reconstruction, adaptation, and interpretation (Article 14).

Interpretation is defined all the ways of presenting the cultural significance of a place. Recognizing that the cultural significance of many places is not immediately apparent, the Charter states that interpretation should explain and communicate significance in ways that enhance understanding and engagement.

Key relevant definitions include the following:

Adaptation: changing a place to suit the existing use or a proposed use.

Cultural Significance: aesthetic, historic, scientific, social or spiritual value for past, present or future generations. Cultural significance is embodied in the place itself, its fabric, setting, use, associations, meanings, records, related places and related objects. Places may have a range of values for different individuals or groups.

Interpretation: all the ways of presenting the cultural significance of a place.

Preservation: maintaining a place in its existing state and retarding deterioration.

Restoration: returning a place to a known earlier state by removing accretions or by reassembling existing elements without the introduction of new material.

Reconstruction: returning a place to a known earlier state and is distinguished from restoration by the introduction of new material.

The ICOMOS Charter for the Interpretation and Presentation of Cultural Heritage Sites (2008)

The ICOMOS Charter for the Interpretation and Presentation of Cultural Heritage Sites ("ICOMOS Charter") establishes terminology and professional principles for interpretation within the heritage conservation process. It was developed in response to earlier ICOMOS charters that emphasized public communication through "dissemination," "popularization," "presentation," and "interpretation" as an essential component of conservation, recognizing that every act of heritage conservation is inherently communicative. The ICOMOS Charter's purpose is to define the core principles of interpretation and presentation as essential components of heritage conservation efforts as a means of enhancing public appreciation and understanding of cultural heritage sites.

The Charter affirms the role of interpretation within heritage conservation and sets out the guiding principles to shape interpretation and presentation, to be applied in ways that best suit the specific circumstances of the site.

Key relevant definitions include the following:

Cultural Heritage Site: refers to a place, locality, natural landscape, settlement area, architectural complex, archaeological site, or standing structure that is recognized and often legally protected as a place of historical and cultural significance.

Interpretation: refers to the full range of potential activities intended to heighten public awareness and enhance understanding of cultural heritage site. These can include print and electronic publications, public lectures, on-site and directly related off-site installations, educational programmes, community activities, and ongoing research, training, and evaluation of the interpretation process itself.

United Nations Declaration on the Rights of Indigenous Peoples (2007)

The United Nations Declaration on the Rights of Indigenous Peoples (UNDRIP) is a resolution adopted by the UN General Assembly in 2007 that affirms and sets out a comprehensive set of collective and individual rights that establish minimum standards for the survival, dignity, and well-being of Indigenous Peoples. These include the right to self-determination, cultural rights, and rights related to lands, territories, resources, and the environment.

The provincial government of British Columbia passed the Declaration on the Rights of Indigenous Peoples Act into law in November 2019. The Declaration Act establishes UNDRIP as the Province's framework for reconciliation, as called for by the Truth and Reconciliation Commission's "Calls to Action."

Consideration should be given to the following Articles under UNDRIP, for the purposes of VGH's campus planning::

> **Article 23***: Indigenous peoples have the right to determine and develop priorities and strategies for exercising their right to development. In particular, indigenous peoples have the right to be actively involved in* ***developing and determining health****, housing and other economic and social programmes affecting them and, as far as possible, to administer such programmes through their own institutions.*
>
> **Article 24 1***: Indigenous peoples have the right to their* ***traditional medicines*** *and to* ***maintain their health practices****, including the conservation of their vital medicinal plants, animals and minerals. Indigenous individuals also have the right to access, without any discrimination, to all social and health services.*
>
> **Article 24 2***: Indigenous individuals have an equal right to the enjoyment of the* ***highest attainable standard of physical and mental health****. States shall take the necessary steps with a view to achieving progressively the full realization of this right.*

LAND USE POLICY AND GUIDELINES

Vancouver General Hospital Precinct Policy Statement (2000)

In 2000, Vancouver City Council adopted a policy statement to guide the development of the VGH precinct (the "VGH Precinct Policy Statement"). The VGH Precinct Policy Statement provided for the redevelopment of the Campus to accommodate various uses related to the provision of medical care and public open space. Included in its policies was direction to support the conservation of heritage resources on the Site.

Vancouver General Hospital (VGH) Precinct CD-1 Guidelines (2002)

Guidelines were developed to be used in conjunction with CD-1 By-laws within the VGH Precinct, to guide development in the area. Their overarching goals include maintaining hospital functionality, ensuring compatibility with surrounding neighborhoods, and creating a high-quality public realm.

The guidelines address a range of considerations, including building orientation and massing, view protection, architectural expression and detailing, residential livability, public realm and open space design, landscape treatment, accessibility, site access, parking and servicing, and principles of safety and security.

They also provide specific direction for the design and treatment of Heritage Common, a planned public open space located south of Heather Pavilion. Heather Pavilion, assumed to be adaptively reused, is intended to serve as the visual centerpiece of this space.

Broadway Plan (2024 update)

The Broadway Plan is an area plan to guide growth and change in the area surrounding the new Broadway Subway. The plan area includes lands in Mount Pleasant, Fairview, Kitsilano and False Creek Flats. This area is expected to experience significant growth over the next 30 years due to increased transit access and rising housing demand. Characterized by a high concentration of rental housing and low vacancy rates, much of the existing building stock is anticipated to require renewal or redevelopment over the next 30 years.

The Plan aims to accommodate new development by expanding and diversifying housing options while protecting the existing rental supply. It establishes a clear yet flexible policy framework to support a mix of housing, jobs, and amenities, and envisions the area's evolution into a second downtown for Vancouver. City staff are encouraged to interpret the Plan with flexibility to ensure its goals and overall intent are achieved over time.

VGH is one of eight "large and unique sites" identified in the Plan that require site-specific policy directions. These sites provide significant opportunities to deliver on multiple Plan objectives including diverse and affordable housing, job space, community-serving facilities and institutions, public amenities, and new shops and services - contributing towards more complete neighborhoods.

For the VGH Campus (Code: FUCB), the Plan outlines the following intent and policies:

Intent: *"Support the ongoing expansion and development of the campus with additional hospital and health care uses, associated agencies and offices, medical and biotech institutions, related retail/service uses, hotel and the provision of significant public open space."*

Policies:

- *Support expansion of VGH and BC Cancer Centre to meet future institutional needs, allowing heights up to 106.7 m (or lower if restricted by Queen Elizabeth Park View guidelines).*
- *Improve pedestrian, cycling, and wayfinding connections, and provide public space and amenities in the hospital area.*
- *Allow additional height and density on the north side of W 10th Ave (Oak to Willow) for office, hotel, and institutional uses, subject to view and helicopter path restrictions and rental replacement requirements.*
- *Encourage active ground-floor retail and services to enhance public realm.*

Previous Rezoning Applications

Vancouver General Hospital Rezoning (2002)

In 2002, the VGH Campus was rezoned in alignment with Development Scenario D endorsed in the VGH Precinct Policy Statement. The rezoning permitted a broader range of uses, including medical technology (medi-tech), multiple dwelling, special needs residential facility (congregate housing), retail, and commercial services, in addition to hospital uses. The rezoning also increased the floor space ratio from 2.23 to 2.6 (increasing permissible floor area by 51,460 m^2) and increased Site Coverage from 50% to 55% while also retaining Heather Pavilion and providing 6.5 acres of public open space.

The rezoning process acted as a trigger for the formal protection of Heather Pavilion, resulting in its designation under the City's Heritage By-law (By-law No. 4837), in Schedule A. Additionally, the owners and the City of Vancouver entered into the HRA to secure the preservation, stabilization and protection of the Heritage Building (see Appendix A).

CHALLENGES AND OPPORTUNITIES

Challenges

Heather Pavilion is situated within a layered set of conditions that result in significant challenges to its physical conservation.

Building Adaptation for Hospital Uses

Contemporary healthcare delivery at VGH is driven by five core principles: healing and human centredness; future readiness and flexibility; fostering connections; sustainability and resilience; and identity and culture (Kasian and VCH, Outside-In Strategy, April 2025).

From these principles flow stringent physical design requirements. Patient care and safety is facilitated by, for example:

- minimum corridor widths to promote safe circulation between treatment or operating rooms and other parts of the hospital;
- separation of facilities for patients, healthcare providers and families to optimize hygiene and standards of care;
- mechanical and ventilation systems that control air circulation to support general air quality and good hygiene and prevent the spread of disease;
- functional adjacencies that optimize staff efficiency; and
- floorplans and wayfinding strategies that optimize efficient circulation for patient care.

Beyond this, contemporary facilities at VGH also integrate spaces that support physical, emotional, and cultural well-being — including Indigenous and community-centered design (Kasian and VCH, Outside-In Strategy, April 2025).

To be functional, and to operate at the level required of a contemporary healthcare facility, a hospital building must be able to meet the necessary physical design requirements and be able to support broader goals of the healthcare environment.

Heather Pavilion's existing floorplans, circulation systems, and mechanical infrastructure predate current hospital design standards and cannot accommodate the requirements of contemporary healthcare delivery. The building has not been used for the provision of patient care since the early 2000s, its core functions having been relocated gradually to other parts of the Campus. It is currently partially mothballed, with occupied portions limited to ancillary office functions for VGH, including administrative and operational supports like storage and meeting spaces used for staff educational purposes.

Given the design requirements of contemporary hospitals, including the physical requirements cited above, adaptation of Heather Pavilion for future hospital uses is not possible.

Building Deficiencies

A January 2001 Building Code Review by Locke MacKinnon Domingo Gibson & Associates Ltd. determined that the entire Heather Pavilion would need to be upgraded to meet (then) current BC Building Code requirements. Notwithstanding alternative compliance measures, Locke MacKinnon Domingo Gibson & Associates Ltd. cited the following as necessary interventions: full structural and systems upgrades; two new exit stairs; a new elevator; and new fire alarm, sprinkler and standpipe systems.

From a contemporary hospital design perspective, rigid structural grids, low floor-to-floor heights, and load-bearing walls, make renovations and reconfiguration for new clinical layouts difficult or impossible. Modern hospitals require larger clear spans, higher ceilings, and more flexible layouts to accommodate ever-changing medical technologies and workflows. Heather Pavilion cannot be reconfigured efficiently to meet these standards.

It should be noted that VCH has maintained the Heather Pavilion on a regular basis as part of a preventative maintenance plan managed by the hospital's Facilities Maintenance and Operations team.

Seismic Risk

ERA does not conduct or review seismic assessments. Our understanding of the engineering and seismic reports prepared between 2014 and 2023 is that Heather Pavilion is a vulnerable structure, which is at high risk of structural failure during a seismic event and would not be considered reparable after such an event.

Colonial History and Interpretation

The Site occupies ancestral and unceded territories of the xʷməθkʷəy̓əm (Musqueam), Sḵwx̱wú7mesh (Squamish), and səlilwətaɬ (Tsleil-Waututh) peoples and reflects a colonial urban history. Heather Pavilion's architectural expression reads as institutional, and for some, evokes residential schools and penitentiaries. In this context, conserving the building's fabric without careful, nuanced interpretation risks perpetuating harm and further obscuring these histories.

Redevelopment Timing and Sequencing

In order to keep up with advances in medicine and patient care, hospital facilities need near-constant upgrading, expansion and renovation. This need is evident in the composition of buildings on the Campus and remains especially pronounced at VGH, given its role as a teaching hospital and provincially significant healthcare institution. Despite periodic renovation and additions, many of the buildings on the Campus are approaching or have surpassed their useful life and need to be replaced. Current inpatient bed capacity has been reached, with demand outpacing the space that is available across the campus buildings.

Building replacement at active hospitals is a complex undertaking. As hospital buildings cannot be taken "off-line" without compromising patient care, obsolete buildings cannot be replaced in their existing location. New healthcare facilities must be constructed at other (ideally adjacent) locations, following which, functions can be decanted from an obsolete building into a new building. This process requires available developable land as part of any campus planning and redevelopment program.

Based on current assessments of hospital capacity requirements, VCH is projecting a substantial increase (approximate doubling) in the number of hospital beds at VGH from over the period of redevelopment. This expansion would result in a corollary increase in GFA on the Campus.

To meet these targets and replace obsolete facilities while actively providing patient care, the project team has developed a phasing plan for the Campus. The phasing plan prioritizes the retention of facilities integrating patient care during redevelopment and requires demolition of facilities that serve ancillary functions to make developable land available for new buildings.

In considering phasing options for the Campus, the project team concluded that, following construction of "Building 1" in Phase 2, the only viable location for a new large-scale acute care building is the parcel of land where Heather Pavilion is located.

The new acute care building proposed in Phase 5 ("Building 2") will consolidate inpatient bed programs from the Leon Blackmore Pavilion, Willow Pavilion and GF Strong Rehabilitation Center. This phase of redevelopment will add substantial bed capacity and parking capacity to the VGH campus.

Demolition of Heather Pavilion in Phase 3 is required to enable the future phases supporting the campus redevelopment objectives.

Opportunities

Urban Design Vision

The design team has considered several options for improving the public realm around the Campus, including deep setbacks to create public spaces along Heather Street, West 10th , and 12th Avenues; improving connectivity through the Campus via extensions to the Willow Street green corridor and an east-west pedestrian connection along 11th Avenue; considering the provision of public open spaces on non-contiguous parcels within the wider VGH campus; and interim and permanent programming options for public spaces on the Campus that incorporate cultural storytelling as a key component of engagement with the community.

Each of these options has high potential to integrate interpretation of the significant historic themes represented on the Campus, as developed in the Historic Context Statement. A comprehensive interpretation strategy would focus on storytelling in the public realm and/or public spaces within the new hospital buildings and comprise a key component of the urban design vision for the Campus.

Reconciliation

The City of Vancouver has established a robust framework for embedding Reconciliation across civic work. The Framework for a City with Reconciliation, adopted by City Council in 2014, commits the City to building sustained relationships with the xʷməθkʷəy̓əm (Musqueam), Sḵwx̱wú7mesh (Squamish), and səlilwətaɬ (Tsleil-Waututh) First Nations, and is now complemented by a UNDRIP Strategy, Joint Task Force, and Action Plan that sets out concrete actions for the implementation. Within the health sector, VCH's Indigenous Cultural Safety policy provides a practice-based foundation for development and delivery of culturally safe care and environments.

Within this policy environment, there is significant opportunity to deliver design outcomes that are meaningful for local Indigenous communities and better aligned with standards of contemporary care. Co-created with First Nations, new development can embed cultural safety in both form and function. Examples include welcoming entries and family rooms, spaces for ceremony and privacy, healing landscapes and land-based wayfinding oriented towards natural features, and materials, form, and massing that avoid visual cues associated with colonial institutional architecture.

Material Circularity and Carbon Offset

In Metro Vancouver, construction and demolition (C&D) waste is estimated to account for roughly one-third of the region's total waste stream. Building demolition, though sometimes necessary to meet contemporary objectives and building requirements, represents a loss of embodied carbon that should be adequately considered through an environmental sustainability and climate lens.

While Vancouver's Green Demolition By-law No. 11023 does not apply to large institutional buildings, its core principles that prioritize deconstruction, verified diversion, and salvage, are instructive benchmarks for a project-specific strategy on the Campus. Prioritizing material salvage and reuse, in the context of any contemplated demolition at Heather Pavilion, will conserve embodied carbon and divert materials from landfill.

A material reuse and circularity strategy for Heather Pavilion should be focused first and foremost on the reuse of materials on-Campus, with examples including salvaged masonry used repurposed for landscape walls, seating, or interpretive features. Materials that cannot be reused on-Campus should be directed to certified reuse, reprocessing, or recycling streams where possible.

Interpretation and Storytelling

Interpretation, also known as commemoration, seeks to make the meanings of places legible to those who use them. The form of interpretation can vary from site-to-site and in connection with project needs. Common forms of interpretation include plaques and monuments, public art, and cultural events; each can serve different storytelling purposes within communities, particularly when implemented in shared public spaces.

Despite its rich history, the Site currently lacks any interpretation. The themes of its development and the story of its evolution are illegible to otherwise uninformed members of the community. The redevelopment of the Site presents a unique opportunity to implement a comprehensive interpretation program in support of heritage objectives.

Interpretation can also be a powerful way to make legible Indigenous associations with the land, which largely relate to intangible values and are not represented by physical structures.

CONSERVATION STRATEGY

In keeping with a cultural landscape approach, which conceives of the Site and its historic buildings as evolving in tandem with culture and society, a conservation strategy for the Site should aim to balance means and methods to communicate its history and value with broader objectives for Campus renewal.

The three overarching Conservation Objectives are distilled from this principle and were developed by the project team in consultation with VGH's Indigenous Health Leadership team, and articulated through a set of Conservation Design Parameters (see Appendix C). The objectives are intended to guide conservation decision-making for the VGH Heather Pavilion and the broader Campus.

Conservation Objectives

The following site-specific conservation objectives are based on an examination of the local heritage context, on-site heritage resources, and applicable policy.

- **Objective 1:** Communicate the nature of hospitals as evolving places that reflect societal values of their time.
- **Objective 2:** Respect and make space for Indigenous expressions of cultural identity and connection to territory, and the transmission of culture, histories, stories, traditions, and values.
- **Objective 3:** Balance the Site's planning and community objectives with the heritage value of the VGH Campus.

Inherent in all three Conservation Objectives is the idea that broad public benefit can be achieved by engaging with the Site's rich history and cultural heritage value.

Approaches to Interpretation and Reconciliation

Conservation Objectives 1 and 2 are critical to supporting a broad understanding of the cultural heritage value of the Site. These objectives, especially as they relate to storytelling, apply in the context of whichever approach to intervention and adaptation is taken at the VGH Heather Pavilion; however, approaches that contemplate lesser degrees of physical retention are typically balanced with more extensive interpretation (i.e. a Memorialization Plan) than approaches that retain whole buildings (i.e. a plaque).

Initial recommendations regarding Reconciliation include:

- Make outdoor space available for traditional Indigenous health practices including conservation of vital medicinal plants, animals and minerals (in accordance with UNDRIP Article 24) based on engagement with Indigenous communities;
- Use inclusive methods of recording and interpreting the Site's evolution, including oral histories, to ensure that a variety of voices and perspectives (including Indigenous perspectives) are reflected;
- Allow for re-contextualization of the building's colonial architectural expression; and
- Support Indigenous-led engagement to inform Indigenous design and interpretation processes.

These recommendations should be developed and refined with Indigenous project partners. VCH is committed to further meaningful consultation with Indigenous communities as part of the formal zoning by-law amendment process, including with Musqueam, Squamish, and Tsleil-Waututh host Nations.

Approaches to Intervention and Adaptation

Approaches to intervention and adaptation at the VGH Heather Pavilion, as part of a broader conservation strategy for the Site, can broadly be divided into three categories:

- **Approach 1: In-Situ Retention**
  Retain portions of the VGH Heather Pavilion described in the designation by-law and protected by the HRA; redevelop campus around Heather Pavilion and forecourt.
- **Approach 2: Partial Reconstruction**
  Dismantle and reconstruct portions of the VGH Heather Pavilion with salvaged materials; integrate with new construction.
- **Approach 3: Memorialization**
  Remove and memorialize existing building without reconstruction.

PROPOSED DEVELOPMENT

Description of Undertaking

The proposed Zoning By-law Amendment is intended to implement a campus-wide vision for VGH, allowing for its continued evolution to the year 2050 and beyond. The proposed redevelopment of the campus is planned to occur over multiple phases as follows:

Phase 1: Demolition of Laundry Building + Research Pavilion

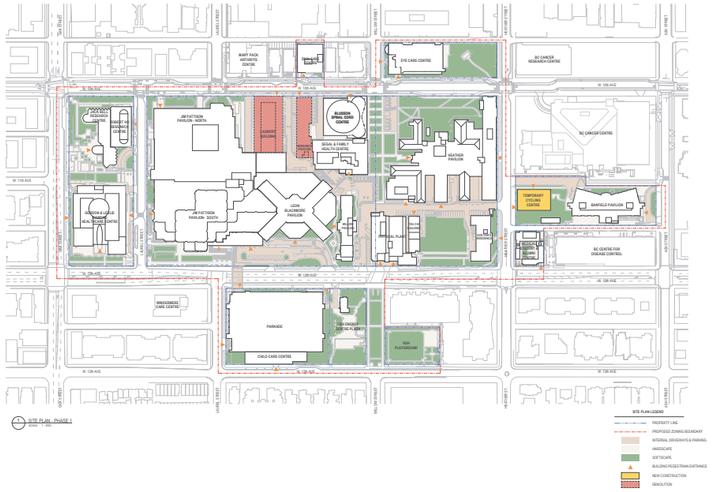
The first redevelopment phase involves demolition of the existing Laundry Building and Research Pavilion located along 10th Avenue. Removal and decanting of these facilities is necessary in order to construct a new Building in Phase 2.

Phase 2: Construction of New Building 1

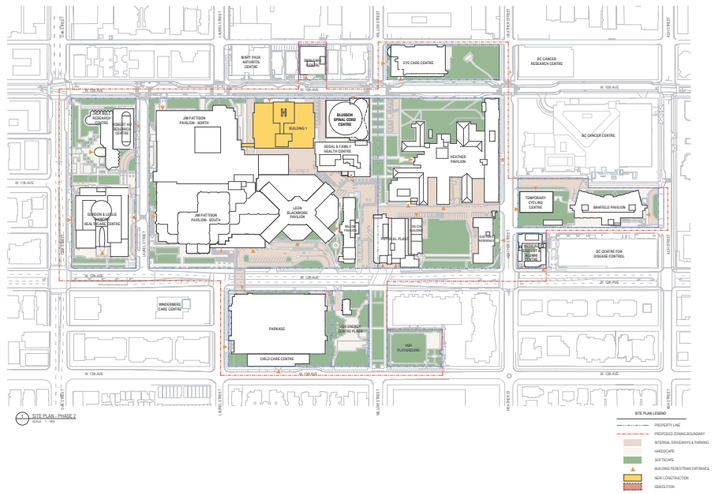
The second redevelopment phase involves construction of a new "Building 1" (Emergency Expansion + Bed Tower) containing new hospital beds to address severe and chronic shortage of in-patient beds, as well as underground parking. This building will accommodate a new Expanded Emergency Department (ED), addressing overcrowding and greatly improving the environment for patients presenting with serious mental illness. The current ED will remain as part of this phase and be connected to the expanded ED.

Phase 3: Demolition of the VGH Heather Pavilion, Doctor's Residence, and Tzu Chi Building

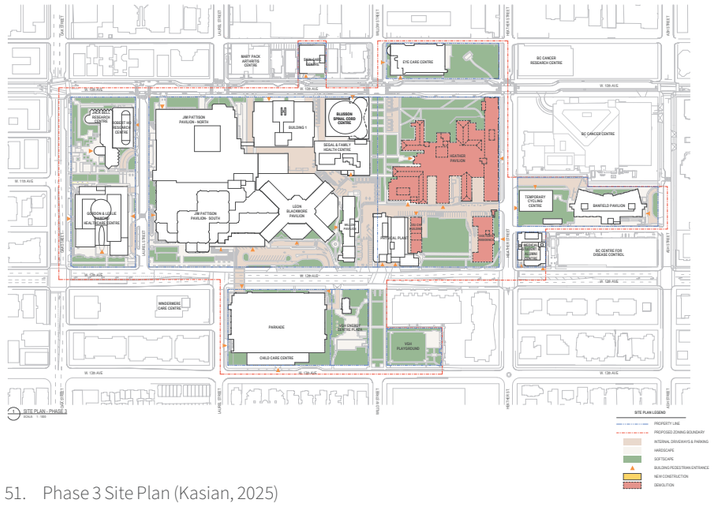
The third redevelopment phase involves demolition of the VGH Heather Pavilion, the Doctor's Residence, and Tzu Chi Building to clear space for new construction in later phases.



49. Phase 1 Site Plan (Kasian, 2025)



50. Phase 2 Site Plan (Kasian, 2025)



51. Phase 3 Site Plan (Kasian, 2025)

Phase 4: Interim Open Space

The fourth redevelopment phase involves the establishment of interim open space in the area cleared by demolished buildings, notably at the northwest corner of Heather Street and West 10th Avenue, as well as the establishment of an interim parking area to the south.

Phase 5: Construction of New Building 2

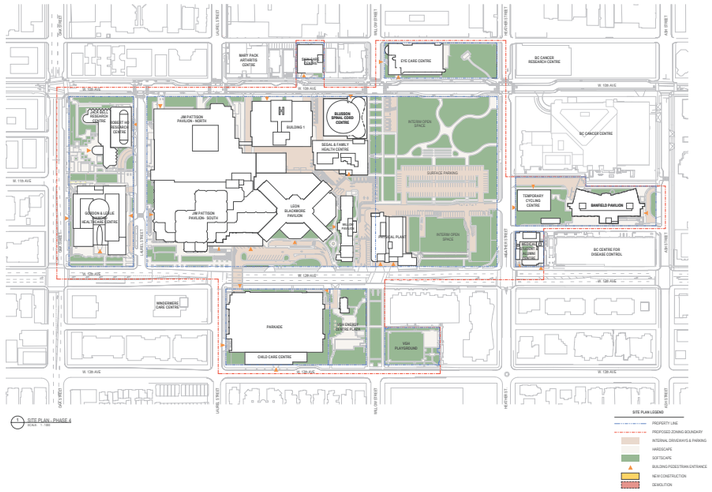
The fifth redevelopment phase involves construction of a new "Building 2" (Acute Care Building) in the approximate location of the existing Heather Pavilion to replace clinical functions of the Leon Blackmore Pavilion (considered to be seismically unsafe), Willow Pavilion, inpatient GF Strong beds and net new beds based on projection modeling. This phase also includes construction of a new Energy Centre to the south-west of Building 2.

Phase 6: Demolition of the Leon Blackmore Pavilion, Willow Pavilion and Physical Plant building

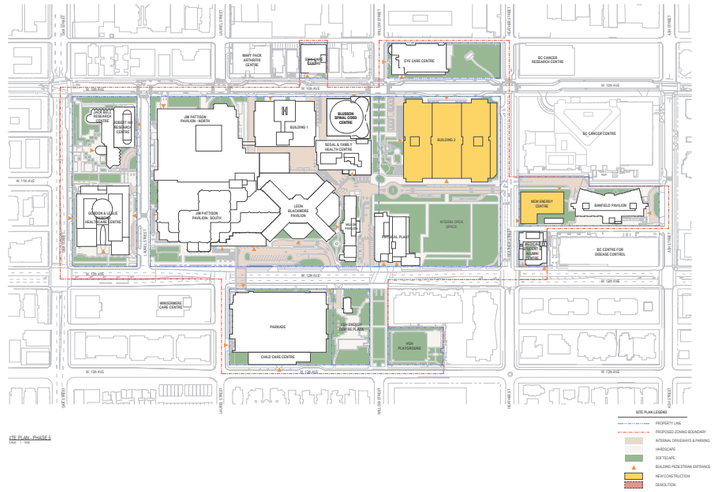
The sixth redevelopment phase involves demolition of the Leon Blackmore Pavilion, Willow Pavilion and Physical Plant building to clear land for redevelopment in subsequent phases.

Phase 7: Interim Open Space — Central and Southeast

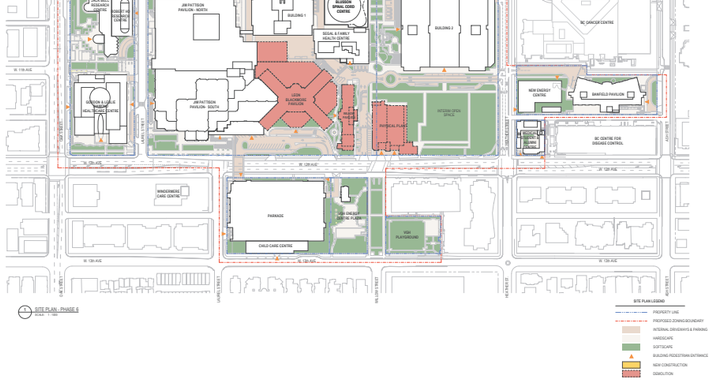
The seventh redevelopment phase involves establishment of interim open space in the area cleared by previously-demolished buildings in central and southeast locations of the Campus.



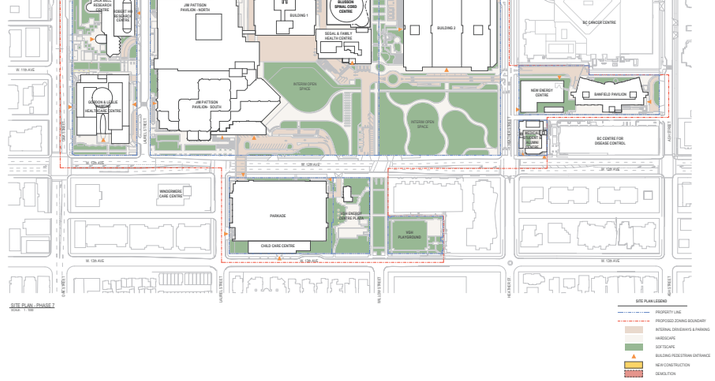
52. Phase 4 Site Plan (Kasian, 2025)



53. Phase 5 Site Plan (Kasian, 2025)



54. Phase 6 Site Plan (Kasian, 2025)



55. Phase 7 Site Plan (Kasian, 2025)

Phase 8: Construction of new Building 3 East and West

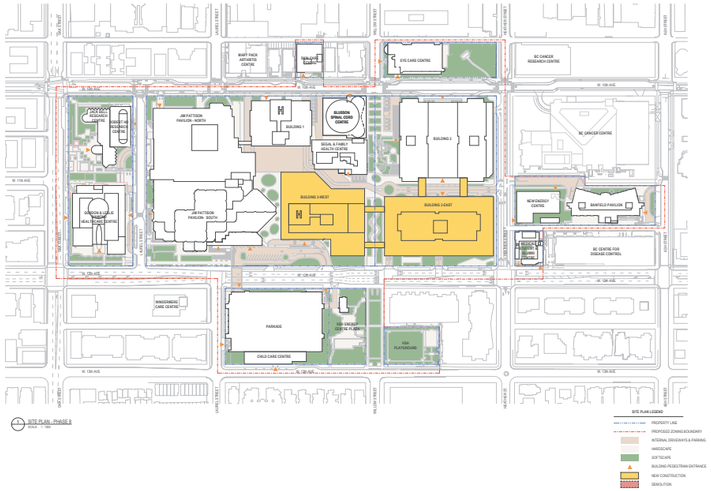
The eighth redevelopment phase involves construction of a new “Building 3 — East and West” (Acute Care Building) to replace the Jim Pattison Pavilion (North Podium and South Tower) which, like the Leon Blackmore Pavilion, is considered to be seismically unsafe and will be functionally obsolete by 2045. The new building (consisting of two podiums and towers) will be located predominantly along West 10th Avenue and will add needed new hospital beds and underground parking.

Phase 9: Demolition of Jim Pattison Pavilion

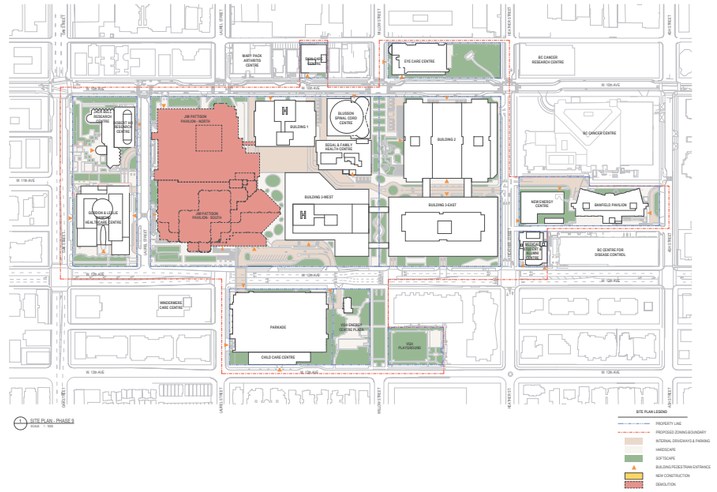
The ninth redevelopment phase involves demolition of the Jim Pattison Pavilion (replaced by new Building 3).

Phase 10: Interim Open Space — West

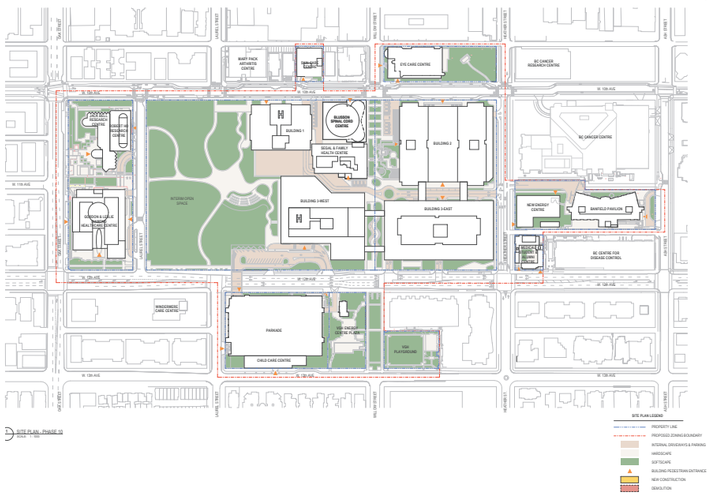
The final redevelopment phase involves establishment of interim open space in the area cleared by Jim Pattison Pavilion.



56. Phase 8 Site Plan (Kasian, 2025)



57. Phase 9 Site Plan (Kasian, 2025)



58. Phase 10 Site Plan (Kasian, 2025)

Redevelopment Drivers

The redevelopment vision for VGH represents a significant change across the Campus. This change includes removal and replacement of several currently in-use clinical buildings, most notably being the Leon Blackmore Pavilion and Jim Pattison Pavillion. While these buildings do not have any heritage status, their removal in turn forms part of the underlying rationale for removal of Heather Pavilion.

Building Obsolescence

Mechanical systems (HVAC, electrical, plumbing) in buildings proposed for demolition are at or beyond their service life and cannot support the demands of modern healthcare technologies. These buildings are nearing or past their design life, as observed through the deterioration of their structure and envelopes, leading to ongoing maintenance issues such as leaks, etc. Poor thermal insulation and inefficient building envelopes do not allow for the achievement of current energy codes and sustainability goals (e.g., LEED or net-zero standards).

Older hospitals were built with rigid structural grids, low floor-to-floor heights, and load-bearing walls, which make renovations and reconfiguration for new clinical layouts difficult or infeasible. Modern hospitals require larger clear spans, higher ceilings, and more flexible layouts to accommodate ever-changing medical technologies and workflows. Older buildings cannot be reconfigured efficiently to meet these standards without extensive interior demolition or full replacement. Healthcare space standards have also evolved since these buildings were constructed and most departments require a larger footprint than the existing buildings can accommodate.

From a patient experience perspective, current state of practice focuses on patient-centered design (e.g., single-patient rooms), infection control, privacy and accessibility, and technological integration (telehealth, digital records, etc.). These ever-evolving demands require a built form based on new space planning principles.

Seismic, Fire, and Life-Safety Standards

Seismic, fire, and life safety standards have evolved significantly since construction of buildings such as the Leon Blackmore Pavilion and Jim Pattison Pavilion. According to information provided by Kasian, meeting current seismic standards in particular requires significant reinvestment or replacement of buildings to protect against major earthquake events. The “24/7” nature of hospital buildings makes the logistics associated with significant upgrades particularly challenging and disruptive to operations. For example, one study found that doing seismic upgrades to a single operational building on campus could take as long as 17 years, requiring decanting of all programs and floors to complete. This would represent a significantly longer timeline with greater disruption to hospital programming, as compared with new construction.

Universal Accessibility

Older buildings on the VGH campus lack barrier-free access to current standards, clear wayfinding, and functional separation between public, staff, and service flows. These deficiencies impair efficiency and patient experience. While improvement through renovation may be possible, such works can be costly and are unlikely to result in the same level of accessibility as can be achieved through new construction.

Financial Considerations

Renovation of obsolete buildings may be more costly per square foot than new construction and is generally less effective than new construction in achieving current code requirements and the highest standards of patient care and staff experience.

Service Demand Growth and Space Limitations

Based on anticipated population and patient growth over 50–60 years, most departments at VGH require expansion over this time horizon. The City of Vancouver’s population is anticipated to grow by approximately 26% to the year 2040, according to BC Stats, while those over the age of 70 (and most reliant on medical care) are anticipated to grow by 88% during the same period. In response, growth is required in all VGH program areas including surgical, medicine, mental health and substance use, seniors care, oncology, and transplant.

Anticipated patient growth will also continue to put pressure on Emergency Department (ED) and In-Patient Unit (IPU) treatment spaces. The hospital’s ED is currently experiencing overcrowding, with no viable opportunities for expansion, being “landlocked” and surrounded by other programs. All physical bed spaces have been maximized as have all identified possible ‘surge/hallway’ spaces, being used to meet growing pressures.

The ability of VGH to accommodate future growth is critical to serving Vancouver’s health care needs. The hospital plays a significant role in providing acute inpatient and ambulatory care (secondary, tertiary, quaternary), being the largest surgical site in the province with 24 operating rooms. The hospital provides quaternary care through Provincial programs, some of which are only available at VCH such as surgical sub-specialties in acute spine cord injury, severe deformities, primary spinal cord tumors, neurosurgery (complex vascular/aneurysms, epilepsy surgery, neuro-oncology specifically skull-based surgery), complex oncology surgery, specialized vascular and cardiac (thoracic aortic program) surgery, and Hepato-biliary surgery.

The hospital also provides a critical role in academics, research, and innovation, with approximately approximately 400 residents being active across VGH Campus at any given time. VCH’s Research Institute is ranked first in Western Canada and within the top four research institutes nationwide, providing key translational research programs and facilities supporting cancer-related and other research.

Open Space and Connectivity

The proposed campus vision includes an extensive open space and public realm program including long-term open spaces along ‘edges’ (e.g. buffers adjacent to pedestrian walkways) and pedestrian connections. Permanent pedestrian connections are envisioned to traverse the campus in both north-south and east-west orientations.

Conservation Options and Considered Alternatives

At the outset of the redevelopment planning process, the project team reviewed the existing obligations for conservation of the VGH Heather Pavilion against the current and future needs to be met on the hospital campus. For the reasons outlined above (functional obsolescence of Heather Pavilion, cost and complexity of its rehabilitation for healthcare or other ancillary uses, the need to leverage more of the Site for the provision of patient care, and the phasing strategy required to achieve the expansion), the project team determined that the conservation strategy outlined in the 2002 rezoning was no longer feasible.

More detailed consideration of this approach, and additional alternative approaches to intervention and adaptation at the VGH Heather Pavilion, have informed the conservation-decision-making process and are summarized below.

Alternative 1: Retain In-Situ

Retain and redevelop around designated portions of the VGH Heather Pavilion and forecourt, adapting the retained building fabric for non-medical uses. This approach is consistent with existing zoning and the intent of the HRA. The building's character-defining elements identified in the draft SOS would be conserved.

Discussion

Retention and adaptation of the VGH Heather Pavilion would require substantial upgrades typical of early 20th-century institutional buildings, including seismic reinforcement, hazardous-materials abatement, and the comprehensive rehabilitation of roofing, mechanical, electrical, and life-safety systems to render the retained portion of the Heather Pavilion safe and functional for non-clinical uses. As the adapted building would not add clinical capacity, costs associated with rehabilitation would compete with funding for new facilities within VCH's capital program.

At the campus scale, retaining portions of the VGH Heather Pavilion in situ would reduce flexibility in the use of a centrally located site within the hospital campus, constraining opportunities to expand clinical activity, improve circulation, and enhance care environments. Given the size and location, the parcel on which the Heather Pavilion sits is the only site capable of accommodating a new large acute care facility without disrupting patient care, to address long-term needs at VGH. Partial retention of Heather Pavilion would limit the ability to replace the Jim Pattison Pavilion in the future, and also complicate the integration of below-grade parking needed to meet future campus parking demand.

Finally, engagement with the VCH Indigenous Health Unit suggests that the VGH Heather Pavilion's colonial institutional architectural expression is not consistent with efforts to promote Indigenous cultural safety and foster a welcoming care environment.

Alternative 2: Dismantle and Partially Reconstruct

Deconstruct portions of the 1906 and 1908 wings and forecourt, reassembling them closer to West 10th Avenue, and integrate reconstructed fabric with new construction for non-clinical purposes. Space inside the reconstructed wings could be used for non-clinical purposes. This approach would allow for retention of some historic fabric including the principal facade, forecourt, and select character-defining elements, while creating space for a new building and allowing for modern structural and seismic design.

Discussion

Implementation of this alternative would require detailed documentation, secure long-term storage, and coordination with specialist trades for reinstatement, and would trigger associated schedule, procurement, and space requirements. As with retention, this approach would compete with other capital priorities at VCH without increasing clinical capacity (and would be cost prohibitive to renovate). From a space planning perspective, accommodating reconstructed elements within a new facility could affect present program delivery and future flexibility.

Alignment with Reconciliation goals would also require review, as reinstating elements of Heather Pavilion's colonial institutional expression may not align with efforts toward Reconciliation and cultural sensitivity.

Alternative 3: Façade Reconstruction

Dismantle and reconstruct section(s) of the VGH Heather Pavilion's principal facade and reconstruct it on an elevation of the replacement building. This approach would allow for the retention of limited original fabric and select character-defining elements.

Discussion

Retaining a limited portion of the VGH Heather Pavilion would require sensitive design and careful execution to avoid a false sense of history or pastiche, as authenticity, integrity, and context are at risk when isolated elements are re-scaled against a much larger contemporary building. Best practice in heritage conservation calls for integration that is compatible yet distinguishable, with reconstructed components remaining visually legible and new construction set back from reconstructed building components to maintain their three-dimensionality. As with the previous alternative, accommodating reconstructed elements within a new building could constrain the structural grid, interior layout, and services, affecting present program delivery and future flexibility.

Alignment with Reconciliation goals would also require careful consideration, as reinstating elements of the VGH Heather Pavilion's colonial institutional architectural expression may not align with efforts toward Reconciliation and cultural sensitivity.

Alternative 4: Remove and Memorialize

Remove the existing building and dedicate space in the replacement facility for a Heather Pavilion museum or gallery space, celebrating its cultural heritage value and associations and addressing multi-layered histories through curated artifacts, archival materials, oral histories, public art, and other interpretive media (staffed or unstaffed).

Discussion

This approach would be cost-effective compared to full or partial retention or reconstruction while allowing for a clear site for a purpose-built new healthcare facility optimized for contemporary clinical operations. A prominent, accessible memorial space would keep Heather Pavilion's legacy present for staff, patients, visitors, and the community while allowing nuanced storytelling that recognizes multi-layered histories without re-inscribing colonial institutional expression in the new architecture.

Alternative 5: Deconstruct, Salvage, and Interpret

Deconstruct the existing building while salvaging a defined quantity of ashlar granite (and other selected elements, such as the carved name block) and reusing materials as part of a campus-wide public realm and landscaping program. Implementing a robust coordinated Interpretation Strategy would leverage interventions such as plaques, archival imagery, public art, and digital media, to narrate the history of the VGH Heather Pavilion, potentially as part of a campus "Heritage Trail".

Discussion

This approach emphasizes material reuse, interpretation, and the inherent value of the material used in the construction of the building and maintains a visual and tactile link to Heather Pavilion without replicating or celebrating its colonial architectural expression. It is lower in cost than full or partial retention or reconstruction while allowing for a clear site for a purpose-built healthcare facility optimized for contemporary clinical operations. Finally, this approach supports waste-diversion and embodied-carbon objectives.

Preferred Approaches to Intervention and Adaptation

The preferred approach to intervention and adaptation at the VGH Heather Pavilion is the approach that best balances means and methods to communicate the history and value of the Site with broader objectives of Campus renewal. The Conservation Objectives for the Site outlined in this report are intended to inform conservation decision-making in this context.

1: Communicate the nature of hospitals as evolving places that reflect societal values of their time.

Conservation Objective 1 is supported by retention of physical building material, in part, but would require comprehensive interpretation to communicate the significance of the hospital and its patterns of evolution.

2: Respect and make space for Indigenous expressions of cultural identity and connection to territory, and the transmission of culture, histories, stories, traditions and values.

Conservation Objective 2 is best supported by offering broad opportunities for Reconciliation through the redevelopment process.

3: Balance the Site's planning and community objectives with the heritage value of the VGH Campus.

Conservation Objective 3 is supported by a thorough assessment of the heritage value of the Site, as well as the planning and community requirements for upgrading and expanding the hospital facilities.

Based on the understanding of the Site's cultural heritage value developed through this CMP, as well as the project team's assessment of VGH hospital needs and constraints, the preferred approaches to intervention and adaptation at the VGH Heather Pavilion are Alternatives 4 and 5.

These approaches combine a high degree of flexibility for the hospital to achieve contemporary performance standards and meet expansion targets, while committing the project team to interpretation, Reconciliation, and material reuse.

Heritage Impact Assessment

Demolition of the character-defining elements will negatively impact the cultural heritage value of the VGH Heather Pavilion as a local Vancouver example of early Beaux-Arts hospital architecture. This impact could be partially mitigated through a combination of design, interpretation and material salvage and reuse.

The impact of full demolition is challenging to mitigate and does not represent a minimal intervention approach in the context of the Standards and Guidelines; however, a suite of proposed measures to support memorialization should be developed in detailed design.

In addition to memorializing the VGH Heather Pavilion, the conservation strategy should comprehensively interpret the broader history of the Campus and the significant themes it represents.

In doing this, the conservation strategy can create opportunities to make past, present, and future community and Indigenous associations with these lands legible, and to incorporate Indigenous-led design that advances self-determination, representation, and Reconciliation in alignment with UNDRIP objectives.

Attribute	**Impact**	**Potential Mitigation**
Location at the southwest corner of West 10th Avenue and Heather Street, representing the original location of the VGH Fairview campus at the periphery of the expanding City of Vancouver.	Removed	Landscape Design and Interpretation
Large, landscaped setback from West 10th Avenue that forms the forecourt to the front entrance, signalling the building's prominence and reflecting functional and aesthetic priorities of early Canadian hospital architecture.	Removed	Landscape Design
Features common to early 20th-century hospital architecture in Canada, including: • Symmetrical plan reflecting Beaux Arts principles; • Central entrance block (partially concealed) and projecting wings which together frame a landscaped forecourt; • Three-storey height; • Towers creating vertical breaks; and, • Landscaped forecourt.	Removed	Interpretation and Landscape Design
Fenestration including regularly spaced square and round-arched openings, typical of the Romanesque Revival and Italianate architectural styles.	Removed	Design Reference in New Construction
Monolithic masonry construction, typical of the Romanesque Revival and Italianate architectural styles, using locally sourced rock-faced ashlar granite.	Removed	Salvage and Reuse/Interpretation
The three extant Italianate stone towers (one per wing except for the southwest wing, where the tower has been truncated) with cupolas and roofing, used for sanitary purposes;	Removed	Interpretation/Design Reference in New Construction
Loggia and sunporches (infilled), typical of the Romanesque Revival and Italianate architectural styles;	Removed	Interpretation/Design Reference in New Construction
Carved stone banding over the central entrance that reads "VANCOUVER GENERAL HOSPITAL" (currently obscured by later construction), signaling the building's prominence as a civic institution.	Removed	Salvage and Reuse/Interpretation

Mitigation Measures and Next Steps

ERA recommends that the following high-level parameters be considered to mitigate the demolition of the VGH Heather Pavilion and its character-defining elements. We further recommend that Reconciliation be pursued in connection with understanding and interpreting the Site's cultural heritage value and the impact of the preferred approach to Heather Pavilion (see Heritage Impact Assessment).

Salvage and Reuse

- Celebrate and reuse a defined quantity of the locally-sourced granite from Heather Pavilion, communicating its connection to the Site's natural setting, history, and surroundings.
- Salvage the original carved stone banding (currently obscured by later additions) for reuse in a prominent location on the Site.
- Store salvaged materials in a secure location and protect them from environmental hazards prior to reuse.
- Sensitively integrate salvaged features with new construction.

Design Reference in New Construction

- New construction should be of its time and should not replicate historic features.
- References to historic features should be made legible through interpretation, communicating the evolving nature of hospital design and architectural expression.
- Prioritize design that promotes natural light and visual connections to nature and open space.

Interpretation

- Communicate key health care design ideas and philosophies that underpinned the form and architectural expression of Heather Pavilion.
- Refrain from relying solely on didactic forms of interpretation (i.e. plaques) — actively engage with audiences by deploying a wide range of techniques to support communication.
- Subject to consultation with Indigenous communities, speak to "dark" histories through interpretation to promote deeper understanding of the Site, as appropriate.
- Use public art (with a focus on Indigenous art), installations, interpretive panels, and landscape interventions to communicate the Site's physical evolution, from time immemorial to the present.

Landscape Design

- Weave the Site's evolutionary narrative (from time immemorial to the present) and key themes into the campus' open spaces, outdoor connections and public nodes.
- Develop a landscape program which responds to Heather Pavilion's enduring design philosophies around naturalized setting, access to fresh air, and natural light.
- When designing the landscape plan, create outdoor space that responds to and reinforces the Hospital's evolved relationship with the public realm.

Further details of mitigation and memorialization should be considered through detailed design.

Memorialization Concept

This Section provides a concept for memorialization, including potential mitigation and interpretation measures. The concept is part of a broader framework to help guide future storytelling opportunities for the VGH Heather Pavilion (see Memorialization Plan in Appendix D). It is intended to be used as the basis for development of a detailed interpretation program in future planning and design phases.

The interpretation approach should develop and communicate the historical themes associated with the VGH Campus, drawing on high-quality precedents. ERA recommends engaging with community partners, including Indigenous communities, to ensure that interventions reflect diverse narratives.

Demonstration Plan

The Demonstration Plan on the following page illustrates a conceptual approach for organizing mitigation and interpretation interventions using an “axial approach” along a central north-south central spine (“Heritage Trail”) so that the material reads with continuity. It also envisions a complimentary “dispersed approach”, intended to make elements immersive as one experiences the Campus area surrounding the former Heather Pavilion site.

The Demonstration Plan is intended only to support the visualization of potential opportunities, and should be understood as subject to evolution and change, based on program requirements. The detailed planning and design of interventions should be undertaken as each phase of the master plan is developed. Implementation will be realized gradually across the Campus, in conjunction with redevelopment phases.

Conceptual Interpretation and Memorialization Strategies

1. Potential area for reuse of granite material in surface treatment and landscape (e.g. walkways, retaining walls), urban furniture (e.g. benches, tables, planters), or interpretive elements

2. Potential area for reuse of original stone entrance signage band

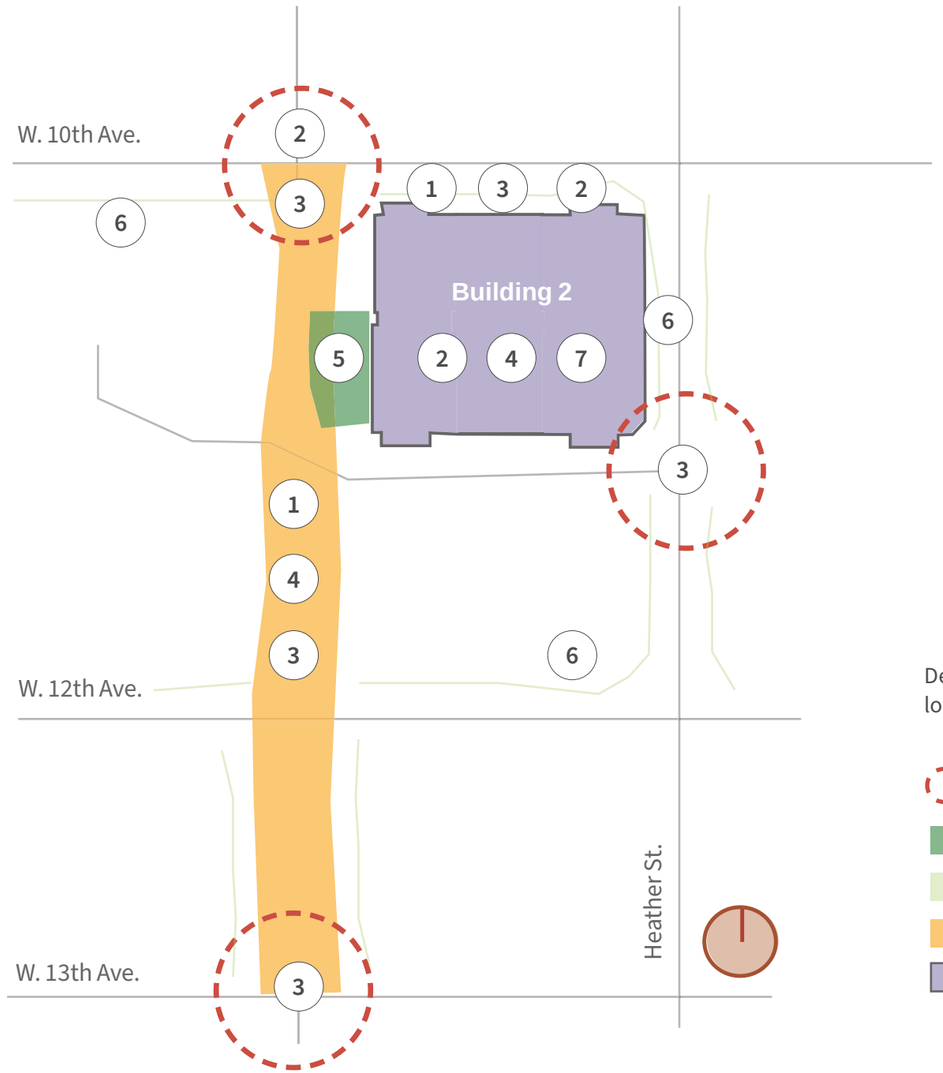
3. Potential area for public art (with a focus on Indigenous art) which communicates the Site's values and physical evolution, from time immemorial to the present

4. Potential area for interpretive panels and installations, which tell the story of the Heather Pavilion and health care at VGH more broadly

5. Potential area of outdoor space for traditional Indigenous health practices including conservation of vital medicinal plants, animals and minerals (in accordance with UNDRIP Article 24) based on engagement with Indigenous communities

6. Potential area for landscape design that responds to the Heather Pavilion's enduring design philospohies and the Hospital's evolved relationship with the public realm

7. Potential area for new construction of its time, referencing enduring values of the Heather Pavilion (e.g. provision of natural light, visual connection to nature and open space)



Demonstration Plan, indicating potential locations for interventions, subject to change

CONCLUSION

This CMP has been prepared as part VCH's rezoning submission for the VGH campus, which includes the designated VGH Heather Pavilion. Heather Pavilion carries cultural heritage value as an early 20th-century Beaux-Arts hospital, and its association with Vancouver's early civic expansion, the cluster of institutions in Fairview, and contributions to medical and nursing education, including the professionalization of nursing by women.

The proposed redevelopment contemplates demolition of Heather Pavilion and replacement with a large new acute-care building, allowing for the hospital's continued evolution, supporting advances in patient care and staff experience. Further, and in keeping with ongoing efforts by local, regional, Provincial and Federal governments to implement Truth and Reconciliation, redevelopment presents an opportunity to create culturally safe environments for patients, visitors and staff on the VGH Campus.

The proposed demolition of the character-defining elements described in the SOS will negatively impact the cultural heritage value of the VGH Heather Pavilion as a local Vancouver example of early Beaux-Arts hospital architecture. The proposed development will, however, support broader objectives in the delivery of healthcare for a provincially-significant medical institution — serving the evolving needs of the community. Negative impacts on the cultural heritage value of the Site are proposed to be mitigated through memorialization and interpretation.

APPENDIX A:

Heritage Revitalization Agreement

-4 NOV 2002 12 30

BT406265

DIRECTOR OF LEGAL SERVICES

FRANCES J. CONNELL

ASSISTANT DIRECTORS OF LEGAL SERVICES

GRAHAM P.G. JOHNSEN PATSY J. SCHEER

BARRISTERS & SOLICITORS

JOE STUBBS
LYNDA A. CAMLEY
CELESTE M. CURRAN
JEFFREY M. GREENBERG
MARGARET C. FAIRWEATHER
TOM ZWORSKI
BRUCE T. QUAYLE
DAWN BOBLIN
BEN PARKIN
CATHERINE M. KINAHAN
JEREMY F. SHOTTON
C. KELLY OEHLSCHLAGER
FRANCOIS LETOURNEUX
YVONNE A. LILJEFORS
KAREN F.W. LIANG
JEAN F. BILLING
BRENT D. JORDAN

Law Department
City of Vancouver

MAILING ADDRESS:
453 WEST 12TH AVE.
VANCOUVER, B.C. V5Y 1V4
TELEPHONE (604) 873-7512
FAX NO. (604) 873-7445

DELIVERY ADDRESS:
401-515 WEST 10TH AVE.
VANCOUVER, B.C. V5Z 4A8

DIRECT LINE: 873-7694
OUR FILE NO. 01-0924

YOUR FILE NO.

October 29, 2002

Catherine M. Greenall
Registrar of Titles
Vancouver Land Title Office
88 - 6th Street
New Westminster, B.C.
V3L 5B3

Dear Madam:

In the Matter of Section 592 and 601 of the Vancouver Charter

TAKE NOTICE that the City of Vancouver has entered into a Heritage Revitalization Agreement dated the 1st day of July, 2002 with Vancouver Coastal Health Authority concerning 2733 Heather Street, Vancouver, B.C., legally described as:

City of Vancouver
Parcel Identifier: 003-065-774
Block 378, District Lot 526, Plan 991

This is to provide you with the original of the 2733 Heather Street Heritage Revitalization Agreement signed by the registered owner and the City.

This is to request that Notice of Heritage Revitalization Agreement for the attached be filed in your office pursuant to Section 592 and 601 of the Vancouver Charter. Thank you.

Jean F. Billing, Solicitor
City of Vancouver

#58453v1

THIS AGREEMENT dated for reference the 1st day of July, 2002,

BETWEEN:

VANCOUVER COASTAL HEALTH AUTHORITY
200-520 West 6th Avenue
Vancouver, British Columbia
V5Z 4H5

(the "Owner")

AND:

CITY OF VANCOUVER,
453 West 12th Avenue
Vancouver, British Columbia
V5Y 1V4

(the "City")

WHEREAS:

A. The Owner is the registered owner of the Lands.

B. The Owner made an application to the City to rezone the Lands, along with other lands owned by the Owner, and the City, at a Public Hearing on December 6, 2001, approved the Rezoning conditional upon, among other things, the Owner entering into a heritage revitalization agreement (the "Heritage Revitalization Agreement") to obligate the Owner of the Lands to rehabilitate the Heritage Building and to preserve, stabilize and protect the Heritage Building against deterioration and vandalism.

C. The Owner has agreed to enter into this Agreement with the City in order to satisfy the City that the Heritage Building will be rehabilitated and preserved.

D. The Heritage Building is listed in Category "B" in the Vancouver Heritage Register.

NOW THEREFORE in consideration of the matters referred to in the foregoing recitals, the consents and agreements herein contained and in consideration of the sum of Ten Dollars ($10.00) now paid by each part to the other and for other good and valuable consideration (the receipt and sufficiency of which is hereby acknowledged) the Owner and the City each covenant with the other pursuant to Section 592 of the *Vancouver Charter* as follows:

ARTICLE 1

DEFINITIONS AND INTERPRETATION

1.1 Definitions

The terms defined in this Section 1.1 for all purposes of this Agreement, unless otherwise specifically provided in this Agreement, will have the meaning hereinafter specified. The terms defined are:

(a) **"Director of Current Planning"** means the chief administrator from time to time of the Current Planning Department of the City of Vancouver and his successors in function and respective nominees;

(b) **"Heritage Building"** means the building situate on the Lands referred to as the "Heather Pavilion" consisting of the 1906 structure, having a floor space of approximately 7,990 square metres, and the two 1908 end bays and towers and each replacement thereof from time to time;

(c) **"Lands"** means that parcel of land and premises situate in the City of Vancouver, Province of British Columbia, legally described as Parcel Identifier: 003-065-774, Block 378, District Lot 526, Plan 991 and including any Parcel into which the lands are consolidated or further subdivided;

(d) **"Medi-Tech Uses"** means the use of a Rezoning Building for the research, development, and testing of medical, scientific, or technological products, information, or processes specifically for medical applications which improve or advance the delivery of human health care;

(e) **"Parcel"**means any existing parcel of land within the Lands or any parcel of land within the Lands created on the deposit of a subdivision plan at the Vancouver/New Westminster Land Title Office, including by the deposit of a strata plan under the *Strata Property Act* of British Columbia;

(f) **"Rezoning"** means the rezoning of the Lands and various other lands on application by the Owner by amending Comprehensive District (CD-1) By-law NO. 4472 (which amended Zoning and Development By-Law NO. 3575), which application was approved by City Council following a public hearing on December 6, 2001 subject to the fulfilment of certain conditions; and

(g) **"Rezoning By-law"** means the rezoning bylaw relating to the Rezoning.

1.2 References

References in this Agreement:

(a) to the singular includes a reference to the plural and a reference to the plural includes a reference to the singular;

(b) will be read with the necessary grammatical changes required to make the provisions of this Agreement apply to corporations, associations, partnerships, or individuals, males or females, as though in each case fully expressed;

(c) to a particular numbered "Article" or "Section" or to a particular lettered "Schedule" is a reference to the corresponding numbered or lettered Article, Section or Schedule of this Agreement;

(d) to Articles with Article headings and Sections with Section headings is for convenience of reference only and does not affect its interpretation; and

(e) to any law, statute, by-law or regulation is to be considered a reference to the same as it exists on the date that this Agreement is registered in the Vancouver/New Westminster Land Title Office and to any subsequent amendments or replacements.

1.3 Interpretation

Any interest in lands created by this Agreement, as being found in certain Articles, Sections, paragraphs or parts of this Agreement, will be construed, interpreted and given force in the context of those portions of this Agreement:

(a) which define the terms used in this Agreement;

(b) which deal with the interpretation of this Agreement; and

(c) which are otherwise of general application.

ARTICLE 2

ACKNOWLEDGEMENTS BY THE OWNER

2.1 Prior to approval in principle by City Council of a preliminary form of development as contained in the preliminary development application for the areas to contain Medi-Tech Uses developments, open space and the Heritage Building on the Lands and various other lands that are subject to the Rezoning, the Owner will submit to the satisfaction of the Director of Current Planning preliminary drawings and outline specifications (the "Drawings and Specifications"), pursuant to the Special Council Meeting Minutes dated December 6, 2001, describing the proposed rehabilitation and restoration of the Heritage Building, including without limitation, the scope and location of the Heritage Building materials to be retained as situate on the Lands and the materials to be salvaged from the 1908 and 1920 additions to the Heritage Building for use

in the rehabilitation of the Heritage Building. For greater certainty, the 1908 addition does not include the two 1908 end bays and towers.

2.2 The Owner will remove all additions made to the Heritage Building, other than the two 1908 end bays and towers, and will enclose, structurally stabilize, and provide adequate roofing for all openings in the Heritage Building resulting from the removal of said additions so that the Heritage Building is not prone to deterioration from the elements nor entry by vandals. The Owner may elect to temporarily enclose that portion of the Heritage Building consisting of the two 1908 end bays and towers by using a shrink-wrap or similar system.

2.3 The Owner will dismantle, quarry and store all exterior heritage materials from the 1908 and 1920 additions to the Heritage Building that will be used in the rehabilitation of the Heritage Building pursuant to the Drawings and Specifications. All such heritage material, other than stone, will be kept in secure and dry storage.

2.4 The Owner will rehabilitate the Heritage Building in accordance with the approved Drawings and Specifications and will ensure a faithful rendering of the exterior of the Heritage Building including window detailing and colouring.

2.5 The rehabilitation of the Heritage Building will be supervised by a professional architect or engineer who has substantial experience doing such work.

2.6 In the event that it is necessary to temporarily remove that portion of the Heritage Building consisting of the two 1908 end bays and towers during the construction of the new underground parking structure on the Lands the Owner will label, dismantle and ensure the photogrammetric recording and storage of same.

2.7 The Owner will preserve, stabilize and protect the Heritage Building against, without limitation, deterioration and decay.

2.8 Until such time as the Heritage Building is rehabilitated, the Owner will prevent any further deterioration of the Heritage Building as would a prudent owner and will maintain adequate heating and air exchange within the Heritage Building, following the advice of a mechanical engineer to prevent moisture build-up in the exterior building envelope. The Owner will also secure the Heritage Building from vandalism and other risks by either continuing to occupy the Heritage Building or, if it should become vacant, by maintaining an alarm system for the Heritage Building supported by a twenty-four (24) hour security service and promptly replacing damaged windows, doors and other points of entry as well removing any graffiti and following the guidelines in the U.S. Department of Interior National Park Service, "Preservation Briefs 31, Mothballing Historic Buildings" in Appendix "A", attached hereto.

2.9 The Owner will preserve and protect the Heritage Building and keep the structure and exterior of the Heritage Building in good appearance and in good repair as would a reasonable and prudent owner.

2.10 The Heritage Building is the only building permitted on the Lands other than the below ground parking structure.

2.11 The Owner may not alter the appearance of, renovate, reconfigure or replace the Heritage Building except as may be permitted by a Heritage Alteration Permit and the terms, requirements and conditions thereof.

2.12 The City may affix a commemorative plaque to the Heritage Building which refers to the historical and architectural significance of the Heritage Building and the Owner agrees to refrain from obscuring, defacing or removing such plaque.

2.13 Subject to the terms of the Heritage Restoration Agreement and Public Art Agreement made between the parties of even date, the Owner agrees that the Rezoning is full and fair compensation for the restrictions and obligations on the Owner by this Agreement and the Owner waives and renounces all claims for further or other compensation by reason of this Agreement.

2.14 The Owner agrees that the Rezoning is full and fair compensation for any reduction in the market value of the Lands and/or the Heritage Building which may result from Vancouver City Council causing a heritage designation by-law concerning the Lands and/or the Heritage Building to be enacted and the Owner waives and renounces all claims for further or other compensation by reason of any such heritage designation by-law.

2.15 The City will not be obliged to issue any permit or give any permission contrary to the terms of this Agreement. The City may enforce this Agreement by mandatory and prohibitory injunctions. In any action to enforce this Agreement the City will be entitled to court costs on a solicitor and own client basis.

ARTICLE 3

DAMAGE AND DESTRUCTION

3.1 (a) The Owner will repair any damage to the Heritage Building;

(b) Whenever and as often as the Heritage Building is substantially damaged such damage will be repaired by the Owner or, if permitted by this Section 3.1(b), the Owner may elect to treat the Heritage Building as destroyed in which case the Owner will replace same as provided in Section 3.1(c). The Owner will only be permitted to treat the Heritage Building as destroyed if it is significantly damaged by an act of God and if the costs of repairing the damage, including soft costs, are greater than the costs of replacing the Heritage Building as provided in Section 3.1(c) including soft costs and the cost of demolishing the substantially damaged Heritage Building;

(c) If the Heritage Building is destroyed, the Owner will only be permitted to build on the Lands a building of similar massing, height and proportions as the original Heritage

Building and having the floor area of 7,990 square metres. The exterior facade of the replacement building will be a reasonable facsimile of the Heritage Building's original exterior facade (including the spirit of the detail) and original materials will be used if possible or, with the exception of the existing stone which must be re-used in any reconstruction, modern material may be used in place of original materials where they are compatible with the original materials and the original design; and

(d) The parties agree that the limitations and obligations of this Section 3.1 will be expressed in a Section 219 covenant charging the Lands.

ARTICLE 4

ARBITRATION

4.1 All disputes arising from Article 3 of this Agreement will be determined by arbitration as follows:

(a) Within thirty (30) days following written confirmation of the dispute by either party to the other, such dispute will be referred to a single arbitrator to be chosen by the Owner and the City, provided that if the Owner and the City do not agree as to the choice of a single arbitrator, then by three (3) arbitrators, one (1) of whom will be chosen by the Owner, one (1) of whom will be chosen by the City and the third by the two (2) so chosen and the third arbitrator so chosen will be the chairman;

(b) If the arbitrator(s) conclude that any provision herein is vague, ambiguous, uncertain, imprecise or otherwise defective by reason of the language used or by reason of error or omission, the arbitrator(s) will cure same by interpreting this Agreement so as to avoid such vagueness, ambiguity, uncertainty, imprecision, defect, error or omission and give full effect to the intention of the parties;

(c) The award will be made by the majority of the arbitrators. If within fifteen (15) days or such extended time as the parties may agree upon, a party who has been notified of a dispute fails to appoint an arbitrator or the two (2) arbitrators appointed by the parties do not agree upon a third arbitrator, then the party or parties not in default may apply to the British Columbia International Commercial Arbitration Centre or, if a successor thereto does not exist at such time, to a Judge of the Supreme Court of British Columbia for the appointment of an arbitrator to represent the party or parties in default or a third arbitrator or both of such arbitrators; and

(d) The costs of the reference and award will be in the discretion of the arbitrators who may direct to and by whom and in what manner those costs or any part thereof will be paid and may tax or settle the amount of costs to be so paid or any part thereof and may award costs to be paid as between solicitor and client.

Except as to matters otherwise provided herein, the provisions of the *Commercial Arbitration Act* of British Columbia, as amended or re-enacted from time to time, will apply.

ARTICLE 5

INSURANCE

5.1 The Owner will insure the Heritage Building and its replacements to its full replacement value against all perils including damage or destruction by earthquake.

ARTICLE 6

GENERAL

6.1 Notice

Any notice, approval or request required or permitted to be given under this Agreement will be in writing and may be given by delivering such notice, approval or request to a representative of the party for whom it is intended or by mailing such notice, approval or request by prepaid registered mail from any post office in British Columbia and in the case of the Owner addressed to it at:

Vancouver Coastal Health Authority
200-520 West 6th Avenue
Vancouver, British Columbia
V5Z 4H5

Attention: Barry Pearce, Vice-President Facilities and Property Management

with a copy to:

Fraser Milner Casgrain LLP
Barristers and Solicitors
1500-1040 West Georgia Street
Vancouver, British Columbia
V6E 4H8

Attention: John Third

and in the case of the City addressed to it at:

City of Vancouver
453 West 12th Avenue
Vancouver, British Columbia
V5Y 1V4

Attention: City Clerk

with a copy to the City Manager, Director of Legal Services and the City Engineer

or at such other address as the parties may from time to time advise by notice in writing. Any such notice, approval or request will be deemed to have been received on the date of delivery of such notice, approval or request or, on the third business day next following the date of such mailing if mailed as aforesaid, provided that if mailed should there be, between mailing and the actual receipt of such notice, approval or request, a mail strike, slowdown or other labour dispute which might affect the delivery of such notice, approval or request, such notice, approval or request will only be effective if actually delivered.

6.2 Specific Performance

The Owner agrees that damages will be an inadequate remedy for the City for any breach by the Owner of its obligations under this Agreement and the Owner agrees that the City is entitled to seek and obtain an order for specific performance, or a prohibitory or mandatory injunction, in order to compel performance by the Owner of its obligations under this Agreement.

6.3 No Obligation on City

Notwithstanding any other provision of this Agreement, the Owner acknowledges that the City will not be under any obligation to:

(a) determine whether the Owner or its successors and assigns observe and perform the provisions of this Agreement; or

(b) require the Owner or its successors and assigns to observe or perform the provisions of this Agreement or to rectify any default in the observance or performance of the provisions of this Agreement whether by legal action or otherwise.

6.4 Severance of Provisions

If any term of this Agreement is held to be invalid, illegal or unenforceable by a court having the jurisdiction to do so, that term is to be considered to have been severed from the rest of this Agreement and the rest of this Agreement remains in force unaffected by that holding or by the severance of that term.

6.5 No Waiver

No alleged waiver of any breach of this Agreement is effective unless it is an express waiver in writing of the breach in respect of which it is asserted against the party alleged to have

given the waiver. No waiver by the City or the Owner of any breach of this Agreement operates as a waiver of any other breach of this Agreement.

6.6 Owner's Representations and Warranties

The Owner represents and warrants to and covenants and agrees with the City that:

(a) it has the full and complete power, authority and capacity to enter into, execute and deliver this Agreement; and

(b) this Agreement will be fully and completely binding upon the Owner in accordance with the terms hereof and the Owner will perform all of its obligations under this Agreement in accordance with the terms hereof.

6.7 Time of the Essence

Time will be of the essence.

6.8 Governing Laws

This Agreement will be governed by the laws of British Columbia and Canada and the parties irrevocably attorn to the jurisdiction of the Courts of British Columbia.

6.9 Further Assurances

The parties hereby agree to execute such further documents and assurances as are required to carry out and more fully effect the intent of this Agreement.

6.10 No Partnership

The relationship of the City and the Owner created by this Agreement will not constitute a partnership and is to be limited to dealings with the Heritage Building in accordance with the terms of this Agreement.

6.11 City's Other Rights Unaffected

Nothing contained or implied herein shall derogate from the obligations of the Owner under any other agreement with the City or, if the City so elects, prejudice or affect the City's rights, powers, duties or obligations in the exercise of its functions pursuant to the *Vancouver Charter* as amended from time to time and the rights, powers, duties and obligations of the City under all public and private statutes, by-laws, orders and regulations, which may be, if the City so elects, as fully and effectively exercised in relation to the Lands as if this Agreement had not been executed and delivered by the Owner and the City.

6.12 Continuing Effect

This Agreement will enure to the benefit of and be binding upon the Owner and its successors and their trustees and this Agreement will enure to the benefit of and be binding upon

the City and its successors and assigns and this Agreement will charge and run with the Lands and enure to the benefit of and be binding upon the owners from time to time of the Lands and all subdivided parts thereof and all parties claiming through such owners and their respective heirs, executors, administrators, trustees and successors PROVIDED THAT, following any subdivision of the Lands this Agreement will be read and will apply such that the Owner and the respective successors in title to the Owner of the respective subdivided parts will only be bound to perform and observe the Owner's obligations herein so far as the same apply to the subdivided part in which the Owner or the successor has an interest and only for so long as the Owner or the successor holds such interest AND following any subdivision of the Lands by strata plan this Agreement will charge and run with each strata lot and enure to the benefit of and be binding upon the owners from time to time of the strata lots and all parties claiming through such owners and their respective heirs, executors, administrators, trustees, and successors and this Agreement will enure to the benefit of and be binding upon the strata corporation so far as concerns the common property of such strata plan.

IN WITNESS WHEREOF the parties have signed this Agreement on the date as shown hereunder.

Officer Signature(s)	Execution Date Y	M	D	Party(ies) Signature(s)
JOHN G. R. THIRD *Barrister & Solicitor* FRASER MILNER CASGRAIN LLP 1500 - 1040 West Georgia Street Vancouver, B.C. V6E 4H8 Telephone (604) 687-4460	02	10	30	**VANCOUVER COASTAL HEALTH AUTHORITY**, by its authorized signatories: Name: IDA GOODREAU Name:
Jean F. Billing, Solicitor 453 West 12th Avenue Vancouver, B.C., V5Y 1V4 604-873-7694	02	10	31	**CITY OF VANCOUVER**, by its authorized signatory Name: GRAHAM P. JOHNSEN Approved by Minutes of the Rezoning Public Hearing held December 6, 2001

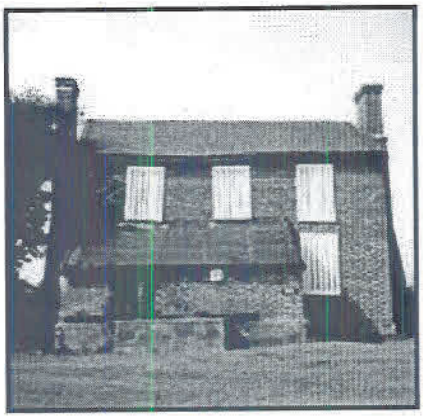
APPENDIX "A"

11

31 Preservation Briefs
Technical Preservation Services
HPS
National Park Service

Mothballing Historic Buildings

Sharon C. Park, AIA



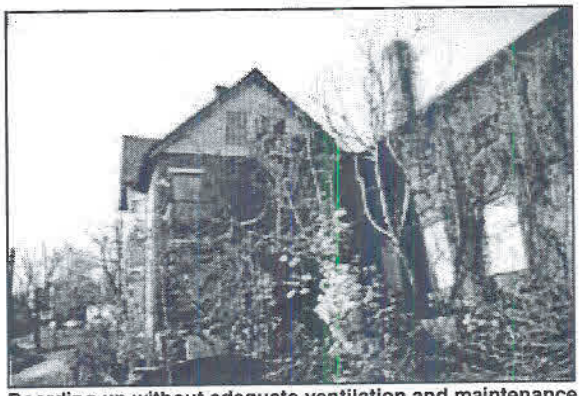
When all means of finding a productive use for a historic building have been exhausted or when funds are not currently available to put a deteriorating structure into a useable condition, it may be necessary to close up the building temporarily to protect it from the weather as well as to secure it from vandalism. This process, known as mothballing, can be a necessary and effective means of protecting the building while planning the property's future, or raising money for a preservation, rehabilitation or restoration project. If a vacant property has been declared unsafe by building officials, stabilization and mothballing may be the only way to protect it from demolition.

This building has been successfully mothballed for 10 years because the roof and walls were repaired and structurally stabilized, ventilation louvers added, and the property maintained. Photo: NPS files.

This Preservation Brief focuses on the steps needed to "de-activate" a property for an extended period of time. The project team will usually consist of an architect, historian, preservation specialist, sometimes a structural engineer, and a contractor. Mothballing should not be done without careful planning to ensure that needed physical repairs are made prior to securing the building. The steps discussed in this Brief can protect buildings for periods of up to ten years; long-term success will also depend on continued, although somewhat limited, monitoring and maintenance. For all but the simplest projects, hiring a team of preservation specialists is recommended to assess the specific needs of the structure and to develop an effective mothballing program.

A vacant historic building cannot survive indefinitely in a boarded-up condition, and so even marginal interim uses where there is regular activity and monitoring, such as a caretaker residence or non-flammable storage, are generally preferable to mothballing. In a few limited cases when the vacant building is in good condition and in a location

where it can be watched and checked regularly, closing and locking the door, setting heat levels at just above freezing, and securing the windows may provide sufficient protection for a period of a few years.



Boarding up without adequate ventilation and maintenance has accelerated deterioration of this property. Photo: NPS files.

But if long-term mothballing is the only remaining option, it must be done properly. This will require stabilization of the exterior, properly designed security protection, generally some form of interior ventilation--either through mechanical or natural air exchange systems--and continued maintenance and surveillance monitoring.

Comprehensive mothballing programs are generally expensive and may cost 10% or more of a modest rehabilitation budget. However, the money spent on well-planned protective measures will seem small when amortized over the life of the resource. Regardless of the location and condition of the property or the funding available, the following 9 steps are involved in properly mothballing a building:

Documentation

1. Document the architectural and historical significance of the building.
2. Prepare a condition assessment of the building.

Stabilization

3. Structurally stabilize the building, based on a professional condition assessment.
4. Exterminate or control pests, including termites and rodents.
5. Protect the exterior from moisture penetration.

Mothballing

6. Secure the building and its component features to reduce vandalism or break-ins. 7. Provide adequate ventilation to the interior.
8. Secure or modify utilities and mechanical systems.
9. Develop and implement a maintenance and monitoring plan for protection.

These steps will be discussed in sequence below. Documentation and stabilization are critical components of the process and should not be skipped over. Mothballing measures should not result in permanent damage, and so each treatment should be weighed in terms of its reversibility and its overall benefit.

Documentation

Documenting the historical significance and physical condition of the property will provide information necessary for setting priorities and allocating funds. The project team should be cautious when first entering the structure if it has been vacant or is deteriorated. It may be advisable to shore temporarily areas appearing to be structurally unsound until the condition of the structure can be fully assessed. If pigeon or bat

droppings, friable asbestos or other health hazards are present, precautions must be taken to wear the appropriate safety equipment when first inspecting the building. Consideration should be given to hiring a firm specializing in hazardous waste removal if these highly toxic elements are found in the building.

Documenting and recording the building

Documenting a building's history is important because evidence of its true age and architectural significance may not be readily evident. The owner should check with the State Historic Preservation Office or local preservation commission for assistance in researching the building. If the building has never been researched for listing in the National Register of Historic Places or other historic registers, then, at a minimum, the following should be determined:

The overall historical significance of the property and dates of construction;

The chronology of alterations or additions and their approximate dates; and,

Types of building materials, construction techniques, and any unusual detailing or regional variations of craftsmanship.

Old photographs can be helpful in identifying early or original features that might be hidden under modern materials. On a walk-through, the architect, historian, or preservation specialist should identify the architecturally significant elements of the building, both inside and out.

Documenting a building's history and assessing its condition provide information to set priorities for stabilization and repair, prior to mothballing. Photo: NPS files.

By understanding the history of the resource, significant elements, even though deteriorated, may be spared the trash pile. For that reason alone, any materials removed from the building or site as part of the stabilization effort should be carefully scrutinized and, if appearing historic, should be photographed, tagged with a number, inventoried, and safely stored, preferably in the building, for later retrieval.

A site plan and schematic building floor plans can be used to note important information for use when the building is eventually preserved, restored, or rehabilitated. Each room should be given a number and notations added to the plans regarding the removal of important features to storage or recording physical treatments undertaken as part of the stabilization or repair.

Because a mothballing project may extend over a long period of time, with many different people involved, clear records should be kept and a building file established. Copies of all important data, plans, photographs, and lists of consultants or contractors who have worked on the property should be added to the file as the job progresses. Recording actions taken on the building and identifying where elements that have been removed are stored will be helpful in the future.

The project coordinator should keep the building file updated and give duplicate copies to the owner. A list of emergency numbers, including the number of the key holder, should be kept at the entrance to the building or on a security gate, in a transparent

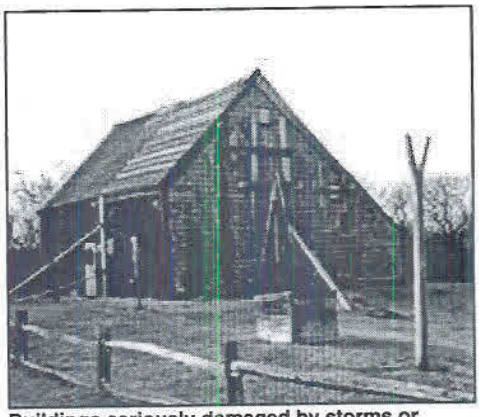
vinyl sleeve.

Preparing a condition assessment of the building

A condition assessment can provide the owner with an accurate overview of the current condition of the property. If the building is deteriorated or if there are significant interior architectural elements that will need special protection during the mothballing years, undertaking a condition assessment is highly recommended, but it need not be exhaustive.

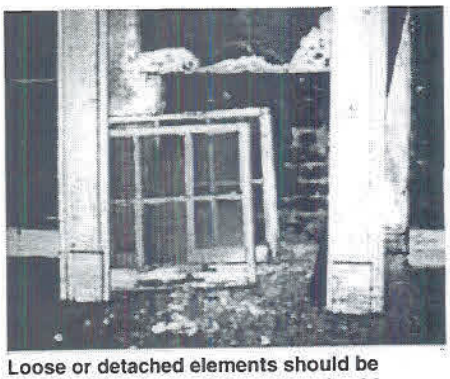
A modified condition assessment, prepared by an architect or preservation specialist, and in some case a structural engineer, will help set priorities for repairs necessary to stabilize the property for both the short and long-term. It will evaluate the age and condition of the following major elements: foundations; structural systems; exterior materials; roofs and gutters; exterior porches and steps; interior finishes; staircases; plumbing, electrical, mechanical systems; special features such as chimneys; and site drainage.

To record existing conditions of the building and site, it will be necessary to clean debris from the building and to remove unwanted or overgrown vegetation to expose foundations. The interior should be emptied of its furnishing (unless provisions are made for mothballing these as well), all debris removed, and the interior swept with a broom. Building materials too deteriorated to repair, or which have come detached, such as moldings, balusters, and decorative plaster, and which can be used to guide later preservation work, should be tagged, labeled and saved.



Buildings seriously damaged by storms or deterioration may need to be braced before architectural evaluations can be made. Photo: John Milner Architects. Photo: NPS files

Photographs or a videotape of the exterior and all interior spaces of the resource will provide an invaluable record of "as is" conditions. If a videotape is made, oral commentary can be provided on the significance of each space and architectural feature. If 35mm photographic prints or slides are made, they should be numbered, dated, and appropriately identified. Photographs should be cross-referenced with the room numbers on the schematic plans. A systematic method for photographing should be developed; for example, photograph each wall in a room and then take a corner shot to get floor and ceiling portions in the picture. Photograph any unusual details as well as examples of each window and door type.



Loose or detached elements should be

For historic buildings, the great advantage of a condition assessment is that architectural features, both on the exterior as well as the interior, can be rated on a scale of their importance to the integrity and significance of the building. Those features of the highest priority should receive preference when repairs or protection measures are outlined as part of the mothballing process. Potential problems with protecting these features should be identified so that appropriate interim solutions can be selected. For example, if a building has always been heated and if murals, decorative plaster walls, or examples of

identified, tagged and stored, preferably on site. Photo: NPS files

patterned wall paper are identified as highly significant, then special care should be taken to regulate the interior climate and to monitor it adequately during the mothballing years. This might require retaining electrical service to provide minimal heat in winter, fan exhaust in summer, and humidity controls for the interior.

Stabilization

Stabilization as part of a mothballing project involves correcting deficiencies to slow down the deterioration of the building while it is vacant. Weakened structural members that might fail altogether in the forthcoming years must be braced or reinforced; insects and other pests removed and discouraged from returning; and the building protected from moisture damage both by weatherizing the exterior envelope and by handling water run-off on the site. Even if a modified use or caretaker services can eventually be found for the building, the following steps should be addressed.

Structurally stabilizing the building

While bracing may have been required to make the building temporarily safe for inspection, the condition assessment may reveal areas of hidden structural damage. Roofs, foundations, walls, interior framing, porches and dormers all have structural components that may need added reinforcement.

Interior bracing which will last the duration of the mothballing will protect weakened structural members. Photo: John Milner Architects.

Structural stabilization by a qualified contractor should be done under the direction of a structural engineer or a preservation specialist to ensure that the added weight of the reinforcement can be sustained by the building and that the new members do not harm historic finishes. Any major vertical post added during the stabilization should be properly supported and, if necessary, taken to the ground and underpinned.

If the building is in a northern climate, then the roof framing must be able to hold substantial snow loads. Bracing the roof at the ridge and mid-points should be considered if sagging is apparent. Likewise, interior framing around stair openings or under long ceiling spans should be investigated. Underpinning or bracing structural piers weakened by poor drainage patterns may be a good precaution as well. Damage caused by insects, moisture, or from other causes should be repaired or reinforced and, if possible, the source of the damage removed. If features such as porches and dormers are so severely deteriorated that they must be removed, they should be documented, photographed, and portions salvaged for storage prior to removal.

If the building is in a southern or humid climate and termites or other insects are a particular problem, the foundation and floor framing should be inspected to ensure that there are no major structural weaknesses. This can usually be done by observation from the crawl space or basement. For those structures where this is not possible, it may be advisable to lift selective floor boards to expose the floor framing. If there is evidence of pest damage, particularly termites, active colonies should be treated and the structural members reinforced or replaced, if necessary.

Controlling pests

This painted trompe l'eoil scene on plywood panels is a neighborhood-friendly device. Photo: NPS files.

stored safely within the building.

Plywood panels are usually 1/2"-3/4" (1.25-1.875 cm.) thick and made of exterior grade stock, such as CDX, or marine grade plywood. They should be painted to protect them from delamination and to provide a neater appearance.

These panels may be painted to resemble operable windows or treated decoratively. With extra attention to detail, the plywood panels can be trimmed out with muntin strips to give a shadow line simulating multi-lite windows. This level of detail is a good indication that the building is protected and valued by the community.

If the building has shutters simply close the shutters and secure them from the interior. If the building had shutters historically, but they are missing, it may be appropriate to install new shutters, even in a modern material, and secure them in the closed position. Louvered shutters will help with interior ventilation if the sash are propped open behind the shutters.

There is some benefit from keeping windows unboarded if security is not a problem. The building will appear to be occupied, and the natural air leakage around the windows will assist in ventilating the interior. The presence of natural light will also help when periodic inspections are made. Rigid polycarbonate clear storm glazing panels may be placed on the window exterior to protect against glass breakage. Because the sun's ultraviolet rays can cause fading of floor finishes and wall surfaces, filtering pull shades or inexpensive curtains may be options for reducing this type of deterioration for significant interiors. Some acrylic sheeting comes with built-in ultraviolet filters.

A view showing the exterior of the Brearley House, New Jersey, in its mothballed condition Photo: Michael Mills, Ford Farewell Mills Gatsch, Architects.

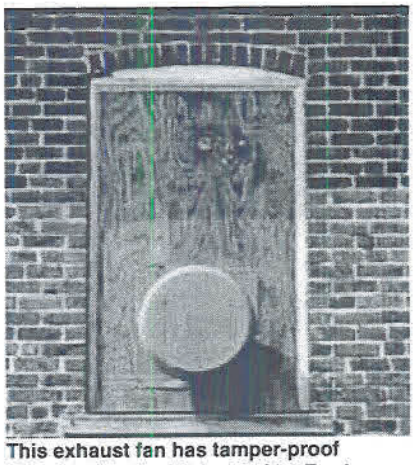
Securing the building from catastrophic destruction from fire, lightning, or arson will require additional security devices. Lightning rods properly grounded should be a first consideration if the building is in an area susceptible to lightning storms. A high security fence should also be installed if the property cannot be monitored closely. These interventions do not require a power source for operation. Since many buildings will not maintain electrical power, there are some devices available using battery packs, such as intrusion alarms, security lighting, and smoke detectors which through audible horn alarms can alert nearby neighbors. These battery packs must be replaced every 3 months to 2 years, depending on type and use. In combination with a cellular phone, they can also provide some level of direct communication with police and fire departments.

If at all possible, new temporary electric service should be provided to the building. Generally a telephone line is needed as well. A hard wired security system for intrusion and a combination rate-of-rise and smoke detector can send an immediate signal for help directly to the fire department and security service. Depending on whether or not heat will be maintained in the building, the security system should be designed accordingly. Some systems cannot work below 32°F (0°C). Exterior lighting set on a timer, photo electric sensor, or a motion/infra-red detection device provides additional security.

Providing adequate ventilation to the interior

Once the exterior has been made weathertight and secure, it is essential to provide adequate air exchange throughout the building. Without adequate air exchange, humidity may rise to unsafe levels, and mold, rot, and insect infestation are likely to thrive. The needs of each historic resource must be individually evaluated because there are so many variables that affect the performance of each interior space once the building has been secured.

A mechanical engineer or a specialist in interior climates should be consulted, particularly for buildings with intact and significant interiors. In some circumstances, providing heat during the winter, even at a minimal 45° F (7°C), and utilizing forced-fan ventilation in summer will be recommended and will require retaining electrical service. For masonry buildings it is often helpful to keep the interior temperature above the spring dew point to avoid damaging condensation. In most buildings it is the need for summer ventilation that outweighs the winter requirements.



This exhaust fan has tamper-proof housing. Photo: Michael Mills, Ford Farewell Mills Gatsch, Architects.

Many old buildings are inherently leaky due to loose-fitting windows and floorboards and the lack of insulation. The level of air exchange needed for each building, however, will vary according to geographic location, the building's construction, and its general size and configuration.

There are four critical climate zones when looking at the type and amount of interior ventilation needed for a closed up building: hot and dry (southwestern states); cold and damp (Pacific northwest and northeastern states); temperate and humid (Mid-Atlantic states, coastal areas); and hot and humid (southern states and the tropics).

Once closed up, a building interior will still be affected by the temperature and humidity of the exterior. Without proper ventilation, moisture from condensation may occur and cause damage by wetting plaster, peeling paint, staining woodwork, warping floors, and in some cases even causing freeze thaw damage to plaster. If moist conditions persist in a property, structural damage can result from rot or returning insects attracted to moist conditions. Poorly mothballed masonry buildings, particularly in damp and humid zones have been so damaged on the interior with just one year of unventilated closure that none of the interior finishes were salvageable when the buildings were rehabilitated.

Portable monitors are used to record temperature and humidity conditions in historic buildings during mothballing. Photo: NPS files.

The absolute minimum air exchange for most mothballed buildings consists of one to four air exchanges every hour; one or two air exchanges per hour in winter and twice that amount in summer. Even this minimal exchange may foster mold and mildew in damp climates, and so monitoring the property during the stabilization period and after the building has been secured will provide useful information on the effectiveness of the ventilation solution.

There is no exact science for how much ventilation should be provided for each building. There are,

during mothballing. Photo: NPS files.

however, some general rules of thumb. Buildings, such as adobe structures, located in hot and arid climates may need no additional ventilation if they have been well weatherized and no moisture is penetrating the interior. Also frame buildings with natural cracks and fissures for air infiltration may have a natural air exchange rate of 3 or 4 per hour, and so in arid as well as temperate climates may need no additional ventilation once secured. The most difficult buildings to adequately ventilate without resorting to extensive louvering and/or mechanical exhaust fan systems are masonry buildings in humid climates. Even with basement and attic vent grills, a masonry building many not have more than one air exchange an hour. This is generally unacceptable for summer conditions. For these buildings, almost every window opening will need to be fitted out with some type of passive, louvered ventilation.

Depending on the size, plan configuration, and ceiling heights of a building, it is often necessary to have louvered opening equivalent to 5%-10% of the square footage of each floor. For example, in a hot humid climate, a typical 20'x30' (6.1m x 9.1m) brick residence with 600 sq. ft.(55.5 sq.m) of floor space and a typical number of windows, may need 30-60 sq. ft.(2.75sq.m-5.5 sq. m) of louvered openings per floor. With each window measuring 3'x5'(.9m x 1.5 m) or 15 sq. ft. (1.3 sq.m), the equivalent of 2 to 4 windows per floor will need full window louvers.

Small pre-formed louvers set into a plywood panel or small slit-type registers at the base of inset panels generally cannot provide enough ventilation in most moist climates to offset condensation, but this approach is certainly better than no louvers at all. Louvers should be located to give cross ventilation, interior doors should be fixed ajar at least 4" (10cm) to allow air to circulate, and hatches to the attic should be left open.

Monitoring devices which can record internal temperature and humidity levels can be invaluable in determining if the internal climate is remaining stable. These units can be powered by portable battery packs or can be wired into electric service with data downloaded into laptop computers periodically. This can also give long-term information throughout the mothballing years. If it is determined that there are inadequate air exchanges to keep interior moisture levels under control, additional passive ventilation can be increased, or, if there is electric service, mechanical exhaust fans can be installed. One fan in a small to medium sized building can reduce the amount of louvering substantially.

If electric fans are used, study the environmental conditions of each property and determine if the fans should be controlled by thermostats or automatic timers. Humidistats, designed for enclosed climate control systems, generally are difficult to adapt for open mothballing conditions. How the system will draw in or exhaust air is also important. It may be determined that it is best to bring dry air in from the attic or upper levels and force it out through lower basement windows. If the basement is damp, it may be best to zone it from the rest of the building and exhaust its air separately. Additionally, less humid day air is preferred over damper night air, and this can be controlled with a timer switch mounted to the fan.

The type of ventilation should not undermine the security of the building. The most secure installations use custom-made grills well anchored to the window frame, often set in plywood security panels. Some vents are formed using heavy millwork louvers set into existing window openings. For buildings where security is not a primary issue, where the interior is modest, and where there has been no heat for a long time, it may be possible to use lightweight galvanized metal grills in the window openings. A cost effective grill can be made from the expanded metal mesh lath used by plasterers and installed so that the mesh fins shed rainwater to the exterior.

Securing mechanical systems and utilities

At the outset, it is important to determine which utilities and services, such as electrical or telephone lines, are kept and which are cut off. As long as these services will not constitute a fire hazard, it is advisable to retain those which will help protect the property. Since the electrical needs will be limited in a vacant building, it is best to install a new temporary electric line and panel (100 amp) so that all the wiring is new and exposed. This will be much safer for the building, and allows easy access for reading the meter.

Most heating systems are shut down in long term mothballing. For furnaces fueled by oil, there are two choices for dealing with the tank. Either it must be filled to the top with oil to eliminate condensation or it should be drained. If it remains empty for more than a year, it will likely rust and not be reusable. Most tanks are drained if a newer type of system is envisioned when the building is put back into service. Gas systems with open flames should be turned off unless there is regular maintenance and frequent surveillance of the property. Gas lines are shut off by the utility company.

If a hot water radiator system is retained for low levels of heat, it generally must be modified to be a self-contained system and the water supply is capped at the meter. This recirculating system protects the property from extensive damage from burst pipes. Water is replaced with a water/glycol mix and the reserve tank must also be filled with this mixture. This keeps the modified system from freezing, if there is a power failure. If water service is cut off, pipes should be drained. Sewerage systems will require special care as sewer gas is explosive. Either the traps must be filled with glycol or the sewer line should be capped off at the building line.

Developing a maintenance and monitoring plan

While every effort may have been made to stabilize the property and to slow the deterioration of materials, natural disasters, storms, undetected leaks, and unwanted intrusion can still occur. A regular schedule for surveillance, maintenance, and monitoring should be established. The fire and police departments should be notified that the property will be vacant. A walk-through visit to familiarize these officials with the building's location, construction materials, and overall plan may be invaluable if they are called on in the future.

The optimum schedule for surveillance visits to the property will depend on the location of the property and the number of people who can assist with these activities. The more frequent the visits to check the property, the sooner that water leaks or break-ins will be noticed. Also, the more frequently the building is entered, the better the air exchange. By keeping the site clear and the building in good repair, the community will know that the building has not been abandoned. The involvement of neighbors and community groups in caring for the property can ensure its protection from a variety of catastrophic circumstances.

The owner may utilize volunteers and service companies to undertake the work outlined in the maintenance chart. Service companies on a maintenance contract can provide yard, maintenance, and inspection services, and their reports or itemized bills reflecting work undertaken should be added to update the building file.

Sidebar

Mothballing Checklist

In reviewing mothballing plans, the following checklist may help to ensure that work items are not inadvertently omitted.

Moisture

- Is the roof watertight?
- Do the gutters retain their proper pitch and are they clean?
- Are downspout joints intact?
- Are drains unobstructed?
- Are windows and doors and their frames in good condition?
- Are masonry walls in good condition to seal out moisture?
- Is wood siding in good condition?
- Is site properly graded for water run-off?
- Is vegetation cleared from around the building foundation to avoid trapping moisture?

Pests

- Have nests/pests been removed from the building's interior and eaves?
- Are adequate screens in place to guard against pests?
- Has the building been inspected and treated for termites, carpenter ants, rodents, etc.?
- If toxic droppings from bats and pigeons are present, has a special company been brought in for its disposal?

Housekeeping

- Have the following been removed from the interior: trash, hazardous materials such as inflammable liquids, poisons, and paints and canned goods that could freeze and burst?
- Is the interior broom-clean?
- Have furnishings been removed to a safe location?
- If furnishings are remaining in the building, are they properly protected from dust, pests, ultraviolet light, and other potentially harmful problems?
- Have significant architectural elements that have become detached from the building been labeled and stored in a safe place?
- Is there a building file?

Security

- Have fire and police departments been notified that the building will be mothballed?
- Are smoke and fire detectors in working order?
- Are the exterior doors and windows securely fastened?
- Are plans in place to monitor the building on a regular basis?
- Are the keys to the building in a secure but accessible location?
- Are the grounds being kept from becoming overgrown?

Utilities

- Have utility companies disconnected/shut off or fully inspected water, gas, and electric lines?
- If the building will not remain heated, have water pipes been drained and glycol added?
- If the electricity is to be left on, is the wiring in safe condition?

Ventilation

- Have steps been taken to ensure proper ventilation of the building?
- Have interior doors been left open for ventilation purposes?
- Has the secured building been checked within the last 3 months for interior dampness or excessive humidity?

Maintenance Chart

1-3 months; periodic

- regular drive by surveillance
- check attic during storms if possible
- monthly walk arounds
- check entrances
- check window panes for breakage
- mowing as required
- check for graffiti or vandalism

- enter every 3 months to air out
- check for musty air
- check for moisture damage
- check battery packs and monitoring equipment
- check light bulbs
- check for evidence of pest intrusion

every 6 months; spring and fall

- site clean-up; pruning and trimming
- gutter and downspout check
- check crawlspace for pests
- clean out storm drains

every 12 months

- maintenance contract inspections for equipment/utilities
- check roof for loose or missing shingles
- termite and pest inspection/treatment
- exterior materials spot repair and touch up painting

- remove bird droppings or other stains from exterior
- check and update building file

Conclusion

Providing temporary protection and stabilization for vacant historic buildings can arrest deterioration and buy the owner valuable time to raise money for preservation or to find a compatible use for the property. A well planned mothballing project involves documenting the history and condition of the building, stabilizing the structure to slow down its deterioration, and finally, mothballing the structure to secure it. The three highest priorities for a mothballed building are 1) to protect the building from sudden loss, 2) to weatherize and maintain the property to stop moisture penetration, and 3) to control the humidity levels inside once the building has been secured.

While issues regarding mothballing may seem simple, the variables and intricacies of possible solutions make the decision-making process very important. Each building must be individually evaluated prior to mothballing. In addition, a variety of professional services as well as volunteer assistance is needed for careful planning and repair, sensitively designed protection measures, follow-up security surveillance, and cyclical maintenance.

In planning for the future of the building, complete and systematic records must be kept and generous funds allocated for mothballing. This will ensure that the historic property will be in stable condition for its eventual preservation, rehabilitation, or restoration.

Further Reading

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"Mothballing Vacant Buildings," An Anti-Arson Kit for Preservation and Neighborhood Action. Washington, DC: Federal Emergency Management Agency, 1982.

Solon, Thomas E. "Security Panels for the Foster-Armstrong House." Association for Preservation Technology Bulletin. Vol XVI no. 3 & 4, 1984. (note the design of the panels, but be aware that additional louvering may be needed on other projects).

Acknowledgements

The author, Sharon C. Park, Senior Historical Architect, Heritage Preservation Services Division, National Park Service, would like to acknowledge the assistance of the following individuals in the preparation and review of this publication. H. Ward Jandl served as the technical editor and assisted with producing this Preservation Brief. In

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Washington, D.C. September, 1993

Home page logo: Appropriately mothballed historic building. Photo: NPS files.

This publication has been prepared pursuant to the National Historic Preservation Act of 1966, as amended, which directs the Secretary of the Interior to develop and make available information concerning historic properties. Technical Preservation Services (TPS), Heritage Preservation Services Division, National Park Service prepares standards, guidelines, and other educational materials on responsible historic preservation treatments to a broad public.

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Law Department
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MAILING ADDRESS:
453 WEST 12TH AVE.
VANCOUVER, B.C. V5Y 1V4
TELEPHONE (604) 873-7512
FAX NO. (604) 873-7445

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October 29, 2002

Catherine M. Greenall
Registrar of Titles
Vancouver Land Title Office
88 - 6th Street
New Westminster, B.C.
V3L 5B3

Dear Madam:

In the Matter of Section 592 and 601 of the Vancouver Charter

TAKE NOTICE that the City of Vancouver has entered into a Heritage Revitalization Agreement dated the 1st day of July, 2002 with Vancouver Coastal Health Authority concerning 2733 Heather Street, Vancouver, B.C., legally described as:

City of Vancouver
Parcel Identifier: 003-065-774
Block 378, District Lot 526, Plan 991

This is to provide you with the original of the 2733 Heather Street Heritage Revitalization Agreement signed by the registered owner and the City.

This is to request that Notice of Heritage Revitalization Agreement for the attached be filed in your office pursuant to Section 592 and 601 of the Vancouver Charter. Thank you.

Jean F. Billing, Solicitor
City of Vancouver

#58453v1

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FRANCOIS LETOURNEUX
YVONNE A. LILJEFORS
KAREN F.W. LIANG
JEAN F. BILLING
BRENT D. JORDAN

Law Department
City of Vancouver

MAILING ADDRESS:
453 WEST 12TH AVE.
VANCOUVER, B.C. V5Y 1V4
TELEPHONE (604) 873-7512
FAX NO. (604) 873-7445

DELIVERY ADDRESS:
401-515 WEST 10TH AVE.
VANCOUVER, B.C. V5Z 4A8

DIRECT LINE: 873-7694
OUR FILE NO. 01-0924

YOUR FILE NO. _____

October 29, 2002

Catherine M. Greenall
Registrar of Titles
Vancouver Land Title Office
88 - 6th Street
New Westminster, B.C.
V3L 5B3

Dear Madam:

In the Matter of Section 592 and 601 of the Vancouver Charter

TAKE NOTICE that the City of Vancouver has entered into a Heritage Revitalization Agreement dated the 1st day of July, 2002 with Vancouver Coastal Health Authority concerning 2733 Heather Street, Vancouver, B.C., legally described as:

City of Vancouver
Parcel Identifier: 003-065-774
Block 378, District Lot 526, Plan 991

This is to provide you with the original of the 2733 Heather Street Heritage Revitalization Agreement signed by the registered owner and the City.

This is to request that Notice of Heritage Revitalization Agreement for the attached be filed in your office pursuant to Section 592 and 601 of the Vancouver Charter. Thank you.

Jean F. Billing, Solicitor
City of Vancouver

#58453v1

2733 Heather Street

BY-LAW NO. 8559

A By-law to authorize Council entering into a Heritage Revitalization Agreement with the Owner of Heritage Property

PREAMBLE

Council has authority under the Vancouver Charter to make by-laws affecting and regulating the use of land and, in the case of heritage property, to allow variances to such by-laws by way of a heritage revitalization agreement.

A property bearing the civic address of 2733 Heather Street, legally described as PID: 003-065-774, Block 378, District Lot 526, Plan 991, consisting of the 1906 Heather Pavilion and the two 1908 end bays and towers, is listed on the Vancouver Heritage Register as a Category B building.

Vancouver Coastal Health Authority ("owner"), the registered owner of the property, has agreed to rehabilitate and preserve the building, as set out in the attached heritage revitalization agreement, and to replicate the exterior if damaged or destroyed.

Council is of the opinion that the building has sufficient heritage value to justify its conservation.

Council and the owner have agreed to certain other terms and conditions as set out in the agreement.

NOW THEREFORE THE COUNCIL OF THE CITY OF VANCOUVER, in public meeting, enacts as follows:

1. Council authorizes the City to enter into a heritage revitalization agreement with the owner in substantially the form and substance of the heritage revitalization agreement attached to this By-law, and also authorizes the Director of Legal Services to execute the agreement on behalf of the City and to deliver it to the owner on such terms and conditions as the Director of Legal Services deems fit.

2. This By-law is to come into force and take effect on the date of its enactment.

ENACTED by Council this 22nd day of October , 2002

Mayor

City Clerk

I, Syd Baxter, City Clerk, of the City of Vancouver, hereby certify that this is a true and correct copy of a by-law passed by the Council of the City of Vancouver on the 22nd day of October, 2002, and numbered 8559.

CITY CLERK

APPENDIX B:

Hospital Type Study

VANCOUVER GENERAL HOPSITAL
HEATHER PAVILION

Hospital Type Study

August 2025

HOSPITAL ARCHITECTURE

Hospital architecture is shaped by interrelated factors that distinguish it from other built forms.

- Because of their complexity, hospitals are typically designed by specialized firms (like airports), resulting in uniformity of design and relative isolation from local context and vernacular.
- Hospital design exists within a highly regulated context.
- Despite being publicly funded, hospitals need to remain competitive to attract and retain talent.
- Advances in technology, dynamic patient populations, and ever-evolving best-practices in medicine and public health, require hospitals to adapt and evolve.

Prior to 1870, Canadian hospitals were typically charitable institutions, often affiliated with religious or charitable organizations, and largely funded by donations.

In 1870, Ontario passed legislation that provided annual grants to fund hospitals and related charitable organizations (with other provinces following after).

In the Canadian context, hospitals can be broadly categorized into four distinct eras:

- Early Urban Hospitals (1870-1918)
- Inter-War (1918-1939)
- Modernist (1945-1970)
- Post-Modern (1970-1990)
- Contemporary (1990-Present)

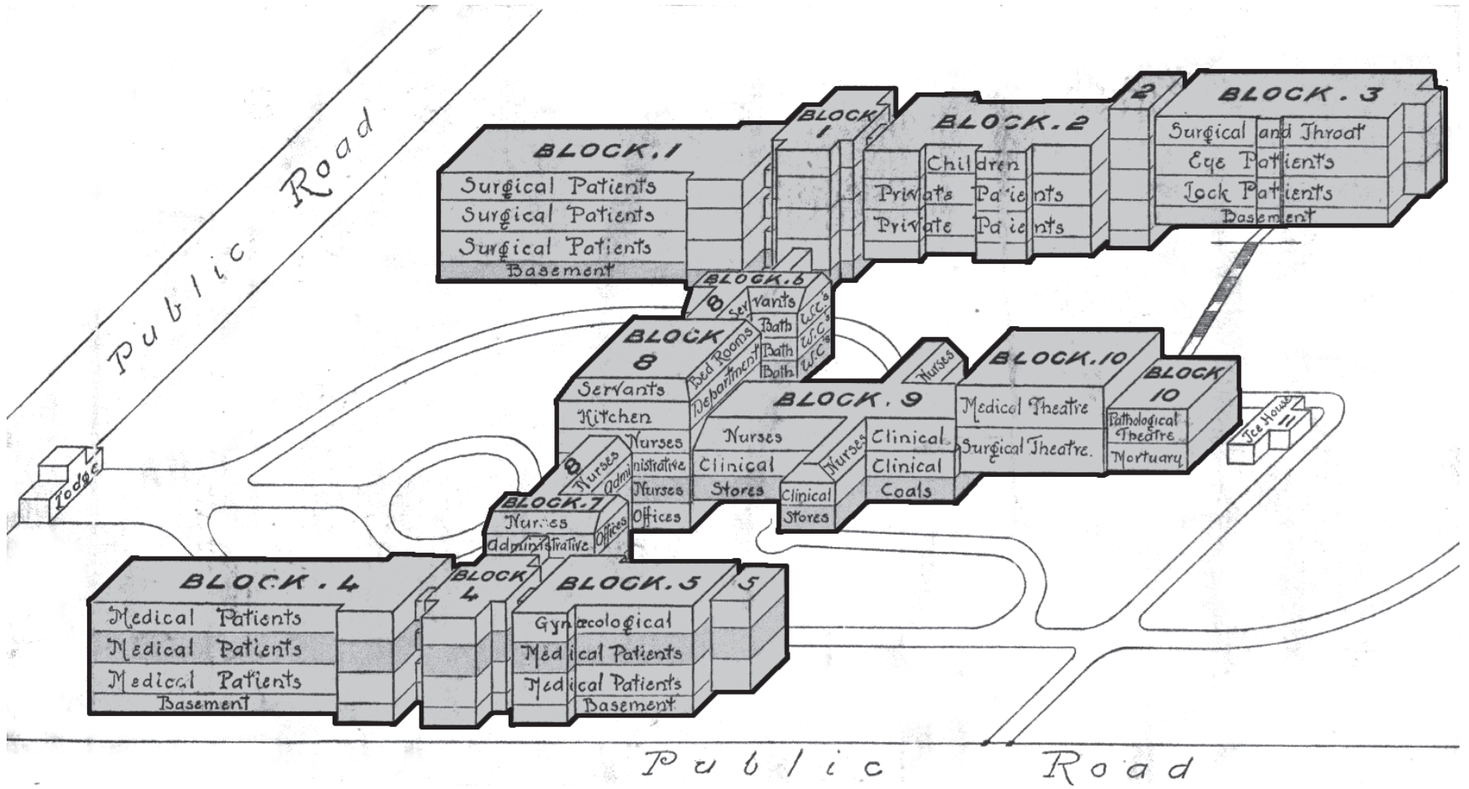
EARLY URBAN HOSPITALS (1870-1918)

Early Urban Hospitals took directly cues from British Hospital design, with patient care being primarily focused on the treatment of particular infectious and nutritional diseases, such as influenza, pneumonia, tuberculosis, gastroenteritis and scurvy (often the result of poverty, and poor public health measures).

At the time, the cause and transmission of such diseases was poorly understood, and disease and infection would spread rapidly, resulting in hospitals being isolated from population centres.

Early “miasma theory”, popularized by Florence Nightingale, speculated that the spread of infection and disease was caused by poor ventilation, and inadequate access to natural light.

These factors resulted in institutions to be designed with large open wards, with patients organized into parallel rows of narrow beds.



Royal Victoria Hospital, Montreal (1893)

EARLY URBAN HOSPITALS (1870-1918)

Victoria General, Halifax (1859)

Royal Victoria Hospital, Montreal (1893)

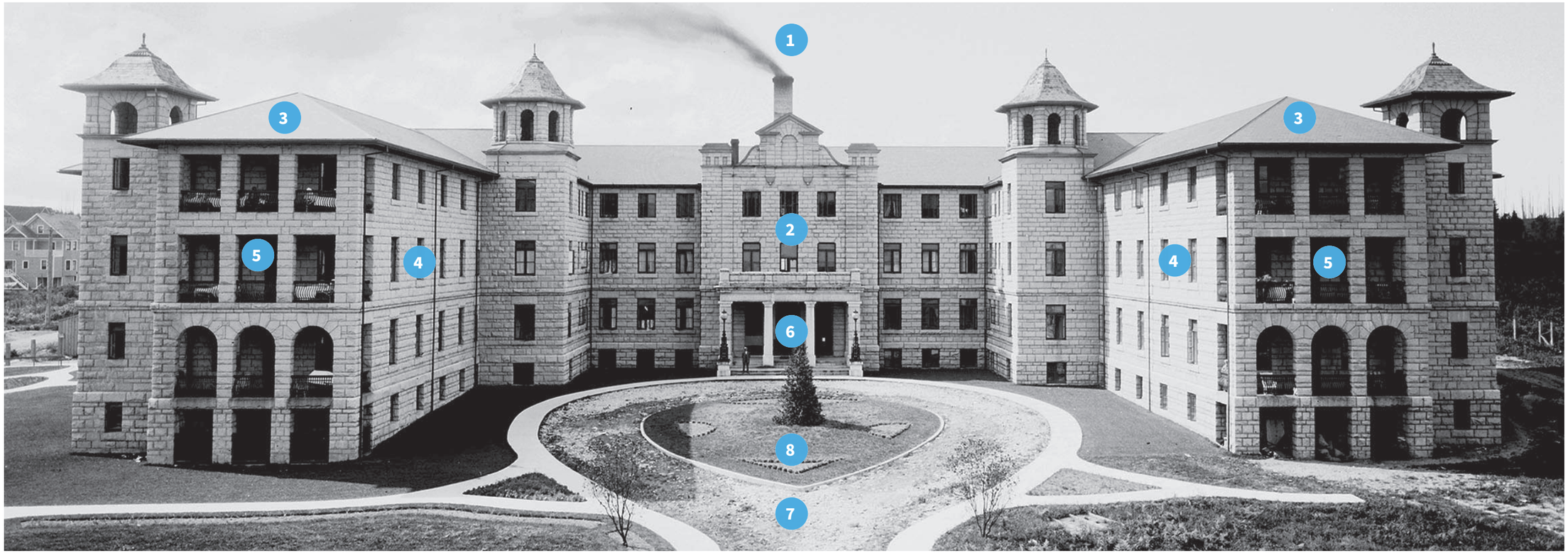
Toronto Western, Toronto (1899)

Toronto General Hospital, Toronto (1913)

CHARACTER DEFINING ELEMENTS

- *Pavilion Plan*
- *Directly influenced by British Hospital Design.*
- *Isolated urban setting*
- *Buildings surrounded by fresh air, and access to natural light*
- *Central administration building, flanked by long-narrow patient wards*
- *Large open wards, with patients organized into parallel rows of narrow beds.*
- *“Sun porches and Sanitary towers”*
- *Residential quarters for nurses*

HEATHER PAVILION, VANCOUVER GENERAL HOSPITAL(1906)



1. *Pavilion style building Plan surrounded by fresh air and access to natural light*
2. *Central administration building, flanked by long and narrow patient wards*
3. *Large open wards, with patients organized into parallel rows of narrow beds*
4. *Cross-axial window arrangement*
5. *“Sun Porch” Balconies and towers*
6. *Formal entrance with ornate architectural detailing*
7. *Circular driveway*
8. *Landscaped forecourt*

PAVILION STYLE HOSPITAL

1. *Pavilion style building Plan surrounded by fresh air and access to natural light*
2. *Central administration building, flanked by long and narrow patient wards*
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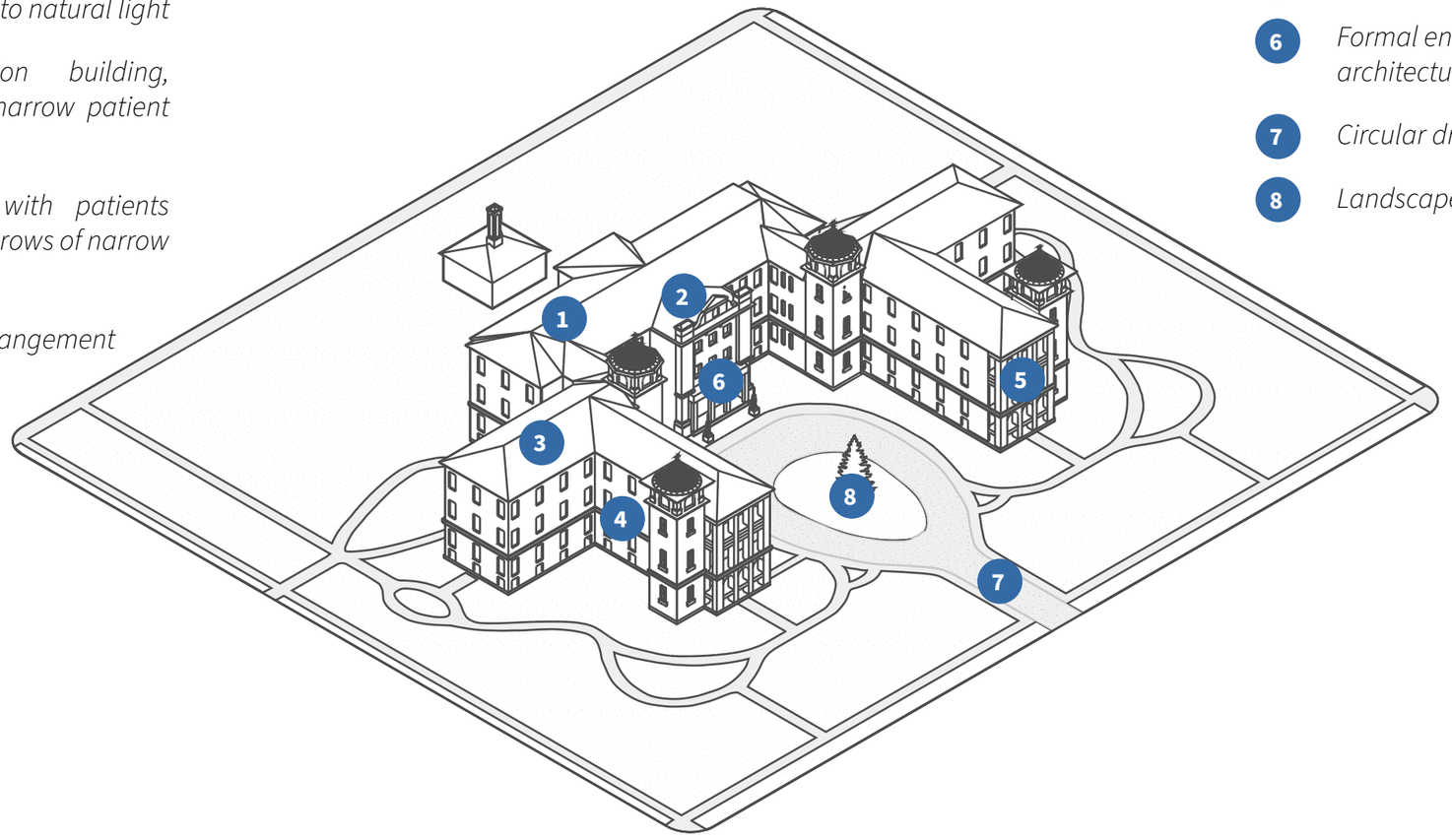


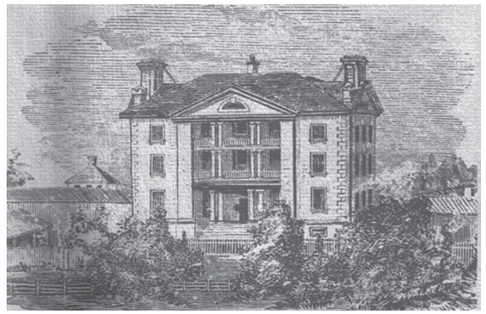
INTER-WAR (1918-1939)

Between the world wars, patient population expanded to include the middle-class, who previously would have received home-care, and while hospitals remained dignified institutional buildings on the exterior, they differed drastically from the preceding Pavilion Plan hospitals.

Rather than open wards, smaller rooms were clustered along double-loaded corridors for efficiency.

Surgery was no longer performed in an amphitheater but rather carried out in highly-specialized rooms devoted to specific functions.

Expansions of pre-WWI hospitals often repeated existing architectural vernacular, maintaining public institutional character.



Original Design, KGH (1857)

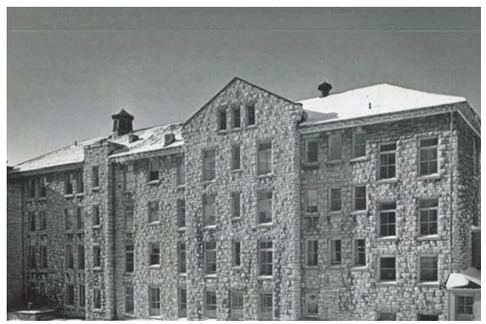
Watkins Wing, KGH (1867)

Nickle Wing, KGH (1891)

Fenwick Operating Theatre (1895)

Richardson Addition, KGH (1923)

Richardson Addition, KGH (1925)



Empire Wing, KGH (1914)

Laundry Addition, KGH (1926)

MODERNIST (1945-1970)

Following World War II, there was a significant increase of patient intake as increasingly middle-class patients sought treatment only available at hospitals equipped with advanced medical technology such as MRI machines.

To accommodate this increase, hospital design shifted towards a freestanding, high-rise towers, shaped by a functional approach, and characterized by clean lines, and minimal ornamentation.

Advances in building and engineering sciences, such as elevators, long-span structural systems, and controlled ventilation, made vertical expansion possible and increasingly efficient.

Calgary General Hospital, Calgary (1949)

Centennial Pavilion, Vancouver (1959)

CHARACTER DEFINING ELEMENTS

- *Freestanding, high-rise towers, surrounded by parking.*
- *Intersecting rectilinear building volumes.*
- *Austere facades.*
- *Flat roofs.*
- *Vertical Circulation.*
- *Controlled ventilation.*
- *Standardized floor plates for efficiency.*
- *Wide, sterile white corridors Centralized nursing stations.*

POST-MODERNIST (1970-2000)

As research on patient outcomes began to underscore the importance of "whole-person health", recognizing the importance of interconnected aspects of a patient's physical health, including mental, social, and environmental factors.

This change of perspective resulted in a shift away from the functionalism and austerity that characterized the modernist period, and in contrast introduced softer and more familial design.

Sick Kids Hospital (addition), Toronto (1993)

McGll University Health Centre, Montreal (1997)

CHARACTER DEFINING ELEMENTS

- *Shift towards 'human-scale' buildings, giving preference to shorter, rectilinear blocks to accommodate more public-facing services.*
- *Waiting rooms and services for guests and visitors.*
- *Playful colours and forms, as a reaction to the rigid and austere functionalism of the modernist period.*
- *"Interstitial service floors" made for adaptability.*

CONTEMPORARY (2000-PRESENT)

An evolution of the “whole-person health” perspective of the post-modernist period, “people-centered health” also known as “patient-focused care” recognizes the importance of patient autonomy in making health-care decisions.

This focus on patient autonomy, and providing patients with treatment options, has evolved in parallel to increasingly specialized medical treatment.

This trend has resulted in an increasingly decentralized model of care, housed within large buildings or campuses that enable synergies between specialists and services, while also reducing duplication of services and encouraging administrative efficiencies.

Bridgepoint Hospital, Toronto (2006)

Cortellucci Vaughan Hospital, Vaughan (2021)

CHARACTER DEFINING ELEMENTS

- *Individual departments facing onto generous circulation spaces*
- *Large public atrium and or lobbies*

APPENDIX C:

Conservation Design Parameters

VANCOUVER GENERAL HOSPITAL
HEATHER PAVILION

Conservation Design Parameters

September 2025

ERA

INTRODUCTION

What are Conservation Design Parameters (CDPs)?

- *Research-based design recommendations rooted in conservation best practice.*
- *A tool to inform the design process, CDPs present an opportunity for the design team and project partners to reconcile expectations around conservation of significant resources and contextual value.*
- *A basis to help inform design assistance and potential memorialization strategies.*

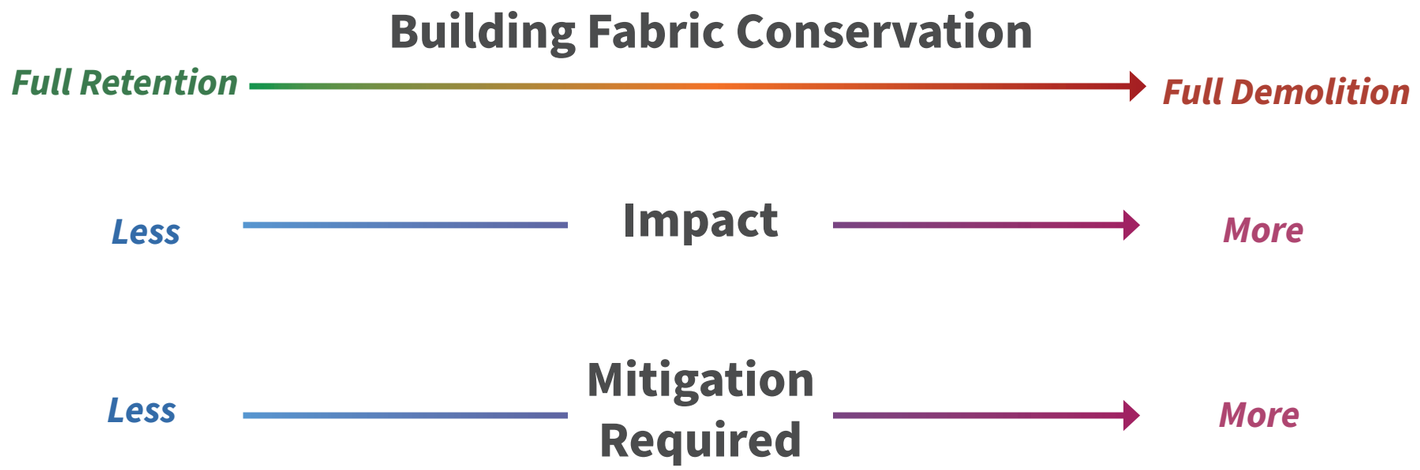
UNDERSTATING OF IMPACT

The Conservation decision-making process is informed by applicable guidance and best practice.

Standards and Guidelines for the Conservation of Historic Places in Canada serve as a national benchmark for conservation best-practice. The Standards and Guidlines outline a three part decision-making process that includes:

1. Understanding;
2. Planning; and
3. Intervening

More significant negative impacts to the heritage resource (such as full demolition) necessitate more comprehensive mitigation measures to conserve the value of the heritage resource.

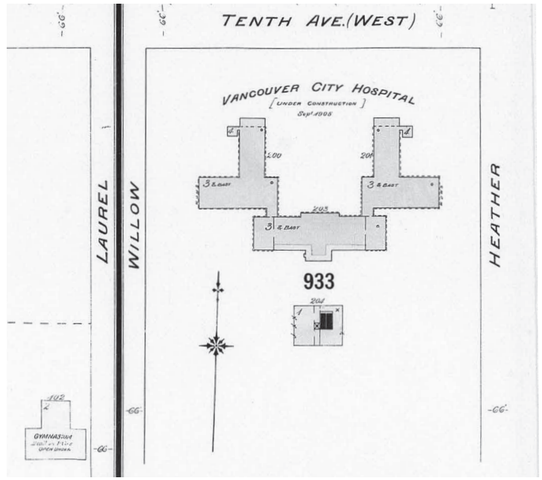


*"**Intervening** on an historic place, that is, any action or process that results in a physical change to its character-defining elements, must respect and protect its heritage value." (Standards and Guidelines)*

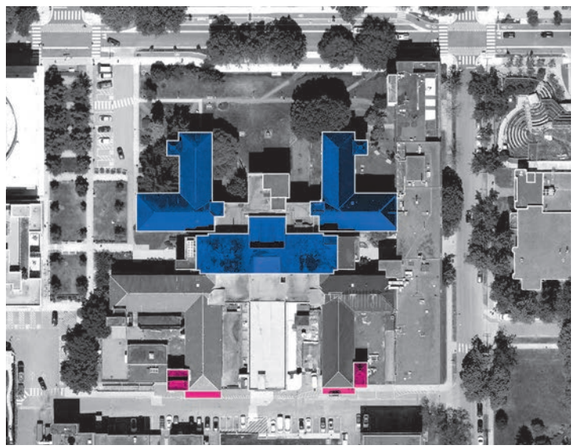
HISTORICAL OVERVIEW - VGH HEATHER PAVILION

- Designed by Vancouver architects Grant & Henderson, and completed in 1906 (original portion).
- Oldest existing building on VGH Campus.
- Home to the first university-level nursing degree program in Canada.
- Received heritage designation in 2002 through by-law No.4837 (original 1906 portion and 1908 end bays + towers).

Left: 1906 Photo of the recently completed VGH Heather Pavilion



Left: 1905 Fire Insurance Plan showing the newly constructed VGH Heather Pavilion



Right: 2022 Aerial view of the Site, annotated with general area described in designation by-law No.4837 overlayed in blue (1906) and red (1908)

TYPE STUDY

A Type Study was conducted to provide an informed understanding of the evolution of Canadian hospital design and the factors that have shaped them.

The VGH Heather Pavilion considered an ‘early urban hospital,’ designed according to theories of its time (e.g. spread of disease directly related to poor ventilation and inadequate natural light).

Take Aways

Advances in science and technology, dynamic patient populations, and ever-evolving best-practices in medicine and public health, require hospitals to adapt and evolve.

Hospitals are constantly evolving and undergoing a scope of alteration and renovation.

This is largely caused by the following factors:

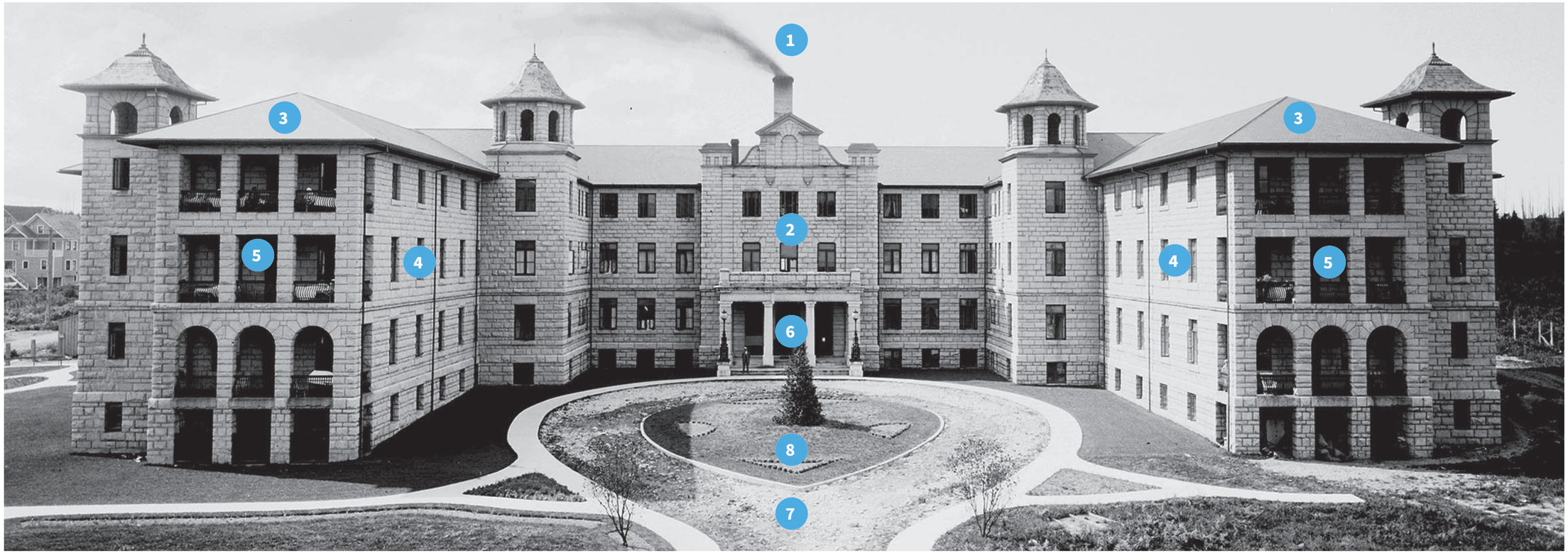
- Meeting the needs of the community.
- Responding to medical and technological upgrades.
- Shifting perspectives in how medicine is practiced.

Royal Victoria Hospital, Montreal (1893)

Toronto General Hospital, Toronto (1913)

Victoria General, Halifax (1859)

HEATHER PAVILION, VANCOUVER GENERAL HOSPITAL(1910)



1. *Pavilion style building Plan surrounded by fresh air and access to natural light*
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CONDITION ASSESSMENT - SUMMARY

ERA performed a visual inspection of the VGH Heather Pavilion, on June 24, 2025.

The core of the building is almost completely obscured by additions built in the 1950s. Some exterior elements of the core building were observed in ceiling cavities from the interior.

The review focused on visible exterior envelope features and excludes interior spaces, structural systems, and inaccessible roof areas. No closeup “hands on” inspections were carried out using scaffolding or a lift. The review does not include structural systems/elements.

Roof and Flashings
Hipped roofs of the 1906 wings have original slate tile roofs that are in poor condition. Multiple tiles are missing, cracked, or slipping. Moss and lichen is growing in shaded areas. Flashings exhibit sections of corrosion and open seams.

Stone Cladding & Masonry
Coursed rock-faced ashlar granite is in fair condition. There is some mortar loss and localized biological growth in shadowed areas and minor staining and surface erosion typical of age. Red brick dust tuckpointing is in poor condition.

Windows & Doors
Original window openings are generally intact, but the units themselves vary widely in condition and originality

Later Additions and Infill
Several unsympathetic additions obscure the core building and L-shaped wings. Later cladding and fenestration disrupt the architectural legibility of the historic building and appear to be contributing to the deterioration of the building

Site & Landscaping
Setback from the original front entry on W. 10th Ave. still legible due to the restoration work carried out in the 2000s. Pathways and trees, while not original, do convey a sense of the historic entry courtyard.

CONSERVATION OBJECTIVES

The following site-specific conservation objectives are intended to guide the evolution of the VGH Heather Pavilion. They are based on an examination of the local heritage context, on-site heritage resources, and applicable policy.

Communicate the nature of hospitals as evolving places that reflect societal values of their time.

Respect and make space for Indigenous expressions of cultural identity and connection to territory, and the transmission of culture, histories, stories, traditions and values.

Balance the Site's planning and community objectives with the heritage values of the Hospital campus.

WORKING-DRAFT PARAMETERS

The following working-draft Parameters are intended to implement the Site's Conservation Objectives, and mitigate the potential loss of heritage attributes.

SALVAGE AND REUSE

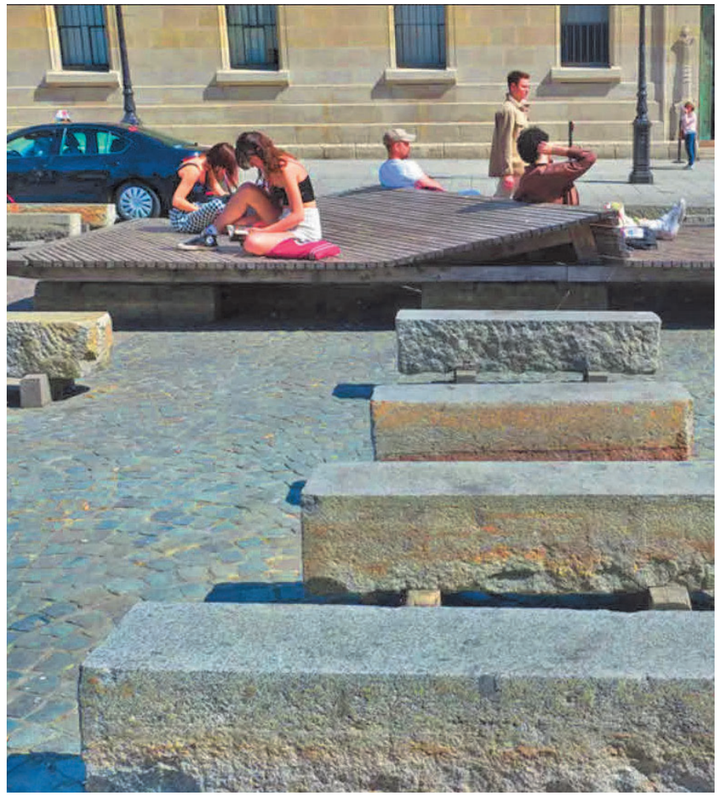
Salvage significant and high-quality materials for reuse across the Campus.

- **A** *Celebrate and reuse a limited quantity of the locally-sourced granite from the VGH Heather Pavilion, communicating its connection to the Site's natural setting, history, and surroundings.*
- **B** *Salvage the original carved stone banding (currently obscured by later additions) for reuse in a prominent location on the Site.*
- **C** *Store salvaged materials in a secure location and protect them from environmental hazards prior to reuse.*
- **D** *Sensitively integrate salvaged features with new construction.*

SALVAGE AND REUSE

Privacy screen at Tommy Thompson Park, containing materials salvaged from the Lake Ontario Shoreline, Toronto, ON (DTAH)

Salvaged materials display at St. Barnabas Church in Sydney, AU (GBA Heritage).



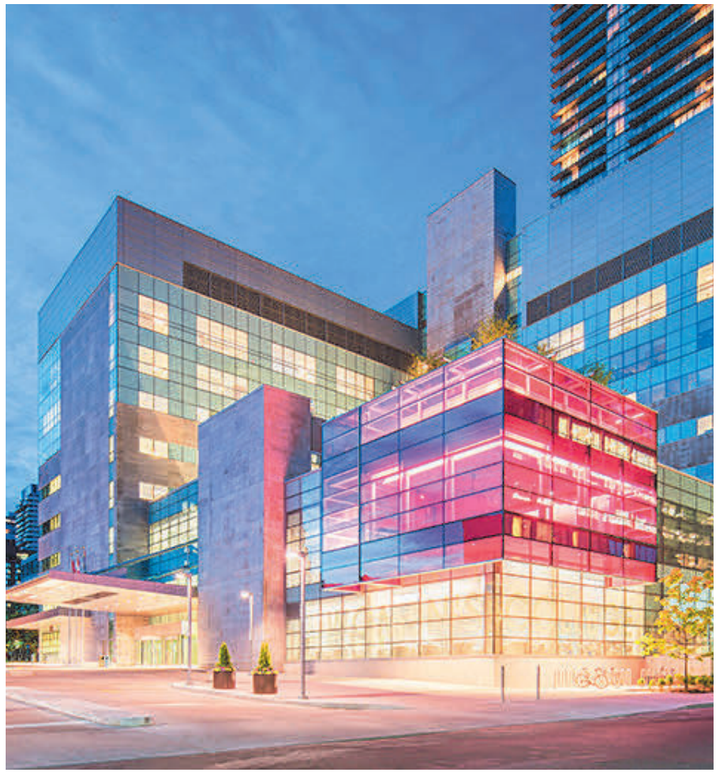
Reused curbstone street furniture at Place du Panthéon, Paris, FR (Ilana Cohen, Landscape Architecture Magazine)

DESIGN REFERENCES IN NEW CONSTRUCTION

Use contemporary architecture to help tell the story of the VGH Heather Pavilion and the hospital campus' evolution.

- **A** *New construction should be of its time and not replicate historic features.*
- **B** *References to historic features should be made legible through interpretation, communicating the evolving nature of hospital design and architectural expression.*
- **C** *Prioritize design that promotes natural light and visual connections to nature and open space.*

DESIGN REFERENCES IN NEW CONSTRUCTION



Women's College Hospital with illuminated pink 'beacon' symbolizing the hospital's historic and ongoing mission to advance the health and well-being of women, Toronto, ON (Walsh Group).

Hôpital du Sacré-Cœur-de-Montréal Expansion, designed to maximize natural light and views of nature, reflecting the siting and design principles of the original sanitorium, Montreal, QC (Provincher Roy)

Tergooi Medical Center, reflecting contemporary approaches to traditional material use, and prioritization of natural light, Hilversum, ND (ArchDaily)

INTERPRETATION

Use a broad range of interpretive and art installations to communicate key themes.

A *Communicate key health care design ideas and philosophies that underpinned the form and architectural expression of the VGH Heather Pavilion.*

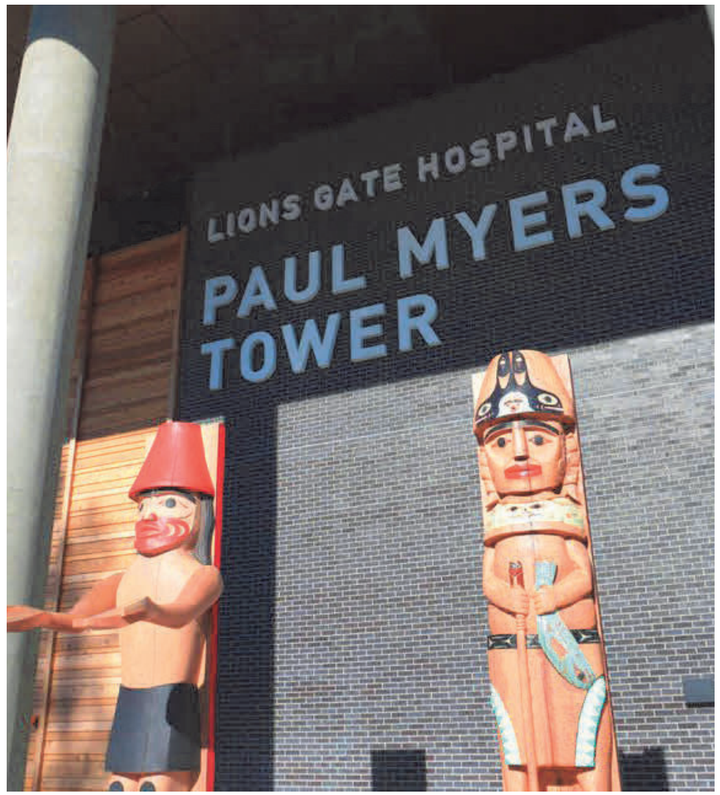
B *Refrain from relying solely on didactic forms of interpretation (i.e. plaques) - actively engage with audiences by deploying a wide range of techniques to support communication.*

C *Subject to consultation with Indigenous communities, speak to "dark" histories through interpretation to promote deeper understanding of the Site, as appropriate.*

D *Use public art (with a focus on Indigenous art), installations, interpretive panels, and landscape interventions to communicate the Site's physical evolution, from time immemorial to the present.*

INTERPRETATION

Interpretation panels at Maple Leaf Gardens in Toronto, ON (ERA)



Indigenous welcome figures at Lions Gate Hospital, Paul Myers Tower (North Shore News)

Artefact display at former Fowler's Pottery Site in Camperdown, AU (ERA)

LANDSCAPE DESIGN

Use Landscape design as an opportunity for storytelling and interpretation.

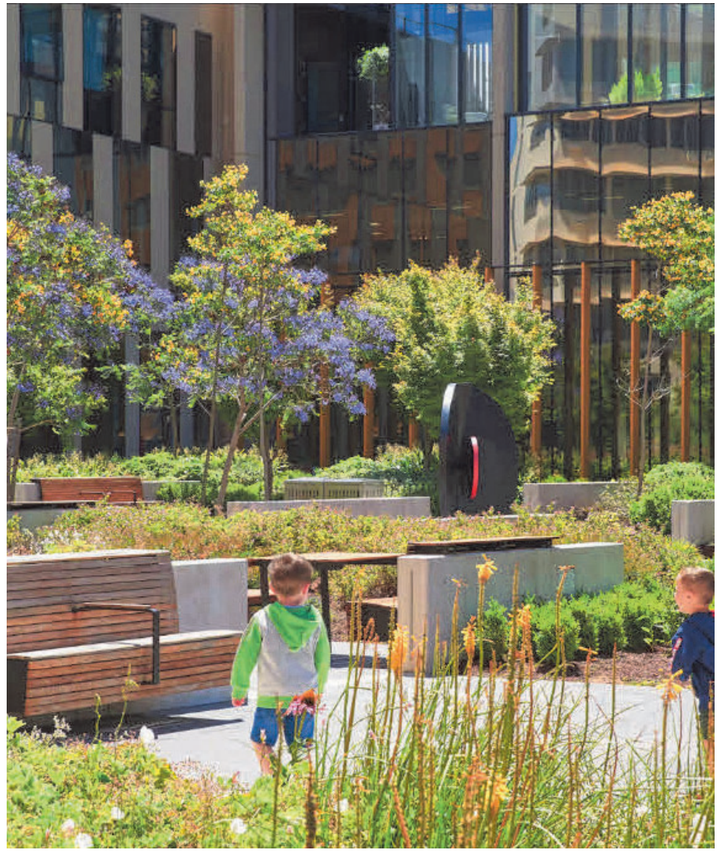
A *Weave the Site's evolutionary narrative (from time immemorial to the present) and key themes into the campus' open spaces, outdoor connections and public nodes.*

B *Develop a landscape program which responds to the VGH Heather Pavilion's enduring design philosophies around naturalized setting, access to fresh air, and natural light.*

C *When designing the landscape plan, create outdoor space that responds to and reinforces the Hospital's evolved relationship with the public realm.*

LANDSCAPE DESIGN

Landscaped boulevard and parkette, responding to context of adjacent street edge (Moody Graham)



Central hospital courtyard at Bedingo Health, designed to offer tranquility, natural light, and fresh air to patients, staff, and visitors, Victoria, AU (OCULUS)

Terrace garden at Victoria Comprehensive Cancer Centre, with diverse plantings and plant-inspired installations, evoking the origins of medicine in the world of plants, and the healing power of nature, Melbourne, AU (Landezine)

NEXT STEPS

- Undertake engagement with the public and Indigenous communities to understand potential attributions of value and receive feedback on Conservation Objectives.
- Complete *understanding* phase and document through Conservation Management Plan.
- Further develop Design and Interpretation Strategies through a Memorialization Plan.

APPENDIX D:

Memorialization Plan

VANCOUVER GENERAL HOSPITAL

Heritage Memorialization Plan

September 25, 2025

ERA

EXECUTIVE SUMMARY

Introduction

This Heritage Memorialization Plan provides a framework to help guide future storytelling opportunities for the VGH Heather Pavilion (the "Site). The Site is located on the southwest corner of Heather Street and West 10th Avenue, on the Vancouver General Hospital ("VGH") campus. The framework is intended to implement a set of Conservation Objectives for the Site and VGH, and guide any commemoration opportunities that may require input at this early stage, including site and landscape design.

Thematic Framework

The history of the VGH Heather Pavilion can be understood through a series of lenses, or themes. We can understand the Site as:

- A locus of care and healing embedded in the evolving urban fabric;
- A civic landmark shaped by shifting public health priorities and social values, reflected in its architectural expression;
- A training ground for the medical and nursing professions, linking academic study and practice; and
- A site where exclusionary colonial histories are contrasted with more recent commitments to equity and reconciliation.

Commemoration Approach & Media

This Plan includes a series of suggested approaches for the interpretation and commemoration of the Site's historical themes. They offer examples of the types of creative, multi-media interpretation that are encouraged to engage a broad range of audiences. The ideas are organized under four methods of commemoration:

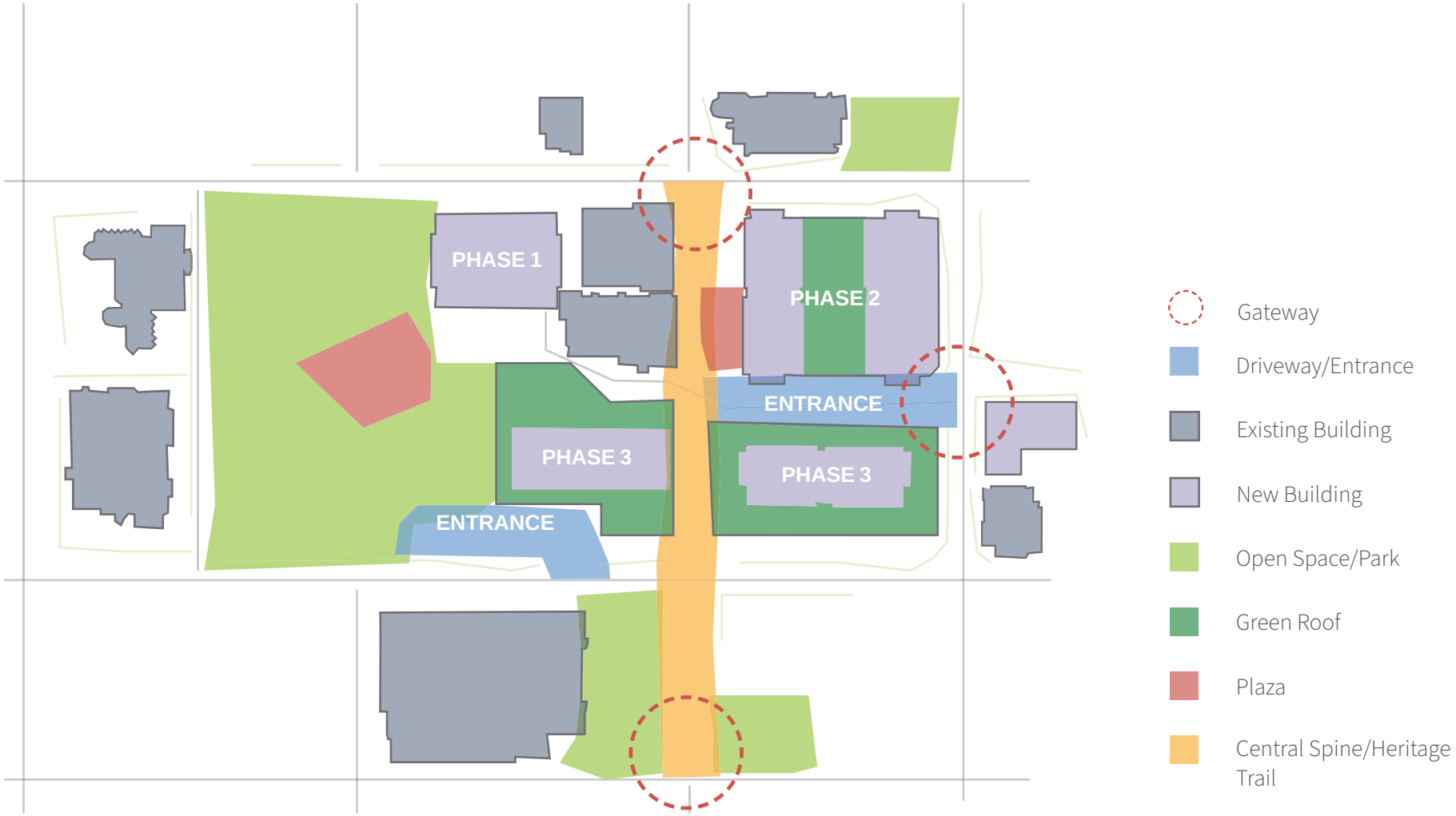
- **Material salvage and reuse**, where granite from the VGH Heather Pavilion, including architectural elements like the original carved stone banding, are sensitively integrated with new construction;
- **Interpretive installations and public art**, which may range from more literal to more abstract approaches;
- **Design references in new construction**, where contemporary references to the Site's historical and enduring values are made legible through interpretation; and
- **Landscape design and materials,** where the Site's historical themes and design philosophies around naturalized setting, access to fresh air, and natural light are integrated and communicated throughout the site design.

The demonstration diagram in this Plan illustrates a preliminary conceptual approach to implementation, in order to help visualize how interpretation could be applied within the current approach to the design of the Site and the VGH campus.

Next Steps

We recommend refining the strategies outlined in this Plan and developing designs of the selected interventions as part of future detailed design phases.

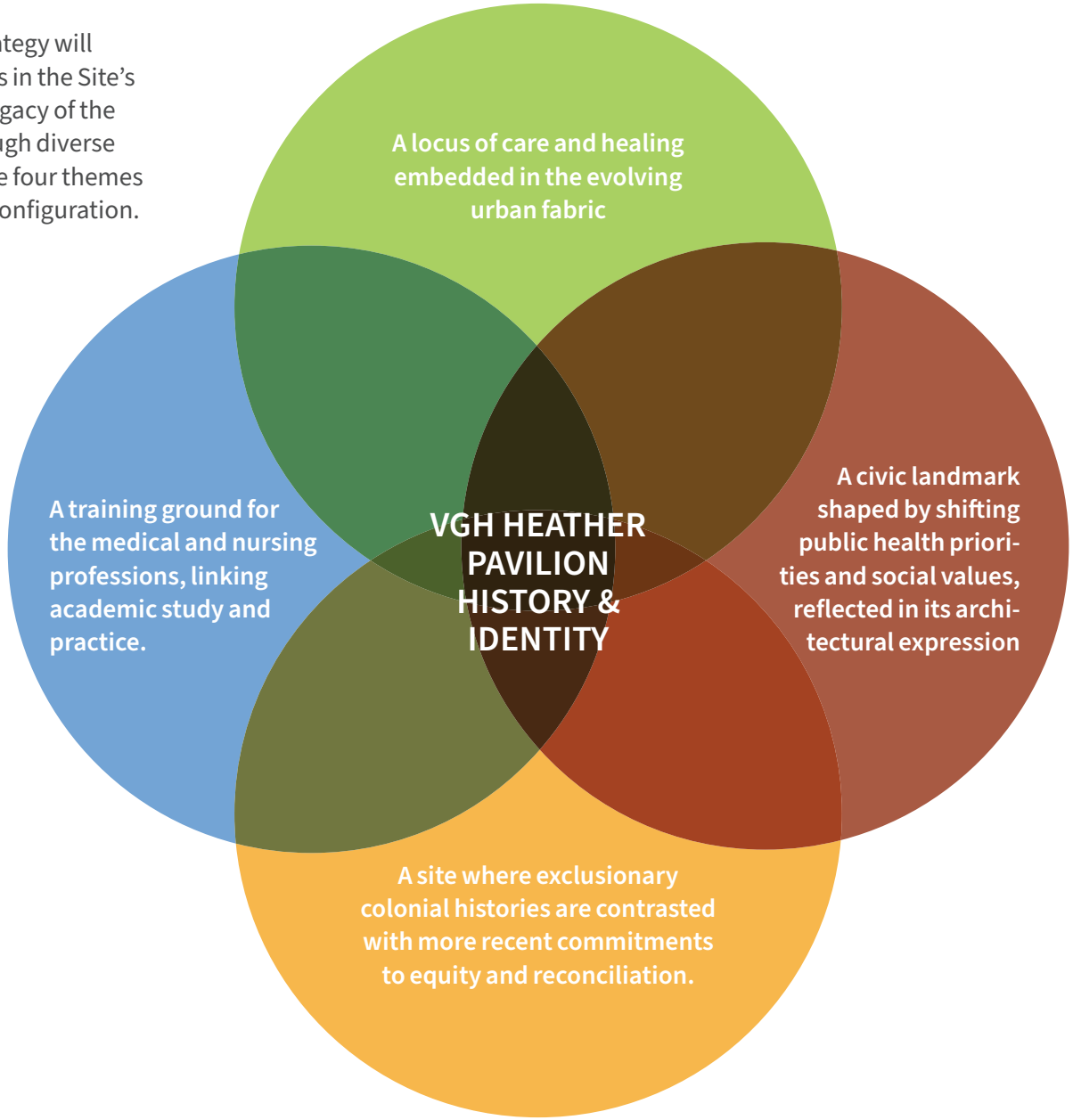
1 PROPOSED SITE PLAN (PHASE 10)



Conceptual plan based on the proposed Site Plan for Phase 10 of the Vancouver General Hospital Rezoning (Kasian, 2025; adapted by ERA).

2 THEMATIC FRAMEWORK

A holistic interpretation strategy will seek to engage stakeholders in the Site's cultural heritage, and the legacy of the VGH Heather Pavilion, through diverse strategies that explore these four themes throughout the Site's next configuration.



3 INTERPRETATION APPROACH AND MEDIA

Considering the thematic framework outlined in Section 2, many methods of interpretation or commemoration could communicate the cultural heritage value of the Site.

In this section, we have identified a series of prospective commemorative installations and/or media, inspired by the Site's historical themes, and drawing on existing high-quality precedents for interpretation. This does not constitute a detailed Interpretation Plan, rather these are examples of media that could be used to communicate the Site's cultural heritage value as it evolves. At a minimum, ERA recommends using a multi-media interpretation strategy, consisting of diverse methods, to tell these stories.

The multi-media strategy is recommended to incorporate installations ranging from more literal and direct communications of the Site's history (e.g. plaques, diagrams, timelines) to more abstract or conceptual allusions to the historical themes. A combination of strategies will be most effective in establishing the evolving VGH campus as a place steeped in a rich history. The ideas in the following pages are organized under four methods of interpretation:

1. **Material salvage and reuse**, where granite from the VGH Heather Pavilion, including architectural elements like the original carved stone banding, are sensitively integrated with new construction;
2. **Interpretive installations and public art**, which may range from more literal to more abstract approaches;
3. **Design references in new construction**, where contemporary interpretations of the Site's historical features or design values are made legible through interpretation; and
4. **Landscape design and materials**, where the Site's historical themes are integrated and communicated throughout the site design.

MATERIAL SALVAGE AND REUSE

Salvage and reuse of high-quality building material from the VGH Heather Pavilion should be investigated both as a means promoting circularity and waste reduction, as well as interpretation. Potential opportunities include reuse of a limited quantity of the building's monolithic granite masonry in the Campus' landscape design (e.g. surface treatment and retaining walls), urban furniture (e.g. benches, tables, and planters), and interpretive elements including public art. The original stone entrance signage ban (currently obscured) could also be salvaged for interior or exterior display.

Retaining wall utilizing large and diverse blocks of natural stone in Beijing, China (Ballistic Architects).

Engraved stone benches at the Wharf District Park along the Rose Kennedy Greenway in Boston, MA (Don Kindsvatter).

Relic Linear Park displaying architectural artifacts in Toronto, ON (ERA Architects).

MATERIAL SALVAGE AND REUSE

Salvaged materials display at St. Barnabas Church in Sydney, AU (GBA Heritage).

Urban seating made from blocks of natural stone (Naturstens Kompaniet).

Privacy screen at Tommy Thompson Park, containing materials salvaged from the Lake Ontario

Pavilion made from salvaged building materials in Tallinn, Estonia (Arch Daily).

Interpretation using monolithic stone at Boston Greenway (Tom Klein).

Salvaged material display from former hospital buildings at Women's College Hospital (Jack Landau).

MATERIAL SALVAGE AND REUSE

Use of stone as terraced park seating at Cary Downtown Park, North Carolina.

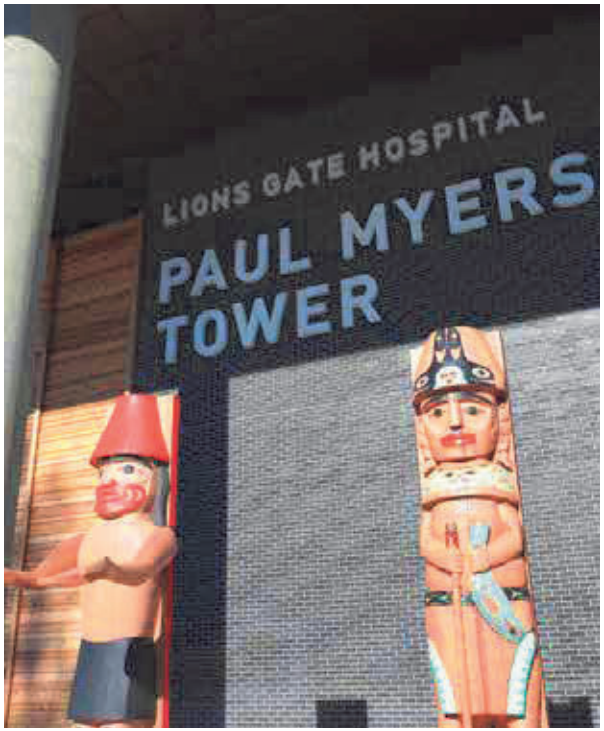
Mount St. Helen's Visitors Centre, stone retaining wall (Marie Fields)

Stone sculpture, symbolizing local landforms in Seattle, WA (Murase Associates).

Fountain and water feature formed from large blocks of natural stone in Nanjing, China (Murase Associates).

INTERPRETIVE INSTALLATIONS AND PUBLIC ART

A wide range of interpretive installations should be considered to communicate the Site's cultural heritage value. This may include but not be limited to plaques, public art (with a focus on Indigenous art), artefact display, and archival photo exhibition. Both outdoor and indoor opportunities should be explored and approaches may range from the literal to more abstract forms of interpretation.



Indigenous welcome figures at Lions Gate Hospital, Paul Myers Tower (North Shore News)


Interpretive Exhibition at St. Hilda' Anglican School Heritage Centre in Perth, AU (Aaron Brown)

Salvaged material display from former hospital buildings at Women's College Hospital (Jack Landau).

INTERPRETIVE INSTALLATIONS AND PUBLIC ART

Buffalo Industrial Heritage Trail (Fisher Associates)

Dunkeld Heriage Trail (Challis Design)

Ground inlayed timeline at West China Union University Road (Liangxiang Design)

The Gully Aboriginal Interpretive Walk, Australia (Nature Tourism Services)

Interpretive signage at Sunset Heritage Precinct (Turner Design)

Ground inlayed timeline at West China Union University Road (Liangxiang Design)

INTERPRETIVE INSTALLATIONS AND PUBLIC ART

St. Hilda's Heritage Centre in Perth, WA (Creative Spaces)

Interior Interpretive photo display at Ontario Court of Justice by +VG (Dezeen)

Exterior Interpretive panels at Ontario Court of Justice by +VG (Dezeen)

Army Museum at Halifax Citadel (Julia Semenova)

Jacobsburg Environmental Education Centre (ArtGuild)

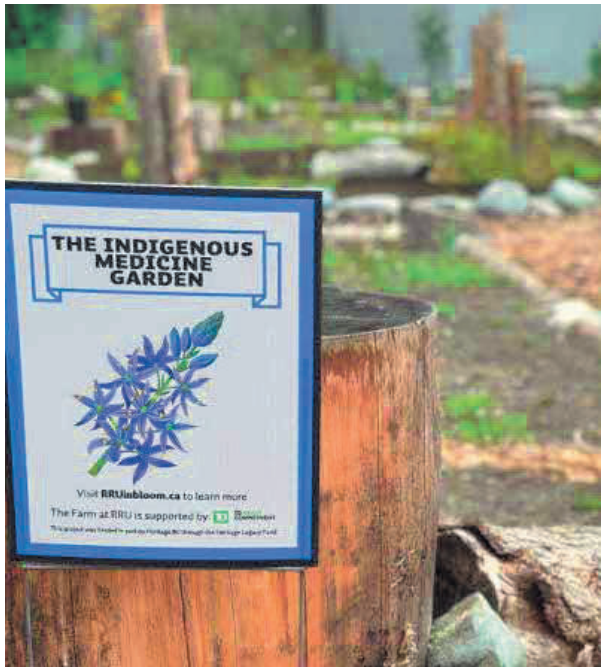
Jones Hall interpretation (Core Design Studio)

LANDSCAPE DESIGN

The design of the Campus' open spaces, nodes, and outdoor connections present an important opportunity to communicate the Site's cultural heritage value. Landscape design can be used to express the VGH Heather Pavilion's enduring design values (e.g. the provision of fresh air, natural light, and connection to nature) and the Hospital's evolved relationship with the public realm. Opportuities should be explored to establish outdoor space for traditional Indigenous health practices including conservation of vital medicinal plants, animals and minerals (in accordance with UNDRIP Article 24) based on engagement with Indigenous communities.

Landscaped boulevard and parkette, responding to context of adjacent street edge (Moody Graham)

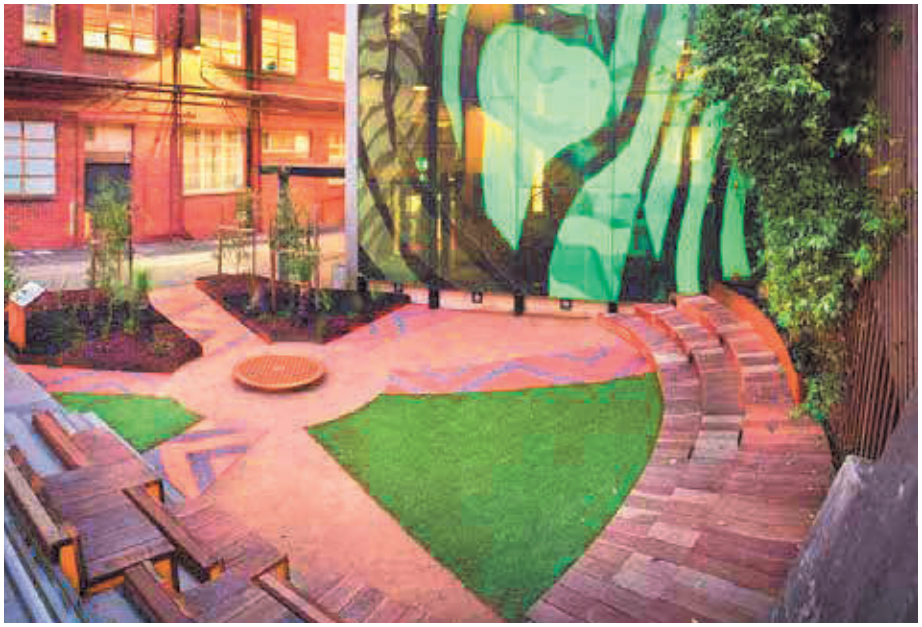
Central hospital courtyard at Bendigo Health, designed to offer tranquility, natural light, and fresh air to patients, staff, and visitors, Victoria, AU (OCULUS)



Indigenous Medicine Garden at Royal Road University in Colwood, BC (Royal Roads)

LANDSCAPE DESIGN

Landscape design incorporating interpretation and artwork at Bendigo Kagan TAFE Institute, AU (SBLA Studio)



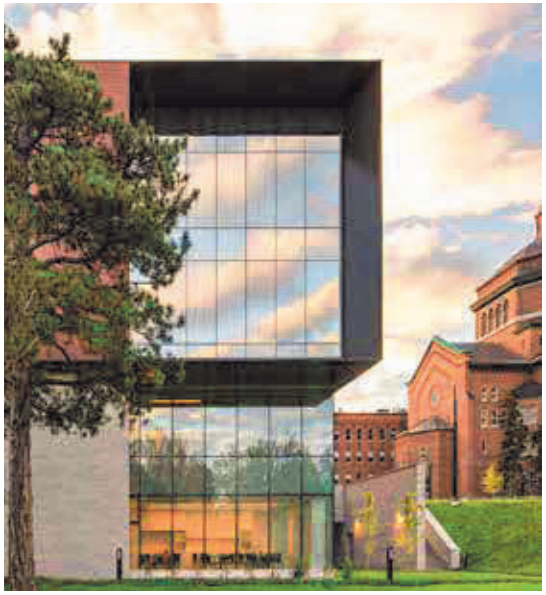
Indigenous Garden at RMIT University in Melboune, AU (Greenway Architects)

Concept rendering of rooftop garden at Ontario Institute of Studies in Education, home to the Indigenous Education Network (Two Row Architects)

DESIGN REFERENCES IN NEW CONSTRUCTION

In designing a new building at the VGH Heather Pavilion site, contemporary architecture should be used to help tell the story of the building and the hospital campus' evolution. While new construction should not replicate historic features, it may be appropriate to reference historic design values of the Heather Pavilion, such as the promotion of natural light and visual connections to nature and open space. The legibility of such references should be reinforced through interpretation.

Women's College Hospital with illuminated pink 'beacon' symbolizing the hospital's historic and ongoing mission to advance the health and well-being of women, Toronto, ON (Walsh Group).



Hôpital du Sacré-Cœur-de-Montréal Expansion, designed to maximize natural light and views of nature, reflecting the siting and design principles of the original sanitorium, Montreal, QC (Provincher Roy)

Tergooi Medical Center, reflecting contemporary approaches to traditional material use, and prioritization of natural light, Hilversum, ND (ArchDaily)

POTENTIAL INTERPRETATION LOCATIONS (DEMONSTRATION)

Demonstration Plan, Indicating potential locations for interventions, subject to change

- Gateway Node
- Plaza / Parkette
- Long-term Open Space
- Central Spine/Heritage Trail
- Future Building

1. Potential area for reuse of granite material in surface treatment and landscape (e.g. walkways, retaining walls), urban furniture (e.g. benches, tables, planters), or interpretive elements
2. Potential area for reuse of original stone entrance signage band
3. Potential area for public art (with a focus on Indigenous art) which communicates the Site's values and physical evolution, from time immemorial to the present
4. Potential area for interpretive panels and installations, which tell the story of the VGH Heather Pavilion and health care at VGH more
5. Potential area of outdoor space for traditional Indigenous health practices including conservation of vital medicinal plants, animals and minerals (in accordance with UNDRIP Article 24) based on engagement with Indigenous communities
6. Potential area for landscape design that responds to the Hospital's evolved relationship with the public realm
7. Potential area for new construction of its time, referencing enduring values of the VGH Heather Pavilion (e.g. provision of natural light, visual connection to nature and open space)

4 NEXT STEPS

This Memorialization Plan has been prepared to help guide future storytelling and interpretation opportunities on the Site. Conceptual and detailed designs for proposed interventions should be developed as the redevelopment process advances. ERA also recommends early engagement with Indigenous communities as part of any future memorialization or interpretation interventions.