

## INTRODUCTION

The number of persons employed, visiting, accessing services or servicing the Mater Hospital site, makes it comparable to a major industrial environment. On the periphery of this, there are communities that have existed for generation, but over the years have had the life sucked out of them because the needs of the hospital have taken precedence over the needs of people who live within its shadow. Domestic and small commercial properties have been bought up and transformed into private consulting room, medical facilities, research amenities, administrative offices and computer centres, all to serve the very necessary requirements of a major hospital. But the result for us have been devastating to our quality of life. Areas have become entire off-campus hospital neighbourhoods, where streets are abandoned after dark, on weekends and during holiday times. These streets have no out-of-hours footfall. They have no domestic presence. They no longer have non-hospital functioning amenities. The old communities are being slowly strangled. The NCH claims it will be an advantageous development for our area. But we are witnessing the adult hospital even now, before its completion, stating that the new development will not be sufficient to accommodate all services, and that some of those off-campus, will remain so.

We know that small local shops tailor their opening hours to service the maximum clientele, and with over 3,000 staff, hundreds of patients and many visitors etc. that's the Mater Hospital. We have already lost small shops on Berkeley Road, North Circular Road and Dorset Street, all of which streets, as previously stated, now house overspill in what were previously homes, shops, a school and bank buildings. We have already catalogued the consequences for us when the volume of staff in the hospital is at its lowest. The services are no longer geared to what's left of our diminishing local communities. We can only image what an overdevelopment of this proportion on the Mater site will do to us.

We anticipate with despair, the further need for NCH expansion in the future, the shoehorning of a maternity hospital onto the site, and thus further encroachment into and devastation of our communities.

## TRAFFIC

Much emphasis has been placed on the "strategic" nature of the construction of the NCH. It is a national strategic infrastructural programme. But a project of this scale and importance, without the planned parallel building of a major, comprehensive and integrated public transport network is both unsustainable and scandalous. The NCH now claim they planned the development without Metro North as a prerequisite. But at every meeting that we attended, the decisive role of this RPA, infrastructural project, running in close conjunction with the development of the National Children's Hospital was emphasised. Its importance in alleviating local concerns about traffic congestion was highlighted by the NCH. The fact that the stop selected was right at the Mater hospital and not up in Phibsborough village as initially suggested by residents, was used to underline its importance to this project. In this respect the Mater Hospital directly lobbied for the stop to be diverted to their site and away from the centre of Phibsborough on the basis that it was too great a distance for people to walk. And the development of the Metro North has run in tandem with the project for the NCH, witnessed by collective meeting, consultations and the dissemination of information. Mr. Horan's traffic submission therefore would seem less than scrupulous.

Dealing with individual items on his agenda:

A. He says things will be better with construction of the NCH, as the new car parking facility will mitigate the effects of the Eccles Street car park closure. But the Mater have already gone a long way to alleviate the effects of displacement of spaces at the Eccles Street car park. a) The derelict site on corner of Wellington St/Dorset Street as a surface car park, provides 280 spaces, (photographs provided), b) a site on the North Circular Road behind Mounjoy provides approximately 20 spaces. c) Further spaces are available at the large Dalymount Park football field car park for staff. d) In addition consultants now have designated spaces in the Gresham Hotel car park, e) And there are staff places reserved at Clery's car park opposite the An Bord Pleanála offices, with a shuttle bus to serve the hospital. We are unable to absolutely reckon up the total of spaces available, but it would appear that at a conservative estimate, there are somewhere at in the region of 400 spaces for staff since the closure of the on-surface Eccles Street car park, a total already in excess of that

provided for staff by the original car park, and in excess of that planned for staff in the new car park facility. The staff pay €20.00 per week to use these various places. Therefore the chaotic situation that currently pertains in Eccles Street and the surrounding streets is not driven by, and is more than the result of the closure of the old surface car park. By this estimation the chaos will continue after the building of the NCH. It appears therefore that the car parking provision for the new Mater Adult and the proposed NCH is far from adequate. This alone would make the wisdom of siting the NCH at the Mater site, questionable.

If the car parking space is inadequate for the site, will the proposed NCH, the adult Mater Hospital and the planned maternity unit continue to use these abandoned building sites as car parking spaces, thereby subjecting our area to the permanent eyesore of dereliction, in order to accommodate their traffic and parking requirements? We know from past experience that the hospital looks to its own needs, ignoring the impact on the local area.

B. The Mater proposes a shuttle bus to service the main transport hubs (Connolly, Heuston, Pearse Street etc) They have tried this before without success. Currently a service already exists and actually passes up Marlborough Street beside the ABP offices. It is underused and we have noted that it is at less than half full on most occasions and that it had one person in it at 4pm on Wednesday 26<sup>th</sup> Oct. How will this change after the development of the NCH?

C. Mr. Horan claims over twenty bus routes within 5 minutes walk of the NCH site. I walked these stops last Sunday 30<sup>th</sup> Oct. at a brisk pace, in trainers, with no heavy bags or children. The weather was fine and there was little traffic.

- No account has been taken of the one-way system which puts people coming from the south of the city at a greater distance from the proposed NCH than those coming from the north side. As an example, the number 4 bus from Harristown to Monkstown stops in Blessington Street travelling south towards O'Connell Street, which is approximately five minutes from the site, but stops in Parnell Square and Western Way travelling north. The walking distance from these two bus stops is twelve and seven minutes respectively. This applies similarly to the number 9 route. When lobbying for the Metro North, if you recall, the distance from Phibsborough to the Mater was considered a reason enough to warrant siting it closer. But Phibsborough is approximately the same distance as that from Western Way or at worst Parnell Square, to the site of the proposed NCH.
- Nos. 33, 41, 41b, 41c travel up Gardiner Street coming out of the city, turn right into Lower Dorset Street away from the proposed NCH and towards the airport. The stop is north of the Mater adult, and three bus stops away from the nearest bus stop to the proposed development of the NCH
- Nos. 3, 16/16a, 40a/40d according to Dublin Bus are to be amalgamated (i.e. two into one) with other routes yet to be decided on. Whatever amalgamation results in, it means less buses, as has already been proven with the Nos. 13 & 9.
- Nos. 38/38a are good services for the hospital when they run, but off peak buses are scheduled only every 40 minutes making it an infrequent service and an unreliable one if even one bus is missing, or if several come together, as often happens with the 46a.
- Lastly, the number 11 bus services a very long route from Wadelai Park on the north side through to Sandymount industrial estate south of the city, only runs every half-hour. The extended length of routes nos. 4/9/11/13/46a etc. due to amalgamation already, makes for the possibility of greater delays, traffic obstruction and therefore a less reliable service, as those of us who live in the inner-city, without benefit of a car and are therefore wholly dependent on public transport, are aware.

D. We note with concern that every submission by the applicants' experts relating to design, construction, medical issues etc., has assumed and promoted the future co-location of a maternity hospital on the same site as the NCH. However there is one exception. No mention at all was made of same by the traffic submission alone. We feel this omission relieved the traffic report of the necessity of accounting for yet a further

increase in the volume of traffic to and from the site and parking issues related to further development into the near future. If a co-located maternity hospital is required as the other 'experts' state, then honest, transparent and precise future traffic assessment is vital now. If further traffic increase is found to be a result of co-location, then its impact should be deemed unacceptable to an area already under siege, and the siting of the NCH and the maternity hospital at the Mater campus, judged to be unsustainable and ill-advised.

E. Mr. Horan has stated that Metro North is not crucial to the operation of the NCH. Yet in Mr. Rory O'Connor's submission for the RPA, he refers to the Lissenhall and Airport Junction as “the busiest corridor for commuting” and that it will suffer further “if Metro North is not given the green light to go ahead”. But is this not the very junction and corridor from which patients and visitors travelling by car to the proposed NCH and the future maternity hospital from Louth, Meath, North Kildare, North County Dublin and north Dublin, will access the hospital? So despite denials to the contrary, Metro North would appear an essential component of the NCH development on this site. It, however, has been shelved for the foreseeable future.

This congestion on the route to the proposed NCH is confirmed by the quote from the DCC submission dated Sept 7<sup>th</sup> and lodged with ABP Sept 9<sup>th</sup>. Sec.11.0 under heading “Carrying Capacity and Safety of the Road Network”

In terms of vehicular trips generated from the proposed new hospital, the existing road network surrounding the Mater site is at present heavily congested during peak periods. However it is noted that during peak hours, the majority of trips to and from the hospital will be by staff, and the majority of these by public transport. During off-peak period, traffic conditions in the inner city and on the main routes radiating out from the central area generally improve thereby yielding lower journey times to the new hospital.

Yet somehow DCC manages to go on and deduce from the above that,

The site is located in one of the most accessible locations in the city, if not the country.

We have already shown that the staff are not using public transport, that the parking facilities are currently inadequate and that the additional future expansion with the proposed maternity unit will be catastrophic. Without accessibility and with congestion and delays, this is an inappropriate site for the proposed NCH.

## PLANNING

We did not entirely understand the counter-submission by Mr. O'Donnell to An Taisce's submission on Thursday afternoon of Oct. 27<sup>th</sup>, but our impression was that, whereas An Taisce were suggesting the planning should be open, transparent, democratic and public from the earliest stages of the process, Mr. O'Donnell appeared to justify a situation whereby the narrowest interpretation be put on planning directives in order that the least possible information should be put into the public domain. We would consider it best practice and in the interests of democracy and transparency that every stage of planning be put to public consultation and scrutiny, including in this case, the selection of the site (particularly for strategic infrastructure programmes). We understand there was actually a board of site selection for this project, but that at no time did the public, or local people get a chance to comment or input into this early and critical stage of the project. Regarding this, I quote from a report on community consultation from 2008, and will be referring to it at other points in my submission. The report states:

...the way in which planning is carried out matters greatly. It profoundly affects the way urban areas develop and change. It can be responsible for huge impacts on a household's quality of life and can even undermine the future of the community itself. Planning can create huge benefits for some, while imposing enormous burdens on others. It can also have unpredicted consequences... Rather than solving problems, many of the original problems can actually be made worse. (Report by Paula Brudell, *Handle With Care! Community Participation in Regeneration and Development*, Trinity College Dublin, 2008: p2)

I will specifically address consultations with the NCH and our participation in the LAP in my next sections.

Mr. Paraic Fallon's submission on planning for Dublin City Council spoke of the inclusion of the triangular

park opposite the old granite Mater Hospital building as contributing to the open public space. This park of the four masters, which is not open to the public, is not within the gift of Mr. Fallon or DCC to offer as an open public space. I therefore strongly suggest its inclusion be withdrawn immediately.

Mr. Fallon also rather disturbingly produce a map and drawing of an open space somewhere opposite the Mater Hospital site, as if it already existed as an open public space and thus contributed to the 'open space' requirements of the site development. However it transpired following a question from Miss Marie Gallagher, that it was a drawing of what the Mountjoy Jail site might look like into the future, if the gaol itself ever moves out of the city centre. It is an aspirational sketch drafted during the LAP, prior to these plans ever being drawn up. The introduction of this drawing was a sleight of hand that was both misleading and deceptive. It too should be withdrawn.

All over Ireland we can see the consequences on the landscape of the unsatisfactory and deplorable planning decisions taken during the last twelve years, and the price for those bad decisions are being extracted from communities and taxpayers and will be for years to come. We thought all that was behind us and that somehow the planning authorities, architects and developers had learned the lessons of those preposterous years. Yet here we are again. By any measure, to site a sixteen storey building of this bulk in front of, and to the south of a newly constructed eight storey hospital has to constitute poor planning. All the money, thought, design and work that has gone into constructing a new adult hospital is to be obliterated by a building twice its size sitting directly in front of it. Where is the light and shadow study "expert" who justifies that? Or is the effect merely negligible? In a building that is supposed to be sustainable, where is the natural light and ventilation once the building is left crouching behind the overbearing NCH? Or will the adult hospital, like Leo Street, be forced to switch on the electricity and heating because the sun doesn't reach the interior of the building? This is not a planning decision for the future. It is a decision and a design, as the heritage council pointed out, redolent of the madness of the Celtic Tiger years and being justified on attendant grounds.

## LAP

The setting up of an LAP was initially driven by residents' associations, and not by DCC as has been suggested by a number of parties. Once DCC's accepted the need for an LAP, a very large number of residents' associations took part in the Phibsborough Local Area Plan consultation of 2006-2007. We, the residents, felt the area and all development sites, including Smurfits, Dalymount, Mountjoy Jail, Mater Hospital, Phibsborough Shopping Centre, Grangegorman, Hedigan's Pub, etc., should be planned as a whole, in order to meet the future need of the community, rather than having the area subjected to piecemeal development. The original height suggested and voted by local people was well under twelve storeys, but our councillors, at the behest of the city manager, opposed the wishes of residents and finally voted for 12+. Even with this increase in height it was never anticipated that the 'plus' would permit an additional 50% in height, nor that the storeys would be half as high again, resulting in this proposed building being comparable to 24 residential storeys. We took part in the consultation in a spirit of good faith, in the confidence that we had something to contribute and that our voices would be heard. It must be obvious from this hearing that not one of us who live in the area anticipated a building of this scale, density and height.

During the LAP and the subsequent amendment consultation period, we fought to restrict development that could impact the surrounding two storey Victorian houses in Leo Street and Berkeley Road and the three storey over basement Georgian houses of Eccles Street, to a human scale. We then got a second chance to be heard at the Dublin City Development Plan 2011-2017 consultation, and during that time 48 residents' associations, representing people across the entire city signed a petition begging DCC not to increase the height of buildings in the inner-city and the immediate Dublin city area. To our despair, this was again overruled by the city manager and councillors in favour of a submission by developers. This was to be a developer lead Dublin City Development Plan which would take away voice away from residents, right up to 2017, which is why this development is asking for planning permission to be extended till that date. At this point I wish to re-emphasise that none of the DCC planners with the exception of one person, none of the applicants of this development, nor their design team, nor their expert witnesses live in the inner city area of

Dublin, and yet they confidently tell us what will be good for us and what they see as fulfilling local needs, without paying the least heed to anything we might say to the contrary.

So, we lost out in the LAP, our voice was ignored by DCC during the DCDP consultation, and our last stand is this appeal to ABP. We are not paid to be here, we do not have access to tax payer's money, we are not paid to represent anybody, we represent ourselves and no one else. Our appeal is without benefit of legal representation, without the finance to call 'expert' witnesses, or the ability to employ the media in order to be heard. To challenge this, months have been siphoned from our work-time, family commitments, evenings after-work, holidays and leisure time. This is a David and Goliath scenario; we have sling-shots, the applicant can afford cannons; we have stones, they can purchase fire power.

## CONSULTATION AND COMMUNITY GAIN

The project manager, Mr. Paul Heade, set up a “consultation” process between residents and the NCH, but refused to address any of our concerns around excessive height, overbearing bulk and mass, over-development of the site and the attendant loss of residential amenities. He informed us into the process that it was in fact merely an advisory procedure and in confirmation of that fact, nothing that was of concern was altered in residents' favour during the process. In relation to this, I again cite the Brudell report on the common experiences of community groups when faced with planners and developers.

Most communities identified enormous deficiencies in the participation process, creating huge dissatisfaction, disillusionment and sometimes, feelings of utter betrayal. (Paula Brudell, *Handle With Care! Community Participation in Regeneration and Development*, Trinity College Dublin, 2008: p2)

The problems of this “consultation” with the NCH focus around the following:

- It was a narrow pre-determined framework and agenda, in which major decisions, impacting on our communities were taken before we were ever invited to become involved.
- Debate therefore was non-existent and the outcome pre-ordained.
- The plans had an unstoppable momentum. At every stage it was a 'fait accompli' for residents.
- Effects were deemed 'acceptable' by the pundits that are catastrophic for quality of life of human beings who reside in the locality.
- At times terminology and statistics were problematic and the jargon impenetrable.
- We had difficulty accessing information from the project team.

On the issue of community gain, best practice should determine that it be embedded in a transparent, democratic and accessible planning process to enhance the environment for those who already live in the locality and have a prior interest in, and commitment to the area. Because the specialists paid by the development team say it will be good for us, doesn't make it so. It should not be used to coerce residents into accepting the deterioration of local amenities in order to push through an overbearing and over-scaled project. As our frustration mounted, and we realised this was little more than a publicity exercise and/or the apparent fulfillment of a mandatory directive, the “consultation” became far from an amiable and civilised process. We were initially instructed to draw up a list of desired community gains through John Spain Associates, then one by one each of those that were outside the requirements of the NCPHB's own plans for the site, were eliminated as either too expensive or not within the remit. We were instructed that the development of the hospital itself was a community gain, and Mr. O'Donnell reiterated this fact. But then suddenly, out of the blue and just a prior to the hearing, a fund appeared and Leo Street were summoned to a separate meeting. I invite you to draw your own conclusions.

## CONSTRUCTION

Having several times asked for assurances regarding the safety of their building methods, residents have been assured by O'Connor, Sutton, Cronin engineers and by Sean Mahon and Clare White, architects, that the construction process of piling will not impact their buildings. These same people gave exactly the same assurance in 2002 to No. 2 May Cottages regarding the use of the same technique on an adjacent Mater Hospital development, 0489/02. But on August 24<sup>th</sup> 2004, less than a few hours after piling work commenced on the adjoining site, the gable wall and garden wall of that house collapsed. The credibility of the assurances of OCSC, Sean Mahon & Clare White is thus called into question. Engineering is much more a belt and braces operation than the applicants' statistics and calculations would like us to believe, especially when dealing with modern aggressive building techniques, beside older building methods. And as has been continuously pointed out by Leo Street residents, their buildings, like No. 2 May Cottages, are without foundations. This is a perfectly acceptable method that has withstood the test of time, in the case of May Cottages, over 200 years, until it was subjected to aggressive interference by augur pile-driving. (Documentation available.)

Having been responsible for one disaster the Mater again had to be reminded of their responsibility towards residents' properties in 2007. Residents close to Berkeley Road found that the construction activities of the Mater impacting in a negative way on their Victorian houses, necessitating the employment of engineers at their own expense, in order to protect their properties. A reference is made to this event in PA.5449/07. In this instance assurances were also given, and no heed taken of local people's concerns

## PEOPLE AS A RESOURCE

We have tried to stress over and over again that local people have a knowledge and experience of the area that should be regarded as a valuable resource. However, it has been ignored by the applicant and is frequently given scant regard by any developer. Local knowledge cannot be bought; it cannot be googled; it doesn't appear on any statistical chart; it has rarely been recorded as it's often deemed unimportant in the face of graphs, charts, computer models, conceptual evaluations, mathematical calculations, the gathering of theoretical data and its subsequent analysis.

But all this 'professional' and 'expert' information bears little relation to the world as experienced by those of us who live in the area and are familiar with it. The 'expert' information is notional, philosophical, hypothetical, speculative, conjectural and suppositional, in the face of real local experiences and the perceptions of long-standing communities, some of whom have been not just a single lifetime, but generations in the same street and often the same house. This disregard has led to the unwise siting of developments throughout the country during the last twelve years. We are now paying the price. And it has contributed much to putting us in the position we are in. We would suggest that this is a development that falls into that very category. It is characterised by an arrogance and a swagger that is out of proportion and presents an overbearing bulk and height that dwarfs the human scale of the surrounding modest, but attractive houses, punctuated by significant and much-loved landmark buildings.

Our knowledge and experience has been disregarded in the following:

- No heed has been paid to the local experience of traffic problems as elucidated in earlier paragraphs.
- No thought has been given to the construction errors of 2004 and 2007 in relation to No. 2 May Cottages and houses in Berkeley Road, and the implications this has for the Leo Street houses.
- No attention has been given to the real needs and requirements of our local communities for future sustainability. In fact if this goes ahead, our communities may well not exist.
- No regard has been given to the immediate and devastating impact of this construction on the very real, human, quality of life as lived in these communities.

- No notice had been taken of our experience of security issues around an already extensive hospital campus and its attendant problems.
- No one seems to bother much about the over-concentration of medical facilities which has already killed off swathes of our area and puts us under siege.
- No consideration has been given to local people's account of the historic existence of old lane and street patterns, their closure and elimination by the Mater, and the subsequent impact for people traversing and accessing the area.

Instead, in each case, mountains of statistics and reports have been produced to prove that the medicine will be good for us, if only the patient would accept what is regarded by the more knowledgeable “experts”, as the cure.

With all due respect to staff from the Mater, whose views were given a hearing when assessing the future needs of the hospital, their interests are significantly different to our own. Like the planners, design team, experts and the members of the board of the NCH, they do not live in the area; they do not vote here; they do not spend their leisure time here; they do not shop in the local area, nor do they send their children to school here. They tend to drive in and drive out and that alone skews their perspective on the locality.

Even when challenged to alter her report in the face of our very real experience around the security of medical clustering in Eccles Street, which experience incidentally is also confirmed by the hospital security staff, the expert in question Miss Ciara Kellett, refused to even countenance a possible change in attitude. What chance do we stand? As I said, David & Goliath! Our only hope, and it's a very small one indeed, is that David won, by precision and accuracy, derived one might even suggest, from local knowledge.

#### LITERARY & HISTORIC IMPORTANCE OF AREA

Colm Murray pointed out that this is an historic area of Dublin, with literary connections, not least because of James Joyce's *Ulysses*. The immediate area also has ties with Brendan Behan, Sean O'Casey, Dominick Behan, Richard Brinsley Sheridan, born on Dorset Street and his father Thomas Sheridan who ran Smock Alley. Local people are aware of, and proud of these connections. Eccles Street, Nelson Street and the surrounding area are on the literary and historic tourist trails. There are links as well with Francis Thompson, the architect of St. Georges Church, whose house on Eccles Street is well known, but who also built himself a folly on St Joseph's Parade, and much more.

The conservation architect, Mr. Arnold, in his report on Dublin's build heritage, reports extensively on the affected views.

...there will be an adverse visual impact on some key views, streetscapes and landmark buildings...” (3.3 para. 4)

He assesses the receiving environment on the

“...long low form...” (3.5.2 para 2) .

of the old Mater.

He appraises the overall impact by saying,

...most of the identified impacts relate to scale and location of the proposed development...”(3.4.2).

But Mr. Arnold unlike all the other experts, withholds any outright endorsement of the development, merely

stating it would have significant ramifications for the city and the Dublin skyline.

The many and varied montages of the visual impact of this development on our historic built heritage provide ground level vistas only. But it is important to note that first floor and upper storey views from the Georgian houses in Merrion Square, Fitzwilliam Square and Fitzwilliam Street, Mountjoy Square, St. Stephens Green, Trinity College, the upper floors of the Kings Inns, all along the upper floors of the south quays and so on, will be even more seriously impacted, yet the applicant has failed to show any of these.

Regarding our original submission, we quoted several international and European charters that address issues of conservation that pertain to this development; charters to which Ireland was signatory. We were disturbed at the lack of significance accorded to this area of our submission and the manner in which it was dismissed. Sean Mahon brushed it aside by saying they had addressed the matter, yet nowhere did we see the substance of that address. We feel it is not enough to merely dismiss the subject by stating that it has been dealt with. Where were the issues we raised addressed, in what manner and by whom? The applicant has yet to answer.

## CONCLUSION

On behalf of BLEND Residents' Association and the community of small cottages and Victorian houses immediately to the south of this proposed development,

- I have focused on the major traffic problems that we experience even now and prior to this development.
- I have elucidated the complex and often fraught nature of the planning process for ordinary, non-expert, local residents.
- I have spoken of the Local Area Plan, the DCDP, and the so called 'consultation' and community gain process with the NCH project manager and his team all of which deprived us of our voice.
- I have pinpointed the uncertain nature of assurances given to residents in regard to the safety of their property, by the designers, engineers and developers.
- I have show how local people, as a valuable resource are totally ignored.
- And finally I have shown how important for local people is the history of our area.
- My colleague, Valerin O'Shea will focus entirely on planning matters.