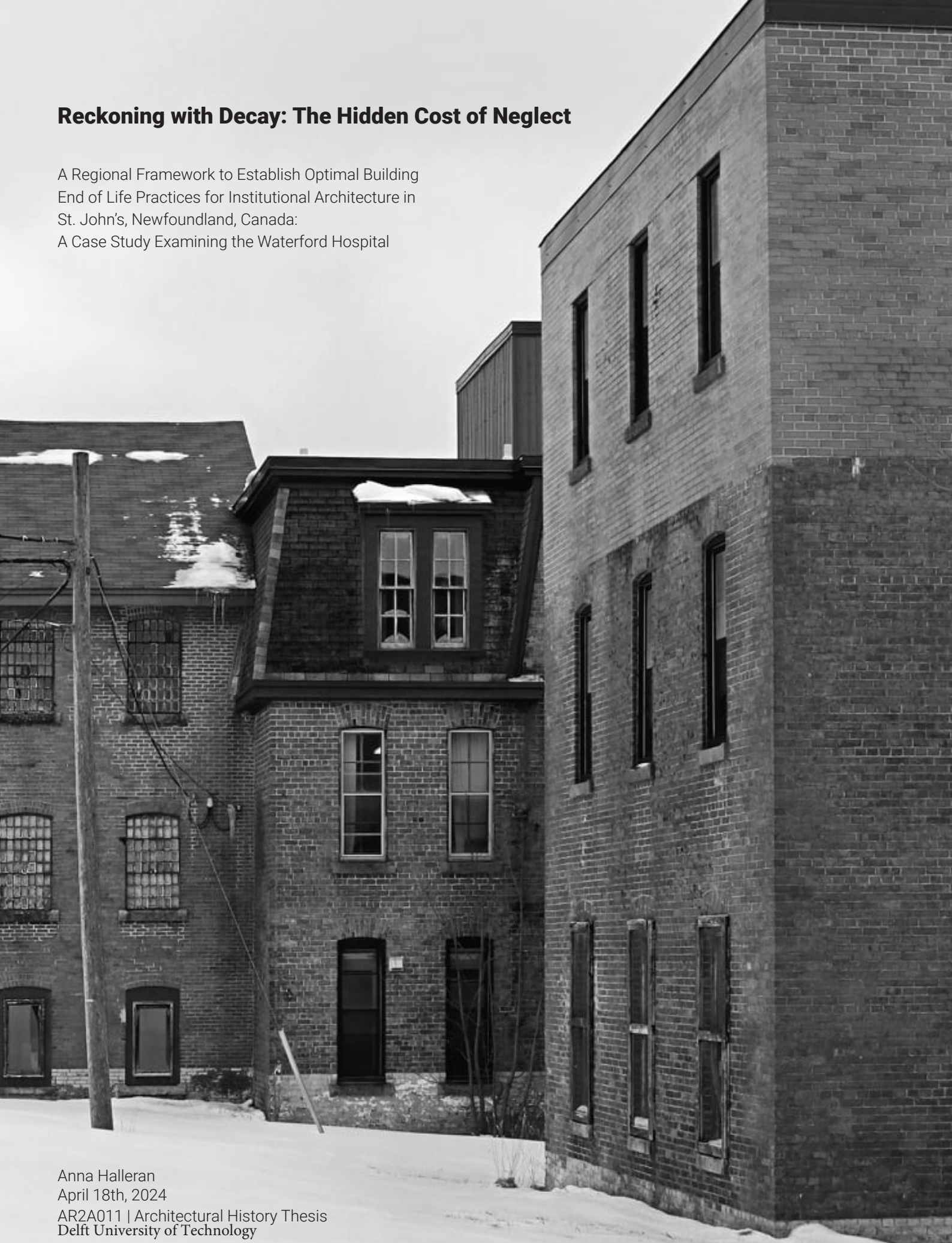


Reckoning with Decay: The Hidden Cost of Neglect

A Regional Framework to Establish Optimal Building
End of Life Practices for Institutional Architecture in
St. John's, Newfoundland, Canada:
A Case Study Examining the Waterford Hospital



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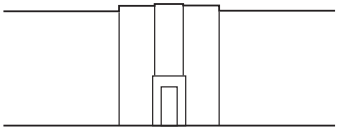
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Abstract

At the edge of North America lies St. John’s, Newfoundland, Canada, one of the oldest cities on the continent (Newfoundland & Labrador, *Most easterly point in north america*, n.d.). In recent decades, this historic city has seen a prevalent trend of institutional architecture within St. John’s being abandoned or demolished with little consideration for alternative building end of life practices. This leads to the loss of history and contributes to unsustainable practices. Through the use of qualitative and quantitative metrics, a regional systematic framework is established to be applied to future institutional buildings in St. John’s. This will assure that careful deliberation is taken when making decisions regarding future planning of institutional buildings upon their decommissioning. The Waterford Hospital will become unoccupied in late 2024 to early 2025; it is both a historic and complex example of an institutional building in St. John’s. It serves as a strong case study for the development and application of this framework. The results of applying the established framework to the hospital lead to the recommendation of partial to significant demolition; a new program is proposed for the site which integrates remaining building elements into the design. Moving forward, the provincial government can utilise the established framework from this study to ensure that thoughtful institutional building end of life planning is performed, preserving the culture of St. John’s.



Figure 1. Locating the island of Newfoundland globally. By A. Halleran, 2024.

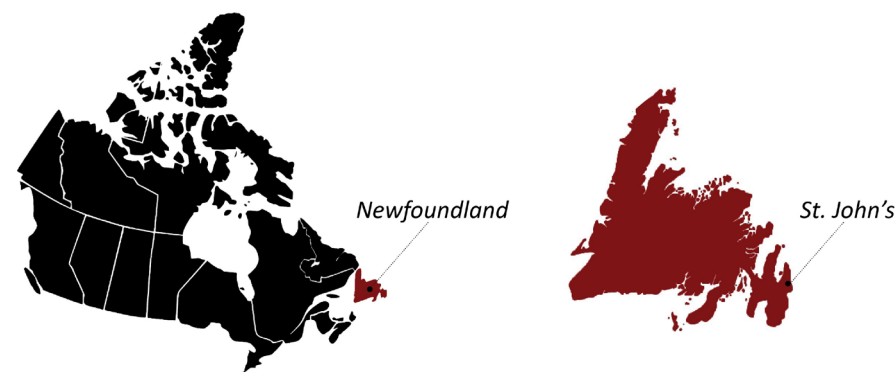


Figure 2.1. Locating the island of Newfoundland in reference to Canada. By A. Halleran, 2024.

Figure 2.2. Locating the city of St. John's in reference to Newfoundland. By A. Halleran, 2024.



Figure 3.1. Historic St. John's Battery neighborhood. By A. Halleran, 2020.

Figure 3.2. The celebrated colorful row houses in St. John's. By A. Halleran, 2022.

Introduction

St. John's has become a graveyard for vernacular institutional architecture. The city has a history of abandoning and demolishing its institutional buildings as their use becomes obsolete. As these buildings are discarded, a piece of the built environment is lost. This has significant implications for the preservation of the city's history while contributing to unsustainable building end of life practices. This research will provide a regional framework that the provincial government can implement to ensure that the ageing institutional building stock of St. John's is responsibly considered.

Using the Waterford Hospital (henceforth referred to as "the Waterford") located in St. John's as a case study, the established systematic framework is applied, providing a recommendation regarding the fate of the building upon its decommissioning. This research aims to answer the following question: Given Newfoundlanders' complex relationship and history with the Waterford, what should be the fate of the building?

The methods used to reach a recommendation utilised both qualitative and quantitative research methods. Qualitative metrics used to gather information included: semi-structured interviews with a diverse group of individuals, observation through a guided site visit and an analysis of the hospital's architectural drawings. A quantitative research methodology was conducted which included a brief online survey through social media; its purpose was to gauge the Millennial and Generation Z positions on what they feel should happen to the Waterford post-occupancy. Secondary sources including news articles, online texts, historical books about the Waterford, regional healthcare websites and a visit to The Rooms local archive, were also instrumental in developing this research.

The regionally specific systematic framework developed through this study asks critical questions to better understand the reasoning behind why a building matters, and thus, why it should or should not be preserved. In a lecture entitled *Time and Temporality*, Dr. Carola Hein, professor at Delft University of Technology explored these ideas and noted that architecture is a decision to choose how we remember the past; she urged designers to question what it is that we are preserving? (Hein, 2024). Is it the building's form, the function of the building, or the idea behind a building that is worth protecting? When participating in any form of architectural preservation, it is crucial to investigate these considerations. A regional framework for this study has been developed to ensure that thoughtful critical analysis is completed prior to any such decision being made.

Due to the island's absence of architecture, urbanism and urban planning study programs at the local university; the architecture of Newfoundland and Labrador has not been thoroughly documented. Thus, there exists a significant gap in the literature. This study focuses on St. John's, the capital city of the province, as roughly half of the island's population live there and the trend of negligence for institutional architecture is prevalent. The provincial government's treatment of its vernacular institutional architecture with a sense of disinterest rather than respect, indicates that more thoughtful consideration is essential to ensure the preservation of the province's heritage and culture.

The impending extinction of vernacular institutional architecture in St. John's has primarily been a result of the government's aversion to building maintenance and upkeep. The common phrase, "out with the old, in with the new" is a mindset that many Newfoundlanders possess, especially as it relates

to the maintenance of government funded buildings and institutions (Kraft, 2017). This is an effect of the rise of the convenience economy which normalises disposability in our society and assumes that what is new, is better (Huberman, 2021). Many products in our post-industrial capitalist world do not prioritise longevity, and thus appeal to consumers’ urge to follow transient trends. When this thinking is applied to the treatment of the built environment, problems arise.

Sustainable building management is a challenge that is not unique to St. John’s, although it can be addressed and minimised through tactful systems. For example, in Australia the management of community buildings is a significant challenge, as many buildings from the 1970s are beginning to deteriorate (Mohseni et al., 2014). To combat this problem, a research study developed a multi-criteria decision-making model which categorises maintenance issues to ensure building upkeep. When applied, the model assigns a hierarchy of importance to maintenance tasks to help facilitation and optimisation. Such forms of building maintenance measures help to establish foundational sustainable practices that can be very effective in supporting the ageing built environment. This maintenance mindset can differ from one culture to the next, although it plays a key role in establishing long term sustainability models in our built environment. As we repair and maintain our spaces, we add value to the original space, positively contributing to a circular economy (Güsser-Fachbach et al., 2023). This logic can be applied on a small scale as we mend our clothing when it becomes worn and frayed, and on a larger scale, as we maintain our homes as they age and need repair. Going forward, the provincial government must prioritise a culture of maintenance to establish a deep-rooted sense of sustainability within the city.

There are many examples of institutional buildings throughout St. John’s that have been demolished or abandoned with little consideration for their potential for adaptive reuse. It is not uncommon for institutional buildings to sit vacant for an extended period of time prior to decisions being made on their future use or demolition. This is evident when examining the Grace Maternity Hospital and its nursing residence. Both the hospital and its nursing residence were decommissioned in 2000 upon the expansion of the Health Science Center (HSC) in St. John’s. At the time, the government argued that as the Grace was 77 years old, it would require extensive upgrades to reach current building standards and thus, retrofitting the newer HSC to accommodate a maternity ward was more cost efficient (Government of Newfoundland and Labrador, 2006). In the absence of a plan for the building’s end of life, the provincial government left the main hospital building and nursing residence buildings unoccupied until 2008 when the main hospital building was demolished. The demolition process for the adjacent nursing residence did not begin until March 3rd, 2024 (Gibbons). After 24 years of being unoccupied and unloved, the structure’s skeleton was blanketed in a mask of graffiti. For years, the former nursing residence served as a physical representation of the government’s disregard for vernacular institutional architecture. Perhaps the recent decision to finally demolish this building will lead to a new era within the provincial government, where proper end of life planning for institutional buildings is prioritised.

Other examples of institutional buildings in St. John’s which are awaiting decommissioning, or have been abandoned, demolished or adapted for reuse, are listed in Table 1. It is apparent when examining the table below, that this trend is persistent, as many institutional buildings which have played a significant role in the city’s history have already been lost due to the government’s disregard. The table demonstrates that there are very few examples where institutional buildings in St. John’s have been given a new life after their primary use became obsolete. Thus, the established systematic framework aims to thoughtfully consider institutional building end of life planning to ensure optimal outcomes.

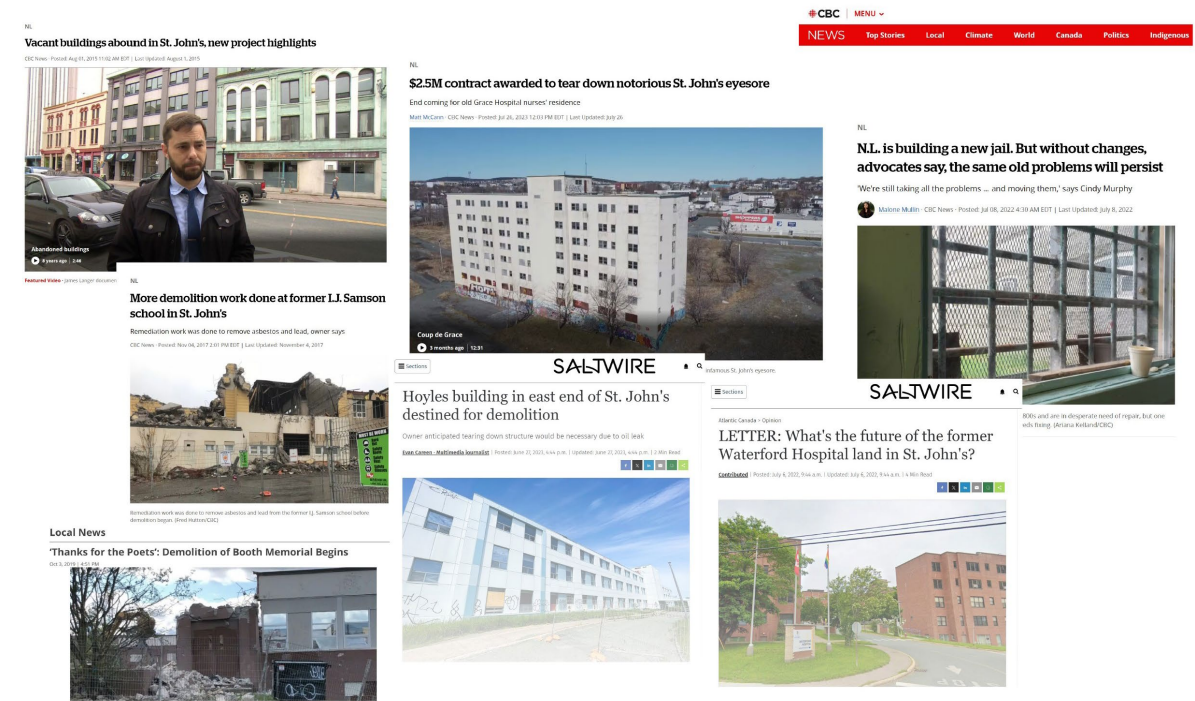


Figure 4. Collage of local media reporting on the abundance of neglected St. John’s institutional buildings. By A. Halleran, 2024.
Note. Images are from various sources, listed accordingly in the List of Figures and Tables.



Figure 5. Demolition of the Grace Maternity Hospital nursing residence. From “Demolition sunday: Former grace hospital nurses residence in St. John’s coming down,” by J. Gibbons, 2024 (<https://www.saltwire.com/newfoundland-labrador/news/demolition-sunday-former-grace-hospital-nurses-residence-in-st-johns-coming-down-100944253/>).

Examples of Institutional Buildings in St. John’s that have been Demolished, Adapted for Reuse or Abandoned or are soon to be Decommissioned

Institutional Building	To be Decommissioned	Abandoned	Demolitioned	Adaptive Reuse
1. Waterford Hospital	✓			
2. Her Majesty’s Penitentiary	✓			
3. Grace Maternity Hospital: Main Building			✓	
4. Grace Maternity Hospital: Nursing Residence			✓	
5. Former Janeway Children’s Hospital			✓	
6. St. John’s Sanitorium			✓	
7. I.J. Samson Intermediate School			✓	
8. Pleasantville Military Base			✓	
9. Mount Cashel Orphanage			✓	
10. Holy Cross Junior High School				✓ École Rocher-du-Nord
11. Hoyles Escasoni Long Term Care		✓		
12. Booth Memorial High School			✓	
13. St. John’s East End Fire Hall				✓ Bannerman Brewing
14. St. John’s West End Fire Hall		✓		
15. Army Barracks		✓		
16. Bishop’s College				✓ Bishops Gardens Care Home
17. Former General Hospital				✓ Dr. Leonard A. Miller Centre
18. Former St Patrick’s School				✓ Lakecrest Independent School
19. Former General Post Office			✓	
20. Former Exon House				✓ Petten Building: Fisheries and Aquaculture

Table 1. Examples of institutional buildings in St. John’s that have been demolished, adapted for reuse or abandoned or are soon to be decommissioned. By A. Halleran, 2024.

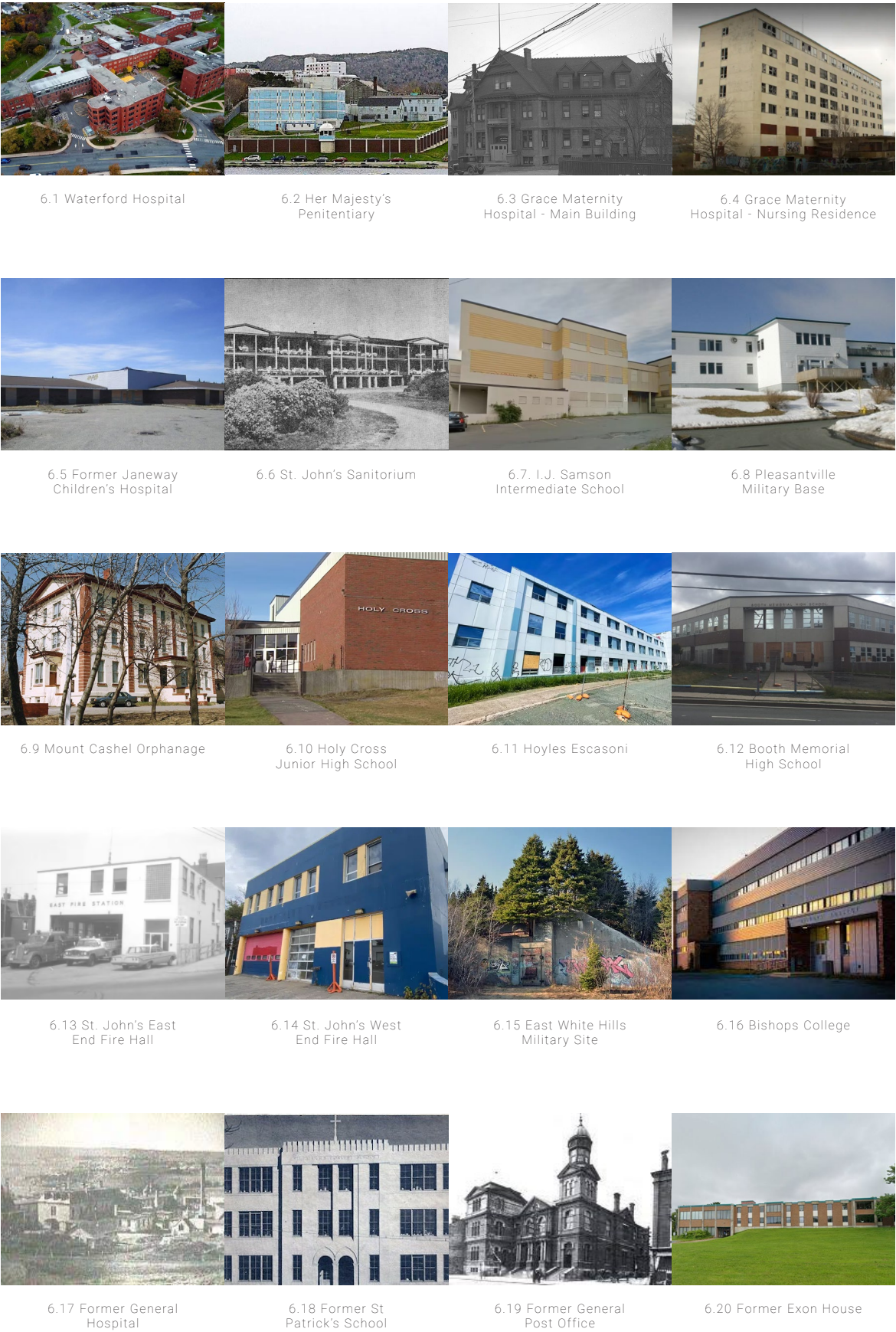


Figure 6. Photos of the institutional buildings in St. John’s from Table 1. By A. Halleran, 2024.
Note. Images are from various sources, listed accordingly in the List of Figures and Tables.

Method

This study utilises qualitative and quantitative research methods to establish a systematic framework for assessment of institutional buildings in St. John’s. The qualitative methods implemented included semi-structured interviews with people who have diverse connections with the Waterford, as well as observation during a guided site visit of the hospital. An investigation of the hospital’s layout and architectural design was based upon analysis of the 1973 and 1980 renovation drawings. Additionally, secondary sources were examined including local news articles, online texts, historical books, Eastern Health’s hospital website supplemented by a visit to The Rooms Archive. For the quantitative methodology a brief online survey was completed through social media to gauge the Millennial and Generation Z perspective on what they feel should be the fate of the Waterford. Each of these methods were utilised in the development of an analytical recommendation for the future of the hospital.

Interviews

For the semi-structured interview portion of the data collection, interviews were completed with a variety of people who each had different perspectives and relationships to the Waterford. This allowed for a more holistic perception of the hospital to be established. It involved interviewing individuals who currently work or have worked at the Waterford, a clinical psychology doctoral student from Memorial University of Newfoundland and two members of the public who each have diverse experiences with the hospital.

Guided Site Visit

A guided site visit was completed to gain a greater understanding of the building and to provide first hand experience with the hospital. The psychiatric pharmacist who was interviewed as part of this research guided the visit and provided significant additional knowledge and anecdotal information about the hospital.

Architectural Drawings Analysis

The Waterford was originally built in 1855 and has since undergone many renovations and expansions. The most recent architectural drawings that could be located were gathered for analysis. These drawings were provided by the City of St. John’s Archive.

Study of The Rooms Archive Records

As the largest public museum in the province, The Rooms hosts an extensive collection of artefacts, art, and archival records in St. John’s (Newfoundland & Labrador, *Museums & Historic Sites*, n.d.). A visit was completed to explore their archival information about the Waterford; this included in-patient and out-patient records, annual hospital reports, semi-annual building condition and maintenance records and letters of correspondence between various governmental bodies and past medical superintendent’s of the hospital (O’Brien, 1989).

Analysis of Secondary Sources

To gather additional information about institutional buildings in St John’s, including the Waterford, news articles, independant journals and opinion pieces, online texts and blogs, historical books and heritage conservation, architect and regional healthcare websites were analysed. Peer-reviewed journal articles were gathered to learn from different sustainability perspectives on conservation, building maintenance and the convenience economy. Two texts in particular proved to be quite useful. Firstly, the text *Out of Mind, Out of Sight: A History of The Waterford Hospital* by Patricia O’Brien, included a detailed history of how the Waterford came to be and the effects that it had on the province. Secondly, the report *Adaptively Reusing the Province’s Heritage Buildings: The Case for Her Majesty’s Penitentiary and Waterford Hospital* by the Heritage Foundation of Newfoundland and Labrador (Heritage NL) written by Jerry Dick and Ellen Power was a valuable, more recent analysis of the hospital, its history as an institution, and its architectural and cultural value.

Online Survey

To gain the perspective of the younger generation of Newfoundlanders, a voluntary online poll was generated through the social media platform- Instagram, to understand what Millennials and Generation Z would like to see happen to the hospital post occupancy. These insights were important since younger generations of Newfoundlanders are likely to have less stigma associated with the hospital; as mental healthcare continues to become more normalised in society, which may lead to different results when comparing generations.

Regional Systematic Framework to Evaluate Institutional Buildings

As a typology, public institutional buildings are different from their private counterparts. Institutional buildings are government owned and paid for and operated by funding from taxpayers. As such, when the provincial government is faced with decisions about what to do with institutional buildings at their end of life, the most economical solution is typically chosen (Government of Newfoundland and Labrador, 2006). As previously discussed, historical, architectural, community and sustainability considerations are often overlooked during government decision-making regarding the fate of decommissioned institutional buildings. Ergo, this study aims to challenge the prioritisation of the criteria of analysis for evaluating institutional buildings at their end of life to ensure that historical value, existing site and building condition, community consultation, architectural value, sustainability and costing are each given due consideration.

To inform the development of this framework, a variety of local, provincial and federal heritage designation criteria schemes were analysed. Heritage designation principles were studied as a basis for the development of this framework as they provide thoughtful consideration to a building’s history, architectural value and cultural relevance without being constrained by the costs of conservation which can significantly impact the assessment of a building’s value. The heritage designation schemes studied to gain insights on criteria to be implemented in the regional systematic framework to evaluate institutional buildings at their end of life are outlined in Table 2.

A thorough investigation of the assessment criteria incorporated throughout these heritage designation criteria schemes led to the formulation of six criteria of analysis. It is recommended that these criteria be used by the provincial government as part of an established framework to evaluate institutional buildings in St. John’s which are deemed to be at their end of life. The six criteria are: Historical Investigation, Site Evaluation and Existing Building Condition, Meaningful Consultation, Architectural Value Assessment, Sustainability Study and Cost Analysis. Table 3 identifies and elaborates on each of the criteria of assessment in the established framework.

Subsequent to the evaluation of an institutional building utilising the six criteria within the framework, a recommendation is given and suggestions are provided for a building end of life plan or building reuse program. If adaptive reuse is recommended, the new program of the building will prioritise the community’s needs above all others. Thoughtful consideration and respect for the building’s previous use must be considered.

Investigation of Municipal, Provincial and National Heritage Designation Schemes

Heritage Designation	Jurisdiction	Noteable Evaluation Criteria
Canadian Register of Historic Places (Historic Places Program Branch National Historic Sites Directorate Parks Canada, 2006).	National	<ul style="list-style-type: none">● Identification of features which establish the heritage value and note which design features must be preserved to maintain the heritage value?● Investigate what makes the place important?● Describe the historic place today, answering the following questions: What is it? Where is it? What is in it? and What are its boundaries?● Research the place and document all details surrounding its formal recognition. Review existing statements of significance and any other research reports about the historic place.
Canada’s Historic Places: Standards & Guidelines for the Conservation of Historic Places in Canada (The Standards & Guidelines for the Conservation of Historic Places in Canada. Canada’s Historic Places, 2010).	National	<ul style="list-style-type: none">● Investigate and document current conditions of the structure and identify any changes that have been made over time.● If the structure is identified as historic, and should be preserved, create a plan for the structure's maintenance or select an appropriate and sustainable future use for the structure if its use should be changed.● Create a plan to carry out regular maintenance if intervention is decided.● Complete necessary intervention required to preserve character-defining elements. Documentation of any intervention must be done for future reference.
Heritage NL’s: Heritage Structure Designation Program (Heritage Structure Designation, 2024).	Provincial	<ul style="list-style-type: none">● Describe design features that contribute to the architectural significance or that tell of the historical use of the structure that should be recognized.● Document the history of the property and its previous and current owners and building uses.● Describe the property’s significance in relation to the community, region or province due to the role it has played, the events or people it hosted and its connection to provincial culture.● Document any noteworthy stories, accounts, or legends related to the property. May be acquired from archival records, previous residents, or interviews with community members or local historians.
City of St. John’s Heritage Financial Incentives Program (Designating your building, 2022).	Municipal	<ul style="list-style-type: none">● Architectural evaluation noting the building’s: style, construction, age, architect, design, interior and historical context.● Environmental analysis examining the site’s continuity, setting and surrounding landmarks.● Integrity of the building and its surroundings should be documented reviewing the site, any alterations and the current conditions.● Note if the property is associated with a prominent person or specific event in history.

Table 2. Investigation of Municipal, Provincial and National Heritage Designation Schemes. By A. Halleran, 2024.

Criteria for St. John’s Regional a Systematic Framework
to Evaluate Institutional Buildings at their End of Life

Criteria of Analysis	Description	Possible Partnerships
1. Historical Investigation	An extensive historical analysis to be completed so that the historical value of the building and surrounding site is documented. Thorough archival information should be collected.	<ul style="list-style-type: none">Heritage Foundation of Newfoundland and Labrador (Heritage NL)Heritage Newfoundland and LabradorMemorial University of Newfoundland<ul style="list-style-type: none">Faculty of History and the Faculty of Folklore
2. Site Evaluation and Existing Building Condition	A comprehensive audit of the existing building and surrounding site must be completed. Thorough documentation of the existing building should be taken through photography, measurements for the development of as-built architectural drawing conditions, digital scans of the building for 3D modelling should be completed. A full building inspection highlighting opportunities and challenges must be done. Appropriate suggestions for next steps should be recommended.	<ul style="list-style-type: none">College of the North Atlantic’s Architectural Engineering Technology program
3. Meaningful Consultation	Focus groups with appropriate stakeholders must be organised. This may include consulting with individuals who were housed, treated or employed at the relevant institution, along with discussions that are open to the general public. This will provide an opportunity to listen to what the community would like to see occur. As part of the consultation, oral histories of individuals who have personal experiences with the institution should be documented to ensure that their stories are remembered.	<ul style="list-style-type: none">Memorial University of Newfoundland Faculty of Business Administration
4. Architectural Value Assessment	A comprehensive architectural analysis of the existing building should occur to gain insight on the architectural value of the building. This will inform preservation opportunities.	<ul style="list-style-type: none">Heritage Foundation of Newfoundland and Labrador (Heritage NL)College of the North Atlantic’s Architectural Engineering Technology programMemorial University of Newfoundland Faculty of History
5. Sustainability Study	An investigation of the sustainability impacts of all possible building end of life options should be explored. The impact of total demolition, retrofitting the existing building, and partial demolition as part of an adaptive reuse scheme should be studied from a carbon impact perspective. If relevant, a building life cycle assessment should be conducted if the resulting outcome is not demolition.	<ul style="list-style-type: none">Memorial University of Newfoundland Faculty of EngineeringCollege of the North Atlantic<ul style="list-style-type: none">Architectural Engineering Technology programEnvironmental Engineering Technology program
6. Cost Analysis	Thorough cost analysis should be completed to understand the financial implications of maintaining the existing building, or renovating the existing building to current building standards so that it may support a new program and the demolition of the building.	<ul style="list-style-type: none">Memorial University of Newfoundland Faculty of Business Administration

Table 3. Principles for the St. John’s Regional Systematic Framework to Evaluate Institutional Buildings at their End of Life. By A. Halleran, 2024.



Figure 7. View of the main entrance to the Waterford Hospital. From “Eastern Health,” by Eastern Health, n.d. (<https://www.easternhealth.ca/facilities/waterford/>).

A Case Study: Applying the Regional Systematic Framework to the Waterford Hospital

Context

The Waterford Hospital - Current Status

In late 2024 to early 2025, the historic Waterford Hospital, will be decommissioned as patients are transferred to the new Adult Mental Health and Addictions Facility in St. John’s (Eastern Health, 2022; Fitzpatrick, 2018). Despite the Waterford’s 169 years of operation with portions of the original 1855 building still in use today, the building does not hold any heritage designations. Therefore, it can be demolished without any basis to appeal or challenge any protective heritage classifications. Following provincial government consultations, it was recommended that the Waterford site be retired as a location for future healthcare programs (Dick & Power, 2021); however, it may be transformed into other public or educational uses in the future.

While the fate of the Waterford is unknown, it is likely that it will have a similar destiny as previous healthcare facilities, such as the Grace Maternity Hospital and its adjacent nursing residence (Canadian Broadcasting Corporation [CBC] Radio Canada, 2023). However, given that the Waterford faces the largest park in the city, its potential for adaptive reuse is promising. Although, as the social memories that the public shares with this 169 year old mental hospital are substantial, its architectural redevelopment must consider how design can be used to destigmatize mental health.

The following analysis will apply the regional systematic framework to the Waterford. This will result in a final recommendation addressing the research question: Given Newfoundlanders’ complex relationship and history with the Waterford, what should be the fate of the building?



Figure 8.1. Visualizations of the New Adult Mental Health and Addictions Facility highlighting the hospital's direct connection to HSC. From "John Hearn Architect," by John Hearn Architect, 2020 (<https://jharchitect.ca/project/the-new-adult-mental-health-and-addictions-facility/>).



Figure 8.2. Visualizations of the main entrance of the New Adult Mental Health and Addictions Facility in St. John's. From John Hearn Architect," by John Hearn Architect, 2020 (<https://jharchitect.ca/project/the-new-adult-mental-health-and-addictions-facility/>).

The New Adult Mental Health and Addictions Facility

The new Adult Mental Health and Addictions Facility will provide a significant upgrade from the current Waterford Hospital. The proposed six-storey hospital will yield 102 hospital beds, a parking garage for 1,000 vehicles and a 60-bed hostel to replace the existing Agnes Cowan Hostel (John Hearn Architect Inc, 2020). The project is estimated at a current value of \$330 million CAD. The decision to physically relocate the Waterford to be directly connected with the existing HSC, the largest hospital in the province, is seen as a crucial step in the de-stigmatization of mental healthcare (Dick & Power, 2021). This move will establish a stronger integration of both physical and mental healthcare services. The architectural design of the new facility utilises a colourful exterior facade projecting "a proud public presence to combat stigma and normalise mental healthcare" (John Hearn Architect Inc, 2020). This is illustrated in the architectural visualisation produced in a joint collaboration of the local architects, John Hearn Architects and the project architect, B+H Architects in Figures 8.1 and 8.2.

Application of the Six Framework Criteria

1. Historical Investigation

An extensive historical analysis of the Waterford was completed to document the historical value of the building and surrounding site. Preferably, this work should be in partnership with existing historical research organisations. This may include partnering with Heritage NL, Heritage Newfoundland and Labrador and Memorial University of Newfoundland Faculty of History and the Faculty of Folklore.

Analysis of Secondary Sources and Study of The Rooms Archive Records

"...on the Waterford Bridge Road, is the Lunatic Asylum, a handsome structure, beautifully situated and excellently managed. Visitors are admitted..." (Harvey, 1894). This description of what is now known as the Waterford Hospital, is from Reverend Moses Harvey's text: *Newfoundland as it is in 1894: A hand-book and Tourist's Guide*. At this time, the Waterford was located in the countryside of St. John's, just west of the city's limits in the centre of the Waterford Valley. Although, as St. John's began to densify, the hospital quickly became nestled into the heart of the west end of St. John's, with Bowring Park, the largest public park in the city, to its south, and the bustling Topsail road to its north. See Figure 9.

Over the course of almost 17 decades, Newfoundland's only mental hospital went through a number of name changes. At its inception, it was called the Hospital for Mental Diseases, followed by the Lunatic Asylum, the St. John's Hospital for the Insane, the Hospital for Mental and Nervous Diseases, and most recently in 1973, the official title change to the Waterford Hospital was given upon receiving accreditation and affiliation with Memorial University of Newfoundland (O'Brien, 1989). For many years though, the hospital was more commonly referred to as the 'lunatic asylum' and in latter years as the 'Mental', which is occasionally still used, especially among older generations. For the purpose of this research, the hospital will be referred to as the Waterford irrespective of the time period in reference.

The establishment of the Waterford and much of its early history is dominated by Dr. Henry Hunt Stabb (Bauman, 1991). Stabb lobbied the government of Newfoundland throughout the 1840s, leading to the opening of the mental hospital in 1855, where he served as the medical superintendent (O'Brien, 1990). Stabb remained an active leader in the hospital until his retirement in 1890. The opening of the hospital allowed for individuals who were mentally ill and previously staying either in the St. John's Hospital, local jails, boarding houses or private homes, to be moved to the hospital to gain access to treatment and rehabilitation services.

At the time of the hospital's creation, moral treatment of psychiatric patient care was a novel concept and one which Stabb had strongly advocated (O'Brien, 1990). Moral treatments focused on treating patients with kindness and compassion and was against the use of restraints. Stabb's ambition was to create "a healthy physical and mental environment that would encourage patients to remodel their behaviour along socially acceptable lines and thus achieve recovery" (O'Brien, 1990). Throughout the early years of the hospital in the 1860s and 70s, Stabb was celebrated as a progressive physician with strong management abilities (O'Brien, 1990). Although moral treatment was successful for many patients,



Figure 9. Annotated site plan of the Waterford Hospital. By A. Halleran, 2024.

it was not effective for chronically ill patients who were better suited to active treatment plans (Bauman, 1991). This led to a greater number of long term admissions to the hospital and eventual overcrowding, creating the need for numerous hospital expansions (Bauman, 1991). This resulted in a hospital that resembled more of a custodial institution, than a mental health treatment and recovery facility (Bauman, 1991; O'Brien, 1990), which led to the reduction of financial support from the government in the late 1870s and 80s. Overcrowding was a continuous challenge; between 1870 and 1908 a series of hospital expansions were completed to address this issue (Dick & Power, 2011). Further renovations were made in the 1940s and 1950s, with more recent additions being made in 1973 with the north wing, in 1980 with the chapel and in the mid 2010s with the emergency psychiatric assessment unit (Dick & Power, 2021). Figure 10 captures the tight conditions of the Female Dormitory from 1948.

The concern surrounding the management of the hospital reached a peak in 1890, as a commission of inquiry was launched to investigate the facility's management, impacting the reputation of the hospital and Stabb's leadership abilities (Bauman, 1991; O'Brien, 1990). This eventually led to Stabb's retirement later that year, leaving the hospital in poor condition, as at the time it was said to resemble more of a prison than a healthcare institution (Bauman, 1991; O'Brien, 1990). It was not until World War II that the hospital shifted towards active treatment methods including insulin and shock therapy, physiotherapy and psychopharmacology (O'Brien, 1989). This created a significant decrease in in-patient care from the 1950s onwards, as the provincial mental healthcare industry shifted its focus to out-patient and community care (Bauman, 1991). The move away from institutionalisation led to the development of several initiatives to move in-patients from the Waterford back into the community to receive out-patient care.

The Waterford's history is reflective of the parallel developments seen throughout western mental healthcare in the 1800s and 1900s; however, it was Dr. Henry Hunt Stabb's progressive initiatives that guided the hospital towards ethical and morally conscious practices which paved the way for the quality mental healthcare that Newfoundlanders and Labradorians receive today. Through this historical investigation of the Waterford, it is evident that the building holds great historical significance as the site where formalised mental health care began in the province. Thus, when one considers the fate of this building, its historical relevance must be an essential part of the decision-making process. Based solely upon its historical significance, it is recommended that the building be preserved.

2. Site Evaluation and Existing Building Condition

Researchers must complete a comprehensive visit to the existing building and surrounding site noting existing opportunities and challenges. An extensive building inspection must be completed; this will inform which building elements are to be replaced, repaired, preserved or demolished based upon their condition. Areas of concern should be highlighted and appropriate suggestions for next steps recommended. Building inspections should be conducted by appropriate third party professionals. For this analysis, a partnership with the College of the North Atlantic's Architectural Engineering Technology program would be beneficial.

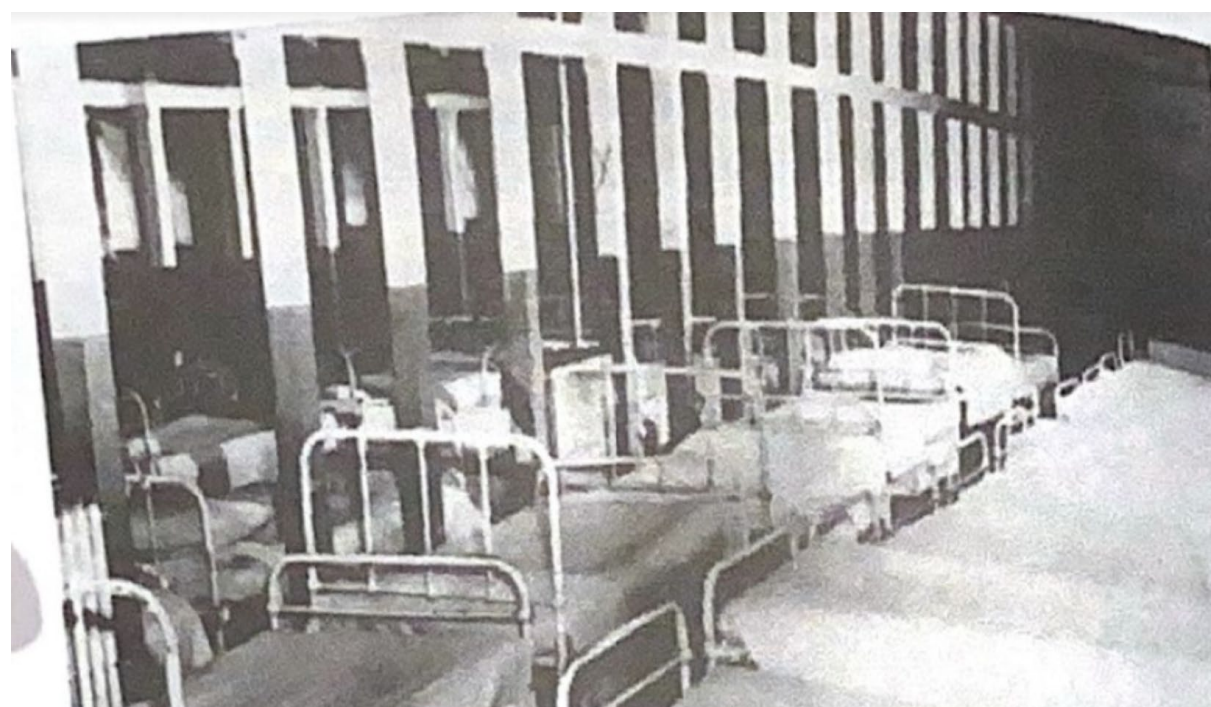


Figure 10. 1948 Female dormitory, the Waterford Hospital. From *Out of Mind, Out of Sight: A History of The Waterford Hospital* (p. 211), by P. O'Brien, 1989, Breakwater Books. Copyright [1989] by Waterford Hospital Corporation.

Guided Site Visit

A guided site visit with a psychiatric pharmacist who works at the Waterford was completed; this visit confirmed that the hospital building is in poor condition. Areas of concern fall into three general categories:

1. Design that is not conducive to supporting mental health. Examples include:
 - Lack of private in-patient rooms; overcrowded in-patient units with rooms for up to six patients.
 - The design is maze-like with long corridors and counterintuitive circulation routes.
 - Many design features including main circulation stairwells resemble prison-like architecture.
2. Lack of essential and cosmetic building care and maintenance. Examples include:
 - Water leaks, the presence of mildew and mould, inadequate building insulation and poorly sealed windows and openings. The building appears to not have been updated or properly maintained for many years.
3. Hospital wings out of operation.
 - For years, sections of the hospital have been shut down without significant consideration of opportunities for renovation or renewal.

A specific example of the first building concern illustrating the prison-like architectural elements in the hospital is featured in Figure 11. These are images of two stairwells used frequently by patients, staff and visitors. As a means of fall risk mitigation, steel mesh was added to sections of the stairwell which are open-to-below. This architectural intervention demonstrates a lack of thoughtful design, as it does not consider the negative implications of adding such an institutional prison-like element to a frequently used circulation space. This general absence of care for patients’ spatial experience at the hospital is seen throughout much of its design.

A building concern falling into the second category of a lack of building maintenance is illustrated in Figure 12.1. This is an image of the entrance to one of the current active in-patient care units. It demonstrates that the design of the space does not lend itself to supporting building occupant needs. For instance, counterintuitive signage creates confusion resulting in numerous printed postings stressing “ABSOLUTELY NO THOROUGHFARE”. The lack of maintenance of this space is further demonstrated by the chipped paint surrounding the entrance which features outdated paint colours from the 90s. Another example of the lack of maintenance and repair is visible in Figure 12.2. The image depicts the patching of a leak from the floor above directly in front of one of the building’s frequently used elevators.

Lastly, examples which exhibit the third area of concern - hospital wings out of operation, are seen in Figures 13.1 and 13.2. Figure 13.1 illustrates the ‘The Rendez-Vous’ entrance which was a social meeting place for patients that was eventually abandoned after the program was cancelled. This area is no longer in use, although the sign remains. Similarly, Figure 13.2 features a unit which is not in operation; the tarp blocking the entrance has fallen but the green tape sealing the doors remains intact. Thus, the Waterford exhibits a persistent trend of building negligence as exemplified in each of the above-noted instances; this is also pervasive among many older institutional buildings in St. John’s.

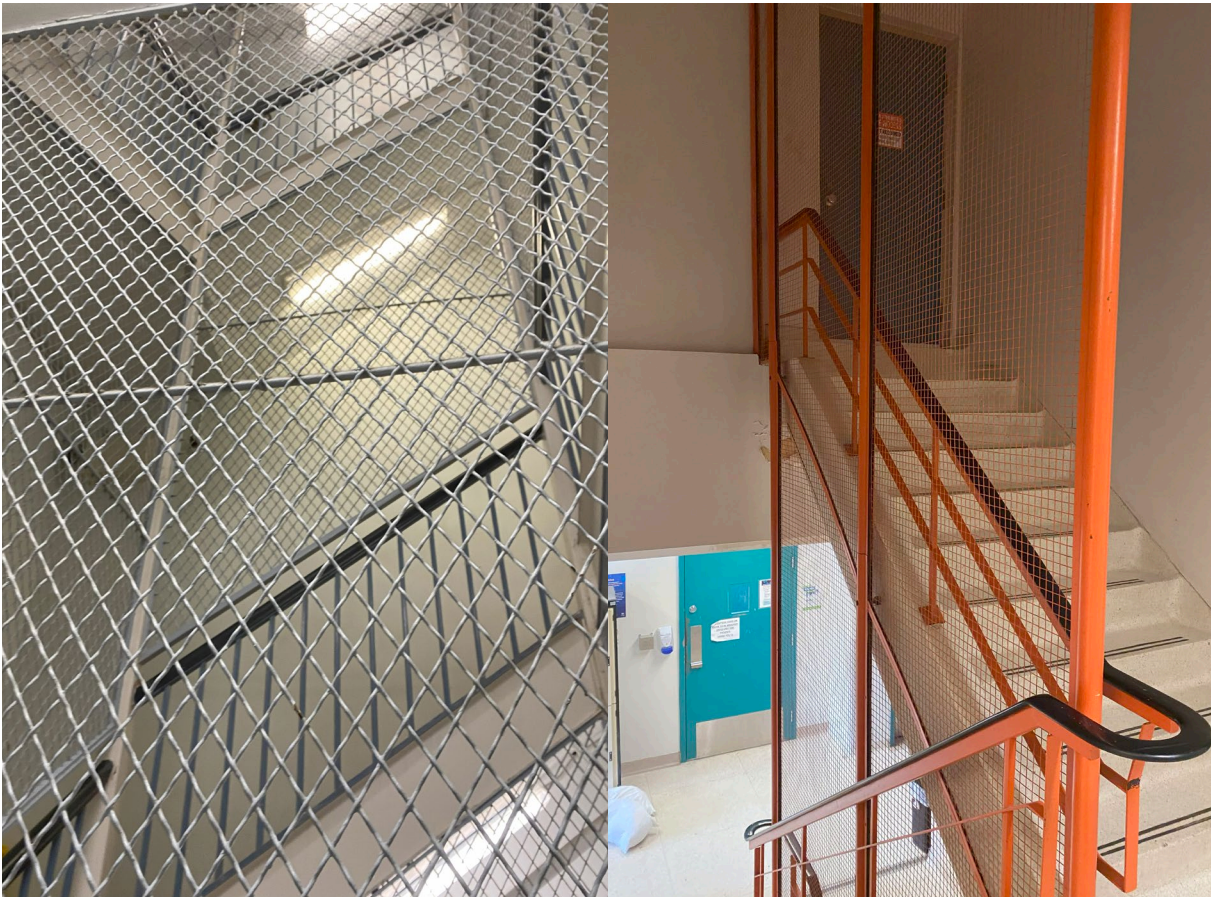


Figure 11. Circulation stairwells in the Waterford Hospital. By A. Halleran, 2024.

Analysis of Secondary Sources

A noteworthy local investigation completed by Heritage NL, exploring possible future uses for the Waterford titled - *Adaptively Reusing the Province’s Heritage Buildings*, investigates the history, architectural and cultural value of the hospital. The authors note that the hospital’s location was based on the 1850s belief that mental illness could be treated by a change in environment (Dick & Power, 2021). It was thought that removing patients from the morally corrupt outside world and placing them in a rural, lush green space, with ample fresh air and busy work could cure them. This was disproven and it was later acknowledged that the Waterford’s isolated location verily contributed to the stigmatisation of mental healthcare (Dick & Power, 2021).

Situated in the quiet countryside surrounded by Bowring Park, the Waterford is a defining feature of the Waterford Valley; it has been a constant presence throughout the region’s development, as its surroundings transitioned from agricultural land, to residential, institutional and parkland uses. The hospital’s location makes the site very attractive for high value future development opportunities.

The investigation of the Waterford site and the existing building condition indicate that its proximity to both commercial and green spaces make it an extremely desirable site; however, the building’s condition is very poor. Thus, when solely considering this evaluation criteria a recommendation of total demolition of the hospital to allow for a complete redevelopment of the site is suggested.



Figure 12.1. In-patient care unit entrance: Unit North 3A. By A. Halleran, 2024.

Figure 12.2. Temporary patched leak by the central elevator. By A. Halleran, 2024.



Figure 13.1. The Rendez-Vous. By A. Halleran, 2024.

Figure 13.2. Closed hospital wing. By A. Halleran, 2024.

3. Meaningful Consultation

To gain a greater understanding about what the community would like to see happen to an institutional building at its end of life, meaningful consultation must occur. Focus groups must be organised. These may include individuals who have been housed, treated or employed at the particular institution; there should also be focus group discussions open to the general public. This will provide an opportunity to listen to what the community would prefer, which is especially relevant as institutional buildings are government owned. Oral histories of individuals who have personal experiences with the institution should be documented and archived appropriately. Input from relevant private sector consulting firms should be provided as part of the consultation sessions. Partnership with Memorial University of Newfoundland Faculty of Business Administration would be beneficial during this work.

As part of this study, several forms of community consultation were completed to better understand what different individuals living in St. John's would like to see happen to the Waterford, post-occupancy. This included conducting interviews, an online survey, an analysis of opinion pieces from local newspapers and previously posted public forum discussions and surveys.

Interviews

As part of the consultation process, semi-structured interviews were conducted with a diverse group of individuals with different connections to the hospital. This established a comprehensive understanding of the hospital. Interviews were completed with a psychiatric pharmacist who has worked at the Waterford since 1990, a float nurse who worked at the hospital from 2011 to 2014, a clinical psychology doctoral student from Memorial University of Newfoundland, a member of the public in their 50's who grew up near the hospital and attended a nearby school, and an individual in their 60's whose parent was intermittently treated at the hospital from the mid-1970s to the 1990s. As the interviews were semi-structured, guiding questions were prepared beforehand to gain more insight and help facilitate a fluid conversation. The questions included:

1. What has been your experience working or visiting the Waterford Hospital?
2. Do you feel the current building meets the needs of patients?
3. Given Newfoundlanders complex relationship with the hospital, what do you think should happen to the building when it is unoccupied?
4. What do you think it means to preserve a former mental health hospital?
5. How do you think the former and/or current patients of the hospital would feel about the building being preserved and adapted for reuse?

The following are some of the key findings:

- From a staff perspective, the work culture of the Waterford is positive, although this appears to be in spite of the physical conditions of the facility.
- As a visitor to the hospital, it was felt that the hospital is not a pleasant place to visit. The layout of the building is disorienting and the lack of maintenance and care is disheartening, especially since visitors come to the hospital to visit loved ones.

- The existing building does not meet current patient needs. One significant concern is the lack of private in-patient rooms. Many rooms have up to six patients exhibiting a myriad of needs and requiring different levels of care. This may result in an environment which supports the recovery of some patients while hindering others.
- All interviewees appeared to agree that what should happen to the Waterford when it is decommissioned is not clear. As the discussion progressed and more thought was given, many switched back and forth on whether they felt the building should be demolished or adapted for reuse. This is primarily because the history of the hospital is so complex; some aspects demonstrate the triumphs and positive developments of mental healthcare in the province, while others reveal a darker and more unsettling history, contributing to the stigma surrounding mental healthcare.
- Interviewees surmised that the opinion of past and current patients of the Waterford would vary greatly depending on a specific patient's treatment experience and their mental health status and level of insight.

Additionally, interviewees that work in healthcare raised the following concerns:

- Individuals who had experience working at the hospital were concerned that existing issues regarding facility maintenance and repair will move to the new facility, as it appears there is no plan to address these issues.
- Furthermore, the culture of doing the bare minimum in terms of building maintenance, until the bare minimum is no longer possible and demolition is the only option, was seen as a consistent trend that healthcare workers have seen across multiple institutions in Eastern Health and especially in St. John's.

Online Survey

A brief online survey was conducted through Instagram to gauge the Millennial and Generation Z perspective on their feelings about the future of the Waterford. The poll introduced the topic in a non-biased neutral manner and provided Figures 14.1 and 14.2. of the hospital for reference (Halleran, 2024). The sample size of participants who completed the poll was 82, although 11 responses were removed as only voters from Newfoundland were counted, as the goal of this poll was to gain greater insights on the perspective of younger Newfoundlanders. Newfoundlanders have an understanding of the cultural background of St. John's and may even have a personal connection to the hospital, while those who do not have this frame of reference are voting from a somewhat superficial and detached perspective. Participants' ages ranged from 21 to 29 years old. The poll simply asked the following question: "What should be the fate of the Waterford Hospital?" (Halleran, 2024). Results from the survey are seen in Figure 15. The survey indicates that younger generations of Newfoundlanders are more likely to feel that the hospital should be adapted for building reuse.



Figure 14.1. The main entrance of the hospital from 1972, the year the Hospital for Mental and Nervous Diseases was renamed the Waterford Hospital,. From "Eastern Health," by Eastern Health, 1972 (<https://namhaf.easternhealth.ca/the-centre/timeline/>).

Figure 14.2. Aerial photo of the Waterford Hospital taken from a southward facing bird's eye view. From "Eastern Health," by Eastern Health, n.d. (<https://www.easternhealth.ca/facilities/waterford/>).

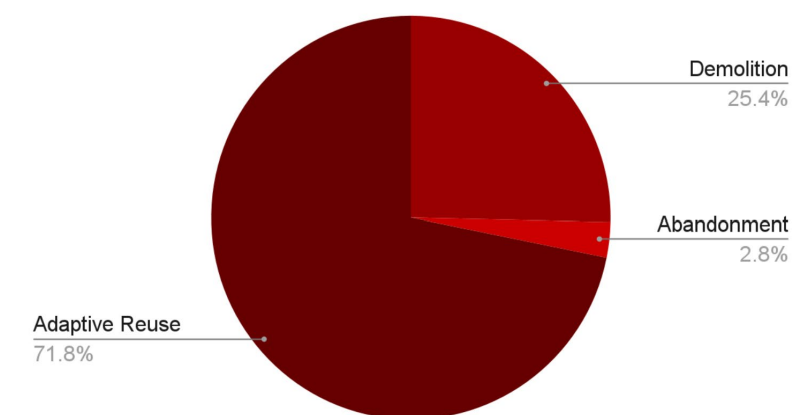


Figure 15. Results from the online survey inquiring: What should be the fate of the Waterford Hospital? By A. Halleran, 2024.

Analysis of Secondary Sources

The discussion about what should happen to the Waterford after it is decommissioned has been an open discourse in the local media for years. These conversations have occurred over a variety of media platforms from comments on Facebook posts, to opinion pieces published in independent magazines. Two advocates who fall on opposing sides of this discussion are Dr. Philip Hiscock, a retired Folklore professor from Memorial University of Newfoundland and Mark Gruchy, a St. John’s lawyer and mental healthcare advocate. Both Hiscock and Gruchy have written articles in The Independent, a newspaper which covers news, opinions and local events. In their respective articles, they feel strongly about what they feel should happen to the Waterford after it is decommissioned. In 2015, Gruchy wrote an article in The Independent, in response to the news that the project to replace the Waterford was being paused after a decade of the government promising a new facility. He stated the following: “It [The Waterford] is a vast receptacle of human misery, pain and failure. Its continued existence validates stigma. It is a spiritual blight on the soul of Newfoundland. It is harming people with mental illness in this province”(Gruchy, 2015). While this is quite extreme, Gruchy speaks to the sentiments that a portion of the population feel about the hospital and why it is not a building that should be valued or much less preserved.

In defence of the hospital, in 2022 Hiscock wrote an article in The Independent pleading to the government to preserve the hospital. Hiscock discusses why it is important to protect and suggests potential future uses. When considering the building’s value, Hiscock states that “It’s [The Waterford] a patchwork of local architectural history. And of our social history. As an embodiment of our heritage, its value is not just huge—it is irreplaceable” (Hiscock, 2022). Both authors’ perspectives convey why deciding the fate of the hospital is so complex.

To gain greater insight into the opinion of the general public regarding the fate of the Waterford, news outlets have used online polls. In a 2016 article by CBC News titled: *Time has Come to Replace Waterford Hospital*, a poll was provided where readers voted on whether they felt that the hospital needed to be replaced (Sharpe, 2016). With 1,775 votes, the results found that roughly three-quarters of people felt that the hospital should be replaced immediately, while the remaining quarter felt the hospital should only be replaced after the province’s finances improve, see Figure 16. This poll indicates that in 2016 the great majority of the public- 72.45%, felt that the hospital needed to be replaced, while only 1.8% felt that the hospital did not need to be replaced. Figure 16 features the results of the online poll by CBC News Inquiring: “Your thought: Should the government of Newfoundland & Labrador replace the Waterford Hospital?”(Sharpe, 2016).

Upon completing meaningful consultation with a diverse group of individuals, it can be concluded that while the public’s opinion is quite varied, there is a general consensus that the Waterford site should be redeveloped for a future use; whether that leads to adaptive reuse or to complete or partial demolition of the hospital is unclear. Although, a new community-centred program which capitalises upon the unique history of the site and its green surroundings is recommended. Moreover, it is suggested that as the future development of the Waterford site occurs, additional co-design and public engagement strategies should be implemented enabling the community to take ownership in its evolution.

“Your thought: Should the government of Newfoundland & Labrador replace the Waterford Hospital?” (Sharpe, 2016).

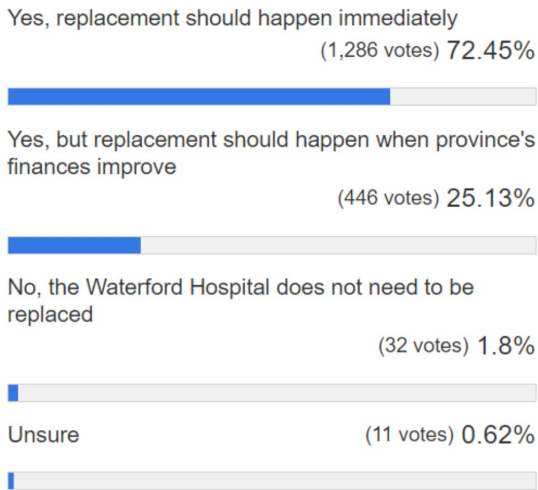


Figure 16. Your thought: Should the government of Newfoundland & Labrador replace the Waterford Hospital? “Canadian Broadcasting Corporation,” by K. Sharpe, 2016 (<https://www.cbc.ca/news/canada/newfoundland-labrador/experts-say-waterford-hospital-needs-replacement-1.3457441>).

4. Architectural Value Assessment

A comprehensive architectural analysis of the existing building should occur to gain insight on its architectural value. This will inform discussions surrounding the potential preservation of the building and its possible historical and cultural significance in relation to St. John’s and the province as a whole. It is suggested that this analysis be completed in partnership with Heritage NL, the College of the North Atlantic’s Architectural Engineering Technology program and Memorial University of Newfoundland’s Faculty of History.

Architectural Drawing Analysis

For the architectural analysis of this study, it was important to gather as much information regarding the architectural drawings of the hospital as possible. This involved contacting Eastern Health, St. John’s Archive, The Rooms Archive, the Newfoundland and Labrador Association of Architects, Heritage NL and CBC with the goal of locating the current architectural drawings of the as-built conditions of the hospital. This led to gaining access to the architecture drawings from the 1973 extension and the 1980 addition of the north chapel from St. John’s Archives, which were the most current drawings on record. Plans from this extension can be viewed in Figure 17. This renovation was completed by the St. John’s firm, Dobush Stewart Bourke Barlow Architects and Consultants. In addition to these more recent drawings of the hospital, scans of the original floor plans used to construct the hospital in the 1850s were found in the text *Out of Mind, Out of Sight*, by Patricia O’Brien, drawn by Haden Engineering and can be seen in Figure 18.

Analysis of Secondary Sources

Heritage NL’s report, *Adaptively Reusing the Province’s Heritage Buildings*, also analysed the historical, architectural and cultural value of the Waterford. The authors concluded that the hospital is a rare example of remaining institutional heritage in the province with the hospital’s myriad of expansions demonstrating the progression of institutional architectural styles of the time. (Dick & Power, 2021). A diagram which demonstrates this onslaught of renovations over the hospital’s first 100 years in operation can be seen in Figure 19. Although currently not in use, original patient rooms still exist in the hospital with few changes made since 1855, see Figure 20. The fact that the original rooms are in similar condition as they were when the hospital was built, illustrates the lack of refurbishment and modernization of the building over the last 169 years.

The original 1855 hospital building consists of a two-story central block which features administrative offices, staff quarters, a two-story north kitchen, laundry, domestic wing and residential patient wing (O’Brien, 1989). The original building has a red brick facade, a peaked slate roof and minimal ornamentation of simple yellow brick window quoining as the only decorative element (Dick & Power, 2021). This understated architectural style was typical of public institutional architecture during the mid-19th century. Extensions made to the Waterford since then use similarly modest detailing and limited ornamentation on the exterior red brick facades. The layered additions of the renovations made to the hospital are illustrated in Figure 21, which captures a portion of the west facade. The expansions of the hospital indicate the evolution of construction practices and the development of architectural styles of institutional buildings over time (Dick & Power, 2021). In later expansions, windows were larger; daylighting became more evidently prioritised and the feeling of institutionalisation was lessened. Designing while prioritising fresh air and daylight testifies to the advances in mental healthcare over time.

Based on the architectural value assessment of the Waterford, it can be understood that the building does hold architectural value given its age and its use of multiple architectural styles seen through its renovations and additions over time. Thus, when evaluating the building from solely an architectural perspective a recommendation for preservation or partial preservation of the building can be concluded.

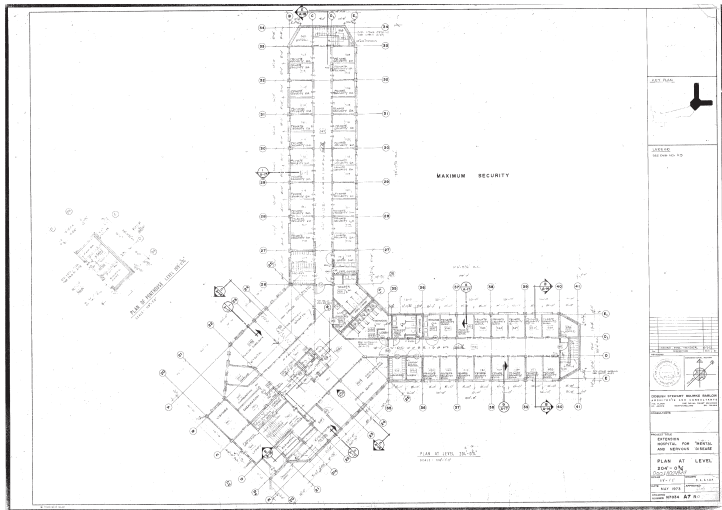


Figure 17. 1973 Architectural drawings. From *City of St. John’s Archive*, by Dobush Stewart Bourke Barlow Architects and Consultants, 1973.

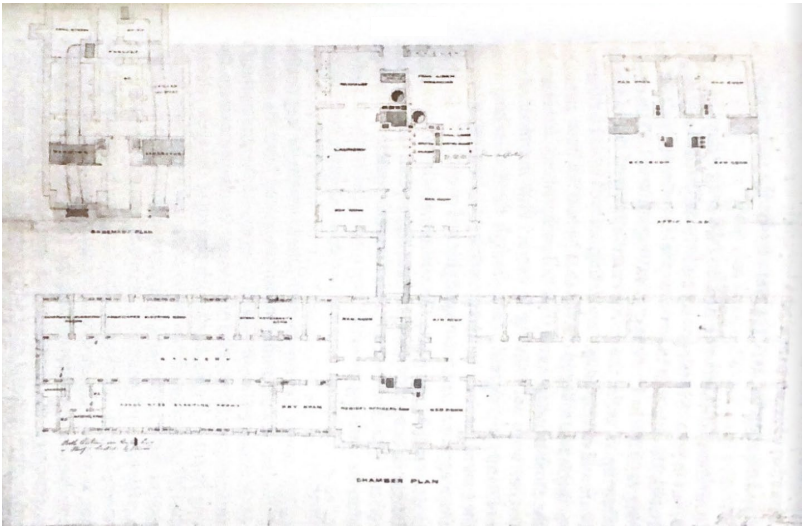


Figure 18. 1847 Architectural plan drawing. From *Out of Mind, Out of Sight: A History of The Waterford Hospital* (p. 53), by P. O’Brien, 1989, Breakwater Books. Copyright [1989] by Waterford Hospital Corporation.

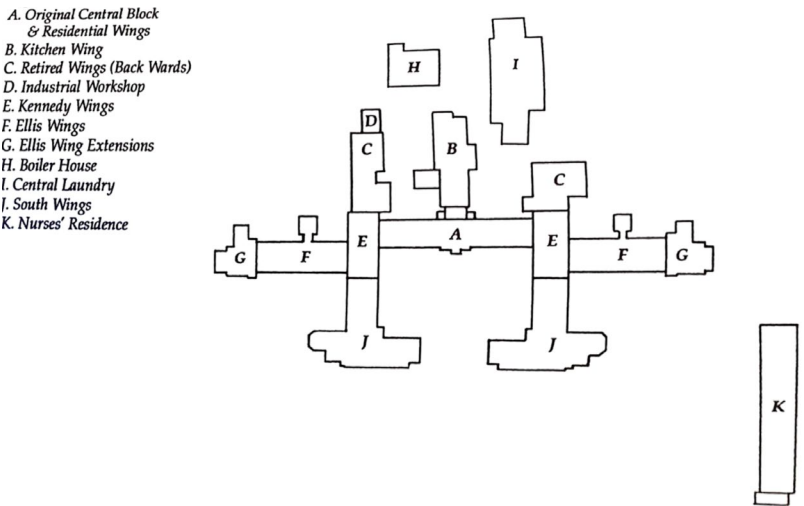


Figure 19. The Waterford Hospital showing additions from 1854-1954. From *Out of Mind, Out of Sight: A History of The Waterford Hospital* (p. 261), by P. O’Brien, 1989, Breakwater Books. Copyright [1989] by Waterford Hospital Corporation.



Figure 20. Original 1855 patient room. From “*Canadian Broadcasting Corporation*,” by S. Vivian, 2016 (<https://www.cbc.ca/news/canada/newfoundland-labrador/rare-look-inside-waterford-hospital-photos-1.3457722>).



Figure 21. West exterior facade of the Waterford Hospital. From “Facebook,” by P. Hiscock, 2021 (<https://www.facebook.com/photo.php?fbid=10165543407525500&set=pb.787960499.-2207520000&type=3>).

5. Sustainability Study

An investigation of the sustainability impacts of all building end of life options should be explored. At a minimum, this includes the impact of total demolition, retrofitting the existing building and partial demolition as part of an adaptive reuse scheme. Each scheme should be studied from a carbon impact perspective. Other sustainability opportunities to investigate may include: urban mining possibilities, on site energy production, urban farming, building material reuse and deconstruction as an alternative to demolition. If it is recommended that from a sustainability perspective, the building should be renovated and reused, a building life cycle assessment should be conducted to ensure environmental impacts are considered and future building end of life planning occurs. Sustainability analysis should be completed by appropriate third party building science professionals. Additionally, a partnership with the College of the North Atlantic’s Architectural Engineering Technology and their Environmental Engineering Technology program, as well as Memorial University of Newfoundland’s Faculty of Engineering would be beneficial.

Analysis of Secondary Sources

Heritage NL’s report, *Adaptively Reusing the Province’s Heritage Buildings* also explored adaptive reuse as a method to “preserve collective memory and sense of place while reducing greenhouse gas emissions through the retention of the energy embodied in them”(Dick & Power, 2021). Heritage NL advocates for the preservation of the Waterford as they feel that structurally secure buildings should not be demolished, as this will contribute to a loss of the embodied energy expended during their construction; resulting in an increase in building material waste and greenhouse gases created from the construction of replacement facilities (Dick & Power, 2021). Moreover, the authors argue that as costly environmental remediation would be required prior to demolition to remove asbestos and any other

building contaminants, the cost of demolition is comparable to the cost of renovation. Given this reality and the fact that constructing new buildings will always inherently create a greater carbon footprint than improving and renovating an existing building, it is evident from a sustainability perspective that a design scheme which incorporates existing building reuse is optimal. Therefore, due to the hospital’s central location and its substantial parking access, Heritage NL suggests that the building could be suitable for a variety of redevelopment opportunities including residential, commercial, or even community or cultural programs.

Based upon this sustainability study, when determining what should happen to the hospital upon decommissioning, it is evident that renovating the existing building and adapting it for future use is the most environmentally friendly and carbon neutral option.

6. Cost Analysis

Thorough cost analysis should be completed to understand the financial implications of demolishing the building, maintaining the building or renovating the building to current building standards to support a new program. A partnership with Memorial University of Newfoundland’s Faculty of Business Administration would be valuable for this feasibility investigation.

Guided Site Visit and Analysis of Secondary Sources

The cost analysis was greatly informed by the observations gained during the site visit to the hospital and an analysis of secondary sources. The physical building has not been well maintained resulting in hospital wings being abandoned as a significant portion of the hospital is not in operation despite overcrowding of active in-patient units. For reference, existing building conditions are further elaborated on in criteria 2 of the framework.

In 2005, it was estimated that the cost to renovate the three St. John’s hospitals (HSC, St. Clare’s Hospital and the Waterford) and the Leonard A. Miller Centre to acceptable standards would cost \$169 million CAD (Canadian Broadcasting Corporation News, 2008). Eastern Health then requested \$95 million CAD for repairs from the provincial government; instead, they received \$3.6 million CAD. Recognizing inflation, \$169 million CAD in 2005 would be roughly \$250 million CAD in 2024. Furthermore, the report also stated that if a building’s repair costs approach 40% of its value, it is not financially worth repairing; in 2005, the cost to repair the Waterford was greater than half its value (Canadian Broadcasting Corporation News, 2008). Therefore, would not be financially responsible to fully renovate the Waterford, which was undoubtedly the reasoning behind constructing the New Adult Mental Health Facility.

To gain a greater understanding of the economic feasibility of demolition, a recent example can be examined. In March of 2024, the provincial government spent \$2.5 million CAD to demolish the former Grace Hospital nursing residence (McCann, 2023). As the gross floor area (GFA) of the former nursing residence is roughly one-third of the GFA of the Waterford, it can be estimated that the cost of demolition of the Waterford will be roughly \$7.5 million CAD. It is important to note that if the future plan for the site is to construct a new building to replace the hospital, then the cost of demolition, in addition to the cost of construction of a new building would be much greater.

Through examination of a variety of local news articles and independent journals discussing the developments in closing the Waterford, many people feel that closing the hospital is long overdue. In an article by CBC in 2015 titled, *Moving Psychiatric Patients to ‘Mothballed’ Waterford Deemed Unacceptable*, Mark Gruchy was interviewed (CBC News, 2015). The discussion surrounded the decision to reopen an unused wing of the Waterford to place patients who were previously at the psychiatric unit of the HSC; this was due to a significant leak in the ceiling of the HSC unit which resulted in its temporary closure. Gruchy stated:

“...moving patients with psychiatric problems into a dilapidated building that has such a bad reputation as the Waterford is unhealthy for them on a physical and mental level. ‘It’s very upsetting because what it shows you is Band-Aid solutions to problems that should really not be happening’”(CBC News, 2015).

The dire conditions of the Waterford have been public knowledge for years, impacting the public’s appetite to spend taxpayers money towards its preservation. This reality must be considered when deciding what should happen to the hospital subsequent to its being decommissioned. Thus, It can be concluded that when strictly examining the cost analysis of the framework, the most economic option for the provincial government would be to demolish the building and sell the Waterford Hospital land.

Recommendations

Upon completing the regional systematic framework for the Waterford, a final recommendation of partial to significant demolition of the building is suggested. Furthermore, it is advised that the site of the former hospital be converted to an extension of the existing Bowring Park. The newly established public greenspace will extend to the north of the hospital site, providing a walking trail that meanders around the extensive grounds of the former hospital. Converting the site to be used for any form of profitability is disrespectful given the history of the site. Therefore, it is appropriate to formally give the site back to the community by acknowledging the collective trauma that has occurred at the hospital over its 169 years of operation and honouring those that have died while being treated. The structure to be conserved is a portion of the original 1855 hospital building, as this section of the building is the most historically and architecturally valuable to the preservation of the history of mental healthcare in the province. The remaining building is to be converted into a memorial museum of mental health, educating Newfoundlanders and Labradorians about the history and experiences of those who have been housed or employed at the hospital. The museum will be dedicated to sharing the important stories of the people who have played a crucial role in the development of mental healthcare in the province and the advancements in patient care and moral treatment at the hospital. The museum will equally shed light on the darker histories of patient psychiatric treatment used in the 19th and 20th centuries while generating future discussions on the advancements in psychology and psychiatry over the course of the three centuries in which the hospital operated. Lastly, as was recommended in Heritage NL’s report: *Adaptively Reusing the Province’s Heritage Buildings*, the future planning of the Waterford site must include co-design and public engagement strategies (Dick & Power, 2021). This may include surveys and focus groups and design workshops should be employed to ensure that the community is involved in the design and planning and have agency in deciding its fate.

Conclusion

St. John’s, Newfoundland is a unique city with a distinct culture, whose built environment holds much of its historical and social memories. Unfortunately, a strong pattern of negligence towards institutional architecture is a prevalent trend throughout St. John’s. This has resulted in institutional buildings falling into disrepair to a point where maintenance is no longer feasible. Once buildings are vacant, they are often left abandoned for years and passed down to future generations of politicians as an inconvenience rather than an opportunity. This unsustainable trend leads to a loss of history as alternative building end of life practices are not considered. The current research study urges the provincial government to thoughtfully consider their role in the preservation and destruction of the buildings of the past. To break this pattern, this study establishes a regional systematic framework to evaluate institutional buildings that the provincial government can implement to guarantee that future institutional buildings in St. John’s are thoughtfully assessed to ensure optimal building end of life outcomes. The resulting framework applies qualitative and quantitative research methods to evaluate the identified six criteria of analysis:

- 1. Historical Investigation
- 2. Site Evaluation and Existing Building Condition
- 3. Meaningful Consultation
- 4. Architectural Value Assessment
- 5. Sustainability Study
- 6. Cost Analysis

To examine the applicability of this systematic framework, the Waterford was used as a case study to investigate optimal building end of life opportunities as this 169 year old hospital will be decommissioned in late 2024 to early 2025, and serves as a topical and challenging example of an institutional building whose fate is unknown. This study aims to answer the research question: Given Newfoundlanders’ complex relationship and history with the Waterford, what should be the fate of the building? Through the application of the systematic framework to the hospital, it was concluded that the building should be partially demolished. Furthermore, the findings suggest that a new community-centred program which integrates a portion of the remaining historic building elements into its design is favourable.

The Newfoundland and Labrador government can apply the regional systematic framework developed herein to future institutional buildings in the city to guide post-occupancy building end of life decision-making processes. This will result in optimised planning, thorough analysis, sustainable outcomes and the preservation of the culture and heritage of St. John’s.

Discussion

Author Reflection

As a curious young designer from St. John’s, I began this research excited to learn more about my culture while advocating for the careful consideration and possible preservation of an endangered architectural typology. When it was time to select a case study for this investigation, the Waterford appeared to be a great choice. It is a topical building whose fate is uncertain and whose history is unconventional. However, deciding the future of what should happen to the Waterford is far from black and white. Thus, this study’s focus shifted towards the development of a framework that could be applied to even the most inherently subjective and complex case studies, such as the Waterford. This would allow for decisive and objective recommendations to be made surrounding the future use of any decommissioned institutional building in St. John’s at their end of life.

The development of a framework was critical as it would decrease subjectivity and personal biases from clouding one’s judgement in the evaluation process. Although, it is crucial to acknowledge that depending upon one’s own biases and personal connections to a building, one may have quite a different perspective from others. As such, I feel it is important to reflect on my own internal biases in an effort to be transparent about the recommendation concluded from this study.

As designers, much of our education surrounds learning about how we can apply our technical and creative skills to contribute to improving the built environment. With this perspective, I was eager to explore how design could play a role in enhancing the site of the Waterford after the building is decommissioned. Due to my own biases as a designer and my own experiences with the hospital, I felt quite torn from the beginning of this study on what I would like to see happen to the building. My initial innate feeling was that the hospital should be converted to serve some form of community programming; for example, social housing as a response to the lack of affordable housing in St. John’s or perhaps a community centre to expand resources and social programs to the Waterford Valley community. As I learned more about the building’s history and spoke with people who have worked at the hospital and people who have had strong personal connections with past patients of the hospital, the answer to what should happen to the building after its patients are moved and its halls are empty, felt even more convoluted. The historical and social memory of the Waterford will live on long after its patients have left and its doors are closed, and so we must be critical in how we either choose to remember or forget the past. A couple of questions which helped clarify my own opinion, include the follow:

- 1. Should we preserve architecturally or historically valuable buildings even if they represent harm done to a community?
- 2. How can design be used to acknowledge the positive and negative histories of a place in an appropriate and sensitive manner, so that we can learn and honour those histories?

While these questions are far from straightforward and depending on the case study in reference, the answers may widely differ, they are useful to consider. They provided the basis for developing the systematic framework for evaluating buildings post occupancy. As it is not uncommon for institutional

buildings to have dark pasts, their history must be carefully evaluated as each building can have challenging controversial and even polarising histories. Thus, an objective system to assess such cases ensures thoughtful examination.

As a result, this case study investigating the fate of the Waterford highlights an important discussion that is perhaps less intuitive for designers; as an architect, it is sometimes just as important to know when to reject design work which places too much emphasis on contract fees, and instead lean into being an advocate for the best interest of a community. Hence, the conclusions of this research hope to acknowledge some of the complexities of the Waterford by proposing a reasonable and respectful design scheme that is compelling to Newfoundlanders and Labradorians independent of their relationships with the Waterford Hospital.

Limitations

Due to time restrictions and limitations in my own areas of competency, this research does not complete an equally rigorous examination of each of the criteria of analysis to assess the Waterford. This is especially true of the final two criteria of analysis within the systematic framework- the Sustainability Study and Cost Analysis. Thus, these criteria are not strongly weighted in the final recommendations for the Waterford. If time allowed, and partnership with sustainability experts were formed, a complete sustainability report which outlined the carbon impact of each building end of life option could be provided; then, sustainability considerations would likely have had a greater influence on the final recommendations for the hospital.

Furthermore, as cost is typically highly prioritised in government decision-making, this analysis does not place great emphasis on the feasibility of preservation compared to demolition. Cost analysis should be completed in collaboration with appropriate financial advisors to ensure that feasibility is given reasonable consideration. Consequently, this lack of emphasis upon costs leads to an outcome that provides an alternative perspective which places greater value on the historical, architectural and community metrics of analysis, resulting in a study which challenges how we prioritise our measures of analysis when evaluating decommissioned institutional architecture.

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Reckoning with Decay: The Hidden Cost of Neglect

A Regional Framework to Establish Optimal Building End of Life Practices for Institutional Architecture in St. John’s, Newfoundland, Canada: A Case Study Examining the Waterford Hospital

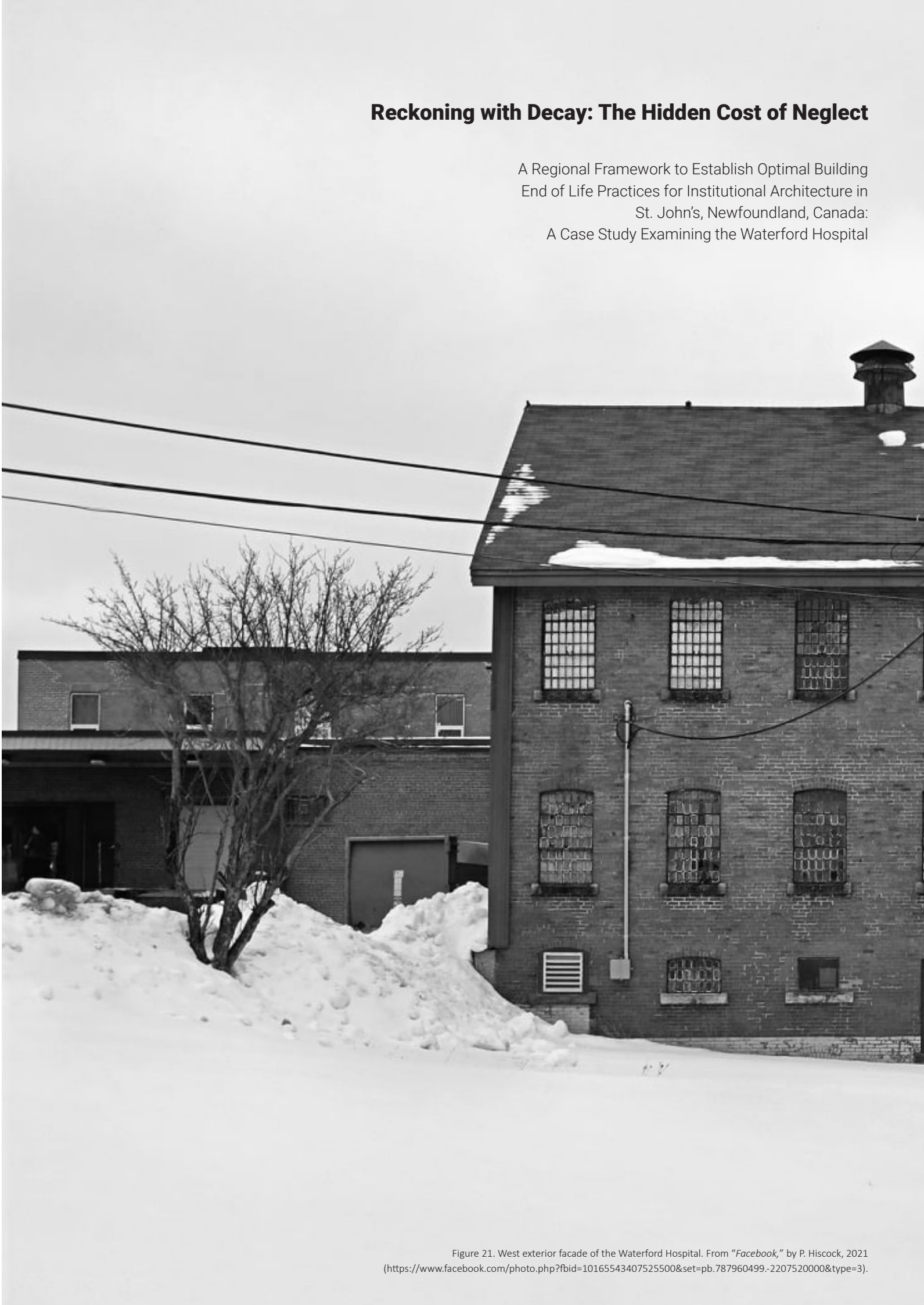


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