

GOVERNMENT
OF
THE DISTRICT OF COLUMBIA

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ZONING COMMISSION

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PUBLIC HEARING

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IN THE MATTER OF: :

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VISION McMILLAN PARTNERS LLC :

AND THE DISTRICT OF COLUMBIA : Case No.

- FIRST STAGE AND : 13-14

CONSOLIDATED PUD AND RELATED :

MAP AMENDMENT @ 2501 FIRST :

STREET, N.W. :

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Thursday,
May 8, 2014

Hearing Room 220 South
441 4th Street, N.W.
Washington, D.C.

The Public Hearing of Case No. 13-14 by the District of Columbia Zoning Commission convened at 6:30 p.m. in the Jerrily R. Kress Memorial Hearing Room at 441 4th Street, N.W., Washington, D.C., 20001, Anthony J. Hood, Chairman, presiding.

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ZONING COMMISSION MEMBERS PRESENT:

ANTHONY J. HOOD, Chairman
MICHAEL G. TURNBULL, FAIA, Commissioner
(AOC)
PETER MAY, Commissioner (NPS)
ROBERT MILLER, Commissioner

OFFICE OF ZONING STAFF PRESENT:

SHARON S. SCHELLIN, Secretary

OFFICE OF PLANNING STAFF PRESENT:

JENNIFER STEINGASSER, Deputy Director,
Development Review & Historic Preservation
JOEL LAWSON
MAXINE BROWN-ROBERTS

DISTRICT DEPARTMENT OF TRANSPORTATION STAFF
PRESENT:

ANNA CHAMBERLIN

The transcript constitutes the
minutes from the Public Hearing held on May 8,
2014.

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Rebuttal and Closing of Applicant	Tabled

P-R-O-C-E-E-D-I-N-G-S

6:35 p.m.

CHAIRMAN HOOD: Okay. We're going to go ahead and get started. Good evening, ladies and gentlemen. This is a public hearing of the Zoning Commission for May 8, 2014.

My name is Anthony Hood. Joining me are Commissioner Miller, Commission Turnbull and Commissioner May. We're also joined by the Office of Zoning staff, Ms. Sharon Schellin and also the Office of Planning, Ms. Steingasser and Mr. Lawson, Ms. Brown-Roberts and from the District Department of Transportation, Ms. Chamberlin.

I do have a quick announcement before I go into the reading. Effective immediately the Zoning Commission will go and relax its rules. We're going to do it two weeks early.

I don't know if you noticed on the way over here that it was a little warm. So we have decided to -- Normally, we do it I think

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the first week of June. So if you see us up here with our short sleeves on, really relaxed, noted that=s something that we normally do in the summer.

So what we=re going to do is we=re going to start a few weeks early. Hopefully, no one minds. I=m sure we don=t mind. Okay. All right. So we will start that on Monday and I will mention it again at Monday=s meeting.

This proceeding is being recorded by a court reporter and also webcast live. Accordingly, we must ask you to refrain from any disruptive noises or actions in the hearing room including a display of any signs or objects.

Notice of today=s hearing was published in the D.C. Register and copies of that announcement are available to my left on the wall near the door. This evening=s hearing will only focus on the healthcare facility which is Parcel 1. Again, this evening we=ll be talking about the healthcare facility which

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is Parcel 1.

We will continue on May 13th with stage one master plan, open spaces, parks and the community center. So to be clear this evening, we will only discuss and take testimony on the healthcare facility and transportation which we have said at the outset we would hear at every hearing.

This hearing will be conducted in accordance with provisions of 11 DCMR 3022 as follows: preliminary matters, applicant=s case, report of the Office of Planning, reports of other government agencies, report of the ANC 5E, 5A and 1B, organizations and persons in support, organizations and persons in opposition, rebuttal and closing by the applicant.

The following time constraints will be maintained in this meeting. The Applicant has asked for 20 minutes, Organizations five minutes and individuals three minutes. The Commission intends to adhere to the time limits

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as strictly as possible in order to hear the case in a reasonable period of time. The Commission reserves the right to change the time limits for presentations if necessary and notes that no time shall be ceded.

All persons appearing before the Commission are to fill out two witness cards. These cards are located to my left on the table near the door. Upon coming forward to speak to the Commission, please give both cards to the reporter sitting to my right before taking a seat at the table.

When presenting information to the Commission, please turn on and speak into the microphone, first stating your name and home address. When you are finished speaking, please turn your microphone off so that your microphone is no longer picking up sound or background noise.

The decision of the Commission in this case must be based exclusively on the public record. To avoid any appearance to the

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contrary, the Commission requests that persons present not engage the Members of the Commission in conversation during any recess or at any time.

In addition, there shall be no direct contact whatsoever with any Commissioner concerning this matter, be it written, electronic or by telephone. Any materials received directly by a Commissioner will be discarded without being read and any calls will be ignored.

The staff will be available throughout the hearing to discuss procedural questions. Please turn off all beepers and cell phones at this time so not to disrupt these proceedings.

Would all individuals wishing to testify please rise and take their oath? Ms. Schellin, would you please administer the oath?

MS. SCHELLIN: Yes.

(Witnesses sworn in.)

PRELIMINARY MATTERS

MS. SCHELLIN: Chairman Hood, I've been advised that Janice Posey from DMPED is here to testify this evening. And she'd like to testify prior to the Applicant=s presentation once you go through party status requests.

CHAIRMAN HOOD: If Ms. Posey would come to the table and, Ms. Brown, if you can come to the table. Okay. Any other preliminary matters?

MS. SCHELLIN: Yes sir. There are two party status requests that have been filed. In accordance with the instructions stated in the public hearing notice, the party status request filed by Friends of McMillan Park was specifically for this hearing. However, the party status request filed on April 22nd by the McMillan Coalition for Sustainable Agriculture did not specify any hearing date. Notwithstanding this noncompliance, staff is prepared to treat the April 22nd party status request as encompassing this hearing unless the

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Commission instructs otherwise.

McMillan Coalition for Sustainable Agriculture filed what they've identified as supplemental materials through Exhibits 148A through 148D and also Exhibit 392. They ask the Commission to consider these party status requests.

CHAIRMAN HOOD: Okay, Commissioners. Let's take Friends of McMillan Park first. Again, as in the past, I think that they meet the threshold for allowing party status unless my colleagues have any objections. So I would move that we grant party status to Friends of McMillan Park based on their submission to us in Exhibit 45. And I ask for a second.

COMMISSIONER MILLER: Second.

CHAIRMAN HOOD: It's been moved and properly seconded. Any further discussion?

(No verbal response.)

Hold tight. Let's hold the motion. Discussion. Ms. Brown, do you have any

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opposition to that?

MS. BROWN: Thank you. Carolyn Brown from Holland & Knight on behalf of VMP Partners, the Applicant. We have no objection to the party status request.

CHAIRMAN HOOD: Okay. No objection. Thank you. So it=s been moved and properly seconded. Any further discussion?

(Vote.)

MS. SCHELLIN: Staff records the vote four to zero to one to grant party status in opposition to the Friends of McMillan Park, Commissioner Hood moving, Commissioner Miller second, Commissioners May and Turnbull in support and Commission Cohen, not present, not voting.

CHAIRMAN HOOD: Okay. Thank you.

Commissioners, next we have a request for McMillan Coalition for Sustainable Agriculture who I think has supplemented their report from what we had previously.

Let me just state that they have

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already been turned down for May 13th. May 13th is not a new hearing. It's a continuation. So I think in their submission for tonight it was --

Let me just the other two times that they were turned down in another two cases it was timeliness. I would rule that this one be timeliness unless there is some objection.

(No verbal response.)

No objection. There are a lot of misstatements in their submission. I don't want to go through all the misstatements in their submission. They have a lot of them. But I can tell you they were turned down on timeliness.

The way in the past that we've done other cases I think there is precedence of what we've done when we broke cases up like this where in the past a few cases that we've had similar to this one we broke it out. Those requesting party status requested it every night. For instance, McMillan is an example of

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how it should be done.

And I understand that McMillan Coalition for Sustainable Agriculture may not come down here all the time. But the first two again was done on timeliness.

The next thing is you have to look real hard. I had to read this a couple of times to be willing to even give party status. But if you look at page two. I'm not sure how yours printed out. But in the second paragraph it says -- I'm just going to go -- A... and represents unique impacts on our participating members and directly affected District residents, some living as close as 100 feet to the subject site.@

To me, that=s really far-reaching. I don=t think they=ve really adequately addressed it. But I think if I read that line, I think that would give them party status. Again, this submission is timely. And those few words I think would get them over the threshold.

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Any objections to any comments I made? Anyone feels any differently?

(No verbal response.)

Yes, you've got to search hard. Believe me. It didn't just pop right out. You really have to search hard. And I understand they're not down here a lot. So those sentences, those few words, I think gave them party status.

COMMISSIONER MAY: You know, mere proximity does not warrant party status. So what I guess I didn't really understand throughout all of this is what the impacts are on even these residents in proximity.

CHAIRMAN HOOD: In some, they actually went to the fact of traffic. Even though I think basically if you look at their submission, they're arguing a case. They're arguing something is not presented in front of us.

COMMISSIONER MAY: Yes.

CHAIRMAN HOOD: They are arguing

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maybe they wanted to be applicant. I'm not sure. But I think that again for me, and I'm only one vote, participating members and the directly affected District residents I assume they mean traffic impacts and other things I expect we didn't hear about. I'm not sure.

While it doesn't jump right out at me, I think there is case law and precedence that said and I think one of us mentioned that they had the same interest as Friends of McMillan Park. But I think case law and precedence also says that that is not reason to turn them down for party status.

So I would be inclined to agree to give them party status in this case because their filing basically is timely, even though you had to search for the impacts of the residents who live within 100 feet.

COMMISSIONER MAY: Okay. So again I agree on proximity and I also agree to the fact that in some cases their interests may be similar to the interests of Friends of McMillan

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Park. And I don't see that that's a reason to dismiss.

What I'm still struggling with is how the impacts that they are expressing in their party status application actually relate to direct impacts associated with the project that are unique. In other words, the things I see are things like heat island effect. That's a very broad interest.

That's like saying just in very broad terms the project is going to bring more traffic. Well, yes. That's quite possible, but that unique effect doesn't tie in here. I mean that's not a unique effect. Put it that way. And it doesn't tie into the application.

I'm having a -- I'm still struggling with this. Maybe other Commissioners have thoughts on this and I'm happy to go with the general sense of the whole Commission.

But I'm really struggling with how. It's not a strong application. It doesn't spell out specifically how this group is

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uniquely affected by this project. And this is supposed to be a forum for those who are uniquely affected. And I just don't see it.

CHAIRMAN HOOD: Okay. Let's open it up. I think though, Commissioner May, I'll preface my remarks with searching high and low to find something that would do. And you and I are on the same page. I'm just maybe a little more willing to this point because I had to find it.

COMMISSIONER MAY: I think we both searched and I didn't find it. But you did. So maybe Commissioner Miller.

CHAIRMAN HOOD: If you look at that last words. That's why it's five of us because sometimes we interpret things a little differently. And I also had to put in some -- Anyway, I won't go into that.

Commissioner Miller.

COMMISSIONER MILLER: Thank you, Mr. Chairman. Are they here in the room right now?

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CHAIRMAN HOOD: I actually was going to call them up after we had the discussion.

COMMISSIONER MILLER: Under our rules, I think if they're not present, they're automatically denied when the issue is presented to us.

CHAIRMAN HOOD: Okay. The thing was I wanted us to comment. We were going to call them up to kind of go over some of the issues that Commissioner May had mentioned.

COMMISSIONER MILLER: I had some comments on the substance of it as well. I mean they have an alternative plan they've come up with, this aquaponic farm for their sustainable urban agricultural uses. It's a unique alternative plan.

But almost anybody could come up with a unique alternative plan and testify that that they think that's -- That they can testify as a person or organization when we call persons and organizations and testify as to why that use

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should be considered as an alternative or an addition to the uses that we're considering. I'm not sure that this rises to the level of party status either.

CHAIRMAN HOOD: Okay. Mr. Turnbull, did you have anything you wanted to add?

COMMISSIONER TURNBULL: Mr. Chair, I guess I'm not totally opposed. I guess I could go along with your reasoning on their arguments. They have to understand that part of the thing is that they will be sharing time with Friends of McMillan. And if they haven't coordinated their presentation it might be duplicative.

And the questions that if they ask it has to be focused on what we're hearing tonight. I don't want to hear general. We're not going back to hearing one or two. We're hearing three which is on the medical facility. So it has to be germane to tonight's hearing.

CHAIRMAN HOOD: I would agree.

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Mr. Wolkoff, are you here? I think that=s how you pronounce your name. Daniel Wolkoff, would you come forward? We have a few questions.

(No response.)

Okay. Mr. Peloquin. Anybody from the McMillan Coalition for Sustainable Agriculture group who=s requested party status in the hearing room because we have a few questions.

(No response.)

Okay. Not seeing anyone, Commissioners, I would move that we deny this request. We had some additional questions. This request did not necessarily fulfill our standards.

I was willing to hear from them as Commissioner May had and we would ask a few questions to get us to that point. By them not being here for us to be able to ask those questions I think puts us at a disadvantage and it also prejudices the Applicant as well as

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other parties. So I would move that we deny this request and ask for a second.

COMMISSIONER MILLER: Second.

(Vote taken.)

MS. SCHELLIN: Yes. Staff would record the vote four to zero to one to deny party status to the McMillan Coalition for Sustainable Agriculture. They were called and they were not present to discuss their application. Commissioner Hood moving, Commissioner Miller second, Commissioners May and Turnbull voting in support of denial, Commission Cohen not present, not voting.

CHAIRMAN HOOD: And you know I made a mistake. Ms. Brown, did you have problems with what we just did?

MS. BROWN: I have no comments on that motion. Thank you.

CHAIRMAN HOOD: Oh, if it went the other way you might have had something. Okay. I understand. Thank you.

Do we have any other preliminary

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matters?

MS. SCHELLIN: Just the proffered experts when they get to that point.

CHAIRMAN HOOD: Okay. Let=s go to Ms. Posey I believe. Welcome. We want to go ahead and customarily we always take the mayor, council members, the deputy mayor=s office or representatives of any one of those offices first. So you may begin.

TESTIMONY OF DMPED

MS. POSEY: Good evening, Chair and Members of the Zoning Commission. I am Janice Posey, Manager for the Higher Education and Healthcare Sector in the Office of the Deputy Mayor for Planning and Economic Development.

My role is to engage, collaborate and assist with real estate and programmatic challenges for all 19 colleges and universities located in the District of Columbia and the 14 hospitals that serve the general public in the DC region. My specific involvement with the McMillan Project originated from Vision 5 of

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Mayor Gray=s Five Year Economic Development Strategy which aims to create a first class, global medical center at the McMillan site.

For the last two years, I=ve organized a forum with the medical communities and the universities to discuss the global vision for the healthcare portion of the McMillan site. Through work group discussions and a practicum class at a local university, several ideas were generated. The consensus was that the medical component of McMillan could serve as a center of excellence that could focus on researching many of the leading chronic diseases that exist in Ward 5 specifically and the District in general.

Today I would like to share with you the following thoughts. Life expectancy in the U.S. is 78.7 years, but residents in Wards 5, 6, 7 and 8 have a shorter expectancy than the average DC resident. For Ward 5, life expectancy is 74.8 years.

Diabetes was the number six cause of

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death in DC and number seven leading cause of hospitalization. Diabetes prevalence for Ward 5 is 12.5 percent of the general population and is the second highest rate in the District. Ward 5 accounted for 20.7 percent of 145 District deaths due to Diabetes, second highest to Ward 7 at 21.4 percent. Ward 5 has the third highest obesity rate with Ward 7 at 35.3 percent and Ward 8 at 44.4 percent.

What does this have to do with the McMillan Project? And why can't we just rely on the hospitals across the street to treat chronic diseases? The answer is this space could help eradicate not just treat diseases.

Pioneering healthcare research and innovation is the key to eradicating diseases. If we only rely on the traditional approach to treating diseases, does that really make the disease obsolete?

McMillan Center of Excellence could provide the venue and space for revolutionary advances in medical treatment for chronic

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diseases. Traditional in-patient medical care is trending down and managed population healthcare is trending up.

Through innovative and smart healthcare delivery platforms it is more efficient to have patient care coordinators manage a targeted population through technology. This coordinator could track patient needs and care throughout the treatment process and monitor results from the centric care center to the patient=s home resulting in the following: reduction in medical expenses, transportation costs and patient stress in getting to traditional appointments.

Life style change is another factor to improve and prevent the onset of chronic diseases. With a community center at the McMillan site, there could be a direct correlation with exercise and other healthy options to coordinate with the Ward 5 community. The grocery store slated for McMillan also would provide healthy food

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options and work in partnership with the community to provide nutritional programs and food preparation assistance.

The McMillan medical site can serve as a center of excellence, housing, research, innovation, clinical trials and incubators for early stage medical advancements in one centralized location. It can also provide a place where chronic diseases can be treated and managed through new solutions.

I would like to conclude my testimony with McMillan is more than just the real estate. It is a place that generates healthy outcomes for the Ward 5 community and the District as a whole. Thank you very much.

CHAIRMAN HOOD: Okay. Thank you, Ms. Posey.

Commissioners, let=s see if we have any questions. Any questions?

(No verbal response.)

Not seeing any. Does the Applicant have any cross?

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MS. BROWN: No cross examination.

CHAIRMAN HOOD: Okay. Does ANC 5E, Commissioner Barnes, have any cross examination?

(No verbal response.)

Okay. Mr. Pozen, do you have any cross examination?

MR. POZEN: No, nothing.

CHAIRMAN HOOD: Okay. Thank you very much. We appreciate your testimony.

Okay. Let=s go to -- Do we have any other preliminary matters?

MS. SCHELLIN: Proffered experts.

CHAIRMAN HOOD: Proffered experts. Ms. Brown, let=s go through the experts.

MS. BROWN: Yes. We only have two witnesses tonight. And only one is being proffered as an expert and that=s Mr. Shalom Baranes who has been previously qualified many times before this Commission.

CHAIRMAN HOOD: Okay. I think we know Mr. Baranes. That=s the only person you

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proffer.

MS. BROWN: Yes sir. I believe he was not in the room when the affirmations were requested. So if he could be sworn in. They were previously qualified. Okay. We are not planning to offer any of our other witnesses on direct. But we do have in reserve a transportation expert who was qualified the other night.

MS. SCHELLIN: Previously.

CHAIRMAN HOOD: We have already done him previously also.

MS. BROWN: Right.

CHAIRMAN HOOD: That=s fine.

(Witness sworn in.)

CHAIRMAN HOOD: Okay. We=re ready.

APPLICANT=S CASE

MS. BROWN: Okay. Thank you. We=re ready to proceed with our first witness, Mr. Adam Weers, from the Trammell Crow Company. Thank you.

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MR. WEERS: Good evening. My name is Adam Weers with Trammell Crow Company. And I'm very happy to be with you again to share some thoughts on the healthcare facilities at Parcel 1. I'll just share some quick opening remarks.

Shalom Baranes and Jeff Aten are here to help me walk through the building design. I'll make some closing comments and then we'll be done.

Trammell Crow Company is one of the largest and most successful commercial real estate developers in the nation. We've maintained an active presence in the District since 1976 with some notable projects across the city including the Shops at Dakota Crossing, Columbia Hospital for Women and Market Square.

In 2014, we were ranked as the number one healthcare developer in the country by Modern Healthcare magazine. Nationwide we have \$4.3 billion of healthcare development completed or in process and the leader of our

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national healthcare platform, Eric Fischer, is a District resident who has worked on this initiative with me since day one.

From the beginning, our team has viewed McMillan as an incredible healthcare opportunity. Healthcare development in the District has a unique set of drivers for what makes a particular location desirable and proximity to hospitals is key. This map illustrates the point with circles indicating concentrations of healthcare focused real estate. The larger the circle the higher the concentration.

The blue circles represent the District's hospitals. And the larger yellow dot at the center of the map represents the 3.5 million square feet of hospitals located just past North Capitol and just north of Michigan Avenue.

McMillan is directly adjacent to the largest concentration of hospitals in the District of Columbia including the Washington

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Hospital Center, National Rehab, Children=s National Medical Center and the VA. The site is less than a mile and a half from two additional hospitals in Howard University and Providence. When viewed from this perspective, McMillan is in our opinion the single most desirable healthcare development site in the city.

Historically, large-scale healthcare projects across the country have been developed by placing large, sprawling complexities across very large land parcels. You can see this phenomena locally in facilities like United Medical Center and Providence Hospital.

Successful healthcare development projects today including many more smart growth principles like taller buildings, smaller footprints and underground parking when possible. A new facility can provide many benefits to a healthcare system including operational efficiencies and cost reductions.

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But systems occupying more smartly designed facilities are finding that their buildings can also assist in attracting and retaining top flight human capital. Vibrant work environments can attract talent which gives an employer a significant competitive advantage. A great local example of this can be seen at the GW Hospital which is integrated into a thriving, mixed use environment and is seeing many positive effects for their employee base as a result.

Much of our vision for how incredibly powerful and impactful McMillan could be was directly informed by research we performed on 17 different medical districts across the country. As we presented last week, the healthcare component of McMillan is clearly its economic engine generating the bulk of our projects, 3200 permanent jobs and nearly \$1 billion in fiscal impact.

In studying medical districts from Boston to Houston to Chicago, we have found

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examples of city after city where they have capitalized on large concentrations of healthcare institutions by encouraging formal medical districts that are now generating economic activity in areas like tax revenue, employment and research funding that are having dramatic impacts.

All of these medical districts have in common several key elements including hospitals, universities and research institutions. All of these ingredients currently exist along the Michigan Avenue corridor.

Despite this existing base, a medical district in DC has not sprouted organically so far. The addition of just over one million square feet of new healthcare density at McMillan is a huge step in the right direction towards helping this powerful initiative finally take shape.

We've incorporated many lessons learned to the facilities located at Parcel 1

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at McMillan. By using height to reduce the building footprint and placing the garage underground, we are squeezing 875,000 square feet of density into less than four acres. The building's final configuration has been as much influenced by the McMillan site context and by community input as it has by smart growth principles. We pushed our building back from North Capitol as a direct response to our Stronghold neighbors creating a 260 foot buffer from stronghold. And the healing gardens can be traced back to a salon session at Big Bear where a community member asked us point blank if we would shrink our building footprint even further to make room for additional green space.

Our vision for this project is for McMillan to be a campus that can incorporate several different types of uses under the healthcare umbrella ranging from outpatient facilities to medical offices to research, biotech and related uses. We have worked

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diligently over the past six years pursuing lease commitments from numerous healthcare systems and other potential tenants from MedStart to Johns Hopkins from Children=s to Providence. We know the demand is there and we fully expect the combined need from all of these systems to significantly outpace the total density that we will have available.

Not unlike our project=s grocery tenants, it=s too early in this process to have signed commitments. But the interest level we have experienced on all sides of the tenant front is strong and we continue to work on pursuing these commitments as soon as possible: the keys to pulling off this campus approach, the size and amount of total density available within Parcel 1, the flexibility of the buildings as designed, the adjacencies we=ve previously discussed and a patient and deliberate approach to tenant selection.

I=ll now turn it over to Shalom Baranes to talk a little bit more about our

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building design.

MR. BARANES: Great. Thank you, Adam. I think you know where our site is by now. We occupy the upper quarter of the overall McMillan site plan that you've been looking at for the last couple of sessions.

And one of the primary points I want to make here is that we've had to develop a project here which not only relates to the McMillan historic context but also to the context to the north, both east and west of us.

We have this fairly large group of hospital-scale buildings to the northwest. And then in the lower lefthand corner here, you can see that we also have a radically different scale which is across North Capitol Street these townhouses that Adam just referred to. So we basically have three very, very different kinds of conditions to deal with here.

One of the major challenges in designing a hospital building -- and this actually has a lot to do with the reason why

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hospital buildings generally look the way they do -- is that they generally require these very deep plenums which very often need to be about four to five feet deep. By plenum, I mean the area between the finished floor and the finished ceiling below. And these typically tend to lead to very inhumanly scaled facades on these buildings. And this is one of the challenges we really took to heart and tried to address as you'll see as I go through this presentation.

Basically, this is the envelope that we had to deal with if we were covering 100 percent of our site with North Capitol Street on the right and the historic service court off to your left. And we started to manipulate this envelope to respond to very specific programmatic requirements, community issues and, of course, other urbanistic issues.

The first thing we did, of course, is decided to preserve Cell 14 and the wonderful thing about this is that in conjunction with

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saving Cell 14 we were also able to push our building further away from the small scaled townhouses that I just showed you across North Capitol Street.

Another thing we thought was very important was respecting the scale of the historic elements along the North Service Court. And so here we also took the opportunity to essentially set back the upper floors of our building an additional 30 feet from the property line that we were working with. In addition to setting back off of North Capitol Street, we also felt it was important to reduce the height of the building as is stepped from the west to the east.

And also it turns out we had this very, very complex transportation series of issues to deal with. There is a lot of intense traffic associated with these buildings, including vans, ambulances, shuttle buses, private vehicles. And we wanted to keep as much of this traffic off the historic portion

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of the site as possible and relate it primarily to Michigan Avenue which is obviously a major thoroughfare. And that was partially the genesis for the introduction of this healing garden that you'll see on the north side of our site.

And finally there is an axis that runs through the site that's been developed with all of the other uses. And we felt it was important for us to continue this axis all the way to Michigan Avenue on the north side of our site, thereby yielding us two separate buildings as Adam mentioned exceeding roughly 800,000 feet.

In looking at these two L shapes, we asked ourselves how can we make these less generic. How can we take these L-shaped buildings and essentially develop a geometry which is related to something specific about these historic buildings, something specific about the site?

And you may have heard this in the

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previous hearings, but obviously one of the wonderful things about these silos that you see here is they're simple, abstract geometry with the circular element running very interrupted right down to the ground and then essentially being interrupted by another horizontal, cylindrical, half a cylinder form that runs horizontally through it.

We took that concept and essentially developed L shapes as these tubes which in some ways I think at a very abstract level are very similar to the simple extruded shapes of the silos. And as we brought them together we tried to recall these two embedded forms that you see on the left in the silos and basically have our L forms read as two embedded shapes also.

We, of course, also wanted to respect the plinth that exists currently around the site. And it's being expressed very clearly and very strongly in the other buildings that you've already seen. So we took

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these two L-shaped buildings and placed them on a plinth as well that runs across our entire site. And that gave us the opportunity to -- this is a section through the service court -- create a very low-scaled element on the service court which mirrors and reflects the low-scale element of the residential on the south side of the court.

Here you see we have a 20-foot setback. We have a 30-foot setback. And there's a pedestrian walking down the street as you'll see in the renderings. Essentially, it's the historic elements that I think become the primary architectural elements for the pedestrian along this east-west axis.

Here is a rendering of that with the silos on the left, our plinth on the right which is all occupied primarily by retail. And on the righthand side of the screen, you also see one of the historic walls that very much establishes that strong horizontal line across the site.

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Looking in the opposite direction, again you can see the plinth on your left fairly clearly interrupted by a series of punched retail base and openings. And then in this aerial view, again I think you start to get a clearer sense of the way the buildings, our building to the north and the residential buildings to the south, have a fairly strong relationship to each other at the pedestrian level.

This is a plan of the north service court showing a partial plan of our buildings. And again we not only wanted to reflect architecturally in terms of their forms everything happening to the south of us. But we also wanted to mirror the uses.

The primary uses along the base of our building on this court will be retail. We also made an effort to bring two lobby entrances, one for each building, down to this level and conceal the loading behind the retail, between the retail and the lobbies.

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One level up -- there is some slope to the site -- above the plinth, above the retail, we developed this healing garden which actually has a form that=s very much a derivative of all of the transportation elements that we had to deal with which I=ll show you in a little more detail here in a second.

But I want you to note here that in addition to dealing with all of the vehicular requirements we were also able to weave on the very north side of our site the Olmstead Walk. And those are the curved portions, the curved paths, that you see marching along there. And that=s, of course, an extension of the path as it migrates to the site south of us.

Again, just in terms of open spaces, on Cell 14 side where we have North Capitol Street on the far left, I want you to note that we also carry the plinth of our building all the way around to this side of the site, but essentially reduced its scale here by

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interrupting it with an entrance into the building where you see the stairs on the right there as well as an expression and visibility into the building with the glass room just to the left of it. And then you'll see again shortly that we also have allowed pedestrians to walk around the plinth and look behind it.

Here we are at the healing garden on the north side. I'll show you this in a little more detail. Here's an up-close version of it. I want you to notice that we have the vehicular roads on the right and Michigan Avenue on the left. And this is a series of diagrams which shows all of the different vehicular movements that we have to accommodate.

And as I said we've concentrated the vehicles on the north and the pedestrians on the south. So there are a lot of pedestrian entrances on the south here.

All of this yielded us these two very simply floor plans which actually we've been able to configure in a way that works quite

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well for the hospital requirements, not hospital, but medical facility requirements.

Now in terms of the elevations of the buildings again going back to the idea of these extruded tubes we treated the long elevations of these tubes, the skin of the tubes essentially, with one type of architectural expression and then the excluded, cut ends which you see here in blue we treated more transparently with a different type of treatment.

So on the long faces we have terracotta and it's detailed in a way to recall the board formed concrete on the silos. And the windows here are treated as essentially extended bays in the same way that you see the circular entrances to the silos on the left.

Here's a close-up of the terracotta. And again I think on the upper left you can perhaps see most clearly how you will recall the concrete. Wonderful thing about terracotta is we can work with a lot of

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different textures, a lot of different colors. And I think you'll see a strong relationship to the concrete.

Here we are at a corner where you see the extruded face which is the curtain wall directly adjacent to the terracotta face. And then in some instances we've treated these extruded faces with green walls, green frames, these green screens which recall the vines on the historic silos.

Here's a series of details of that. And here's how we'll treat it as you see in the section on the left. These are built examples around the country of this type of treatment. And here's an up-close detail of our elevation.

The base of the building is the plinth again interrupted by a series of portals, a series of entrances, that you see on the right recalling the treatment of the historic treatment on the left. And then above the plinth we also have a planted terrace, a planted area, which will have green spilling

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over it.

Here is a close-up view of that plinth with the retail again. And then finally I want to note that on the Cell 14 side at the corner of our building there as I mentioned we will allow the public to come around the plinth and look underneath the green platform into the sand bins that you see on the left. So as we develop this over time the use of Cell 14, the idea is not only to be able to use the surface, but also be able to look underneath and see what was there originally and has been preserved. Thank you.

MR. ATEN: I'm Jeff Aten with Nelson Byrd Woltz Landscape Architects. We saw this parcel as made up of five garden spaces: first, the open landscape of the plinth over the filter cell structure; second, the healing gardens over structure in the middle of the parcel; third, the medicinal shade garden to the west below the elevated structure of the medical office building; fourth, to the south

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the second floor roof terraces; and fifth, the vertical vine garden on the south facade of the building.

So the plinth we see here in section where the plinth and the street match in grade with the stair along the western edge that Shalom talked about allowing views into the cell structure. We also see the six foot Olmstead Walk with its double hawthorn trees. And we imagine this walk we=d use a porous, resin-bound pavement with periodic insertions of repurposed paving or art. And the manhole covers here would be replaced with new covers as part of the public art scope.

We propose using a different species of hawthorn tree for the Olmstead Walk than what Olmstead specified. Whereas you wanted a variety with thorns we did not. We were also looking for a tree that would be less susceptible to disease, but still using a hawthorn.

The healing gardens here are

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envisioned as spaces that speak to the contributing role of plants in making our medical pharmacy and could be places for visitors or workers to stop, rest and be rejuvenated. There are banned planting beds and small walls that help negotiate the subtle gray changes of building to landscape over structure. And the simple fountain here adds sound and texture to the garden.

The ginkgo known for its medicinal value and its unique character and leaf creates a small grove here. The perennials used here in the healing gardens are sun-loving and most have some history of medicinal use. Most are native and won't require much if any irrigation beyond establishment.

This third garden in the northwest corner of the medical office building showcases perennials that thrive in the shade. This is most woodland-like garden of the complex.

We are using shade-loving perennials here that have current medicinal

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uses or were historically thought to have medicinal properties. Pulmonaria or lungwort, for instance, was thought to look like a diseased lung. And so in an era of sympathetic magical it was used to treat lung infections.

The roof terraces of the south facade are simple linear spaces of planters and café tables. These elevated planters are filled with sumac and native grasses providing shade and texture in bands across this outdoor space overlooking the service court.

And finally, in the fifth this fifth garden space, the vines in the south facing facade of the medical office building are native hardy vines that have historically done very well in the landscape. There is jessamine native to the southern U.S. which is historically used in the treatment of neuralgias as a very fragrant flower and requires low maintenance. Honeysuckle or Lonicera is native to the southeastern U.S. and

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attracts hummingbirds and butterflies. And crossvine is native to the eastern U.S. and has very showy, fragrant blossoms that are attractive to butterflies.

MR. WEERS: I do have some additional comments. But I'll forego them. Hopefully, in the question and answer session, maybe some of this will come out and I can come back to these slides. I think we'll conclude here. Thank you.

CHAIRMAN HOOD: Okay. Thank you very much. And again I think they went over about four minutes. So the opposing -- We're going to go over four minutes. I calculated four minutes. I tried to keep it. Yes, so we're going to give the opposing party an additional four minutes. Agreeable, Mr. Pozen?

(No verbal response.)

Okay. Thank you all for your presentation.

Commissioners, any questions? Let

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me just start off right quick. I=m going somewhere here. So just be patient and go with me. Trammel Crow, are they doing any other projects in Ward 5?

MR. WEERS: Yes sir. Shops at Dakota Crossing. Costco Shopping Center and Fort Lincoln.

CHAIRMAN HOOD: And why is that taking so long?

MR. WEERS: Working with retailers is an interesting experience. But we are getting ready to start the second phase and hopefully we=ll be opening a new Lowes say April or May of next year.

CHAIRMAN HOOD: So there is going to be some movement there.

MR. WEERS: Yes sir. There is.

CHAIRMAN HOOD: And the reason I=m asking you know depending upon this project and how things are going I=m just wondering how many things Trammel Crow is going to have in the pipeline. Because I did know the Costco. And

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I wanted to know why that wasn't moving because it does cause traffic problems.

But anyway I'm just curious. Okay. That got us started even though that was not germane to this case. I believe you seized the moment. And you were here. So I asked you that question.

And that also is a project that this Commission voted on some years ago, Costco, and I voted on it. So I wanted to know why that wasn't moving.

Okay. Let's open it up. Commissioners, any on this case? Any questions? Who would like to start us off? Commissioner Turnbull, do you want to start off?

COMMISSIONER TURNBULL: Okay. I was just trying to gather my thoughts here and get my papers here.

I want to thank you for your presentation. I hope it was very concise and Mr. Baranes was again very logic in his

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presentation. I want to thank you for going through your design elements.

I guess maybe you could talk about and I think it=s in the OP Report when we talk about the retail. There=s a section there that=s called Optional. What is the issue with that?

MR. WEERS: I think the main concern was whether or not there would be interest from retailers if you get too far away from the intersection. So the intersection of Half Street and the north service court there=s sort of retail nodes on every corner. And the concern was and the only reason why it was labeled as optional is if you get too far away from that corner and close to 1st Street you start to have grade issues. And so there was a concern whether or not that you=d get retailers that want to come back here.

The space all the way closest to 1st Street that=s labeled as the community room I mean it=s sort of like there=s a 12 foot

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difference between the service court level at grade and the 1st Street level. So it=s fairly steep. And there=s a ramp that goes up. But the optional label was the thought is that at some point back there you may not get a retailer that will go all the way back there.

COMMISSIONER TURNBULL: Okay. I=m curious. Across the street, there=s retail shown which is directly opposite. Is there going to be a problem with that retail or?

MR. WEERS: I can=t speak to another building. But I do think it=s the same condition.

COMMISSIONER TURNBULL: Okay. The other thing is how do you service the retail.

MR. BARANES: We show the loading there directly behind it. And there will be a service corridor along there.

COMMISSIONER TURNBULL: Yes. I mean I guess I don=t want to be an architect who is being too critical over another architect.

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But the loading dock shows trucks. It looks like the loading berth is really over by the lobby area where you unload. And it looks like there=s really --

If there is a step down there, I didn=t know how you could actually service the back of that retail with the way the loading is shown right now. It shows the loading the dock is up at the lobby entrance, but that the retail on at least the middle part by Half Street doesn=t look like you can get to it.

MR. BARANES: You can get to the -- For example, if the trucks came in and they headed in first, would head in first, you wouldn=t be able to use the platform. But you would be able to load off the truck and access the retail directly.

COMMISSIONER TURNBULL: So you=re saying there is going to be doors in the loading dock area that you service the back of the retail.

MR. BARANES: There will be doors

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directly from that.

COMMISSIONER TURNBULL: Or is there going to be a corridor or something?

MR. BARANES: It depends on how it=s leased. If those spaces for example wind up being multiple tenants, then I think we=d have to have a small corridor there. If it winds up being a single retail tenant, I think there can be just a single door from the retail directly into the loading without a corridor.

COMMISSIONER TURNBULL: Okay. Then going further to the west, the community space on the optional retail have ramps right directly behind the retail which looks like -- I=m just being critical, but I=m looking at something that from an infrastructure point and how you=re going to service.

I mean we want the retail. But from a practical standpoint, I=m just being critical as to how it really works.

MR. BARANES: I=ll tell you. We=ve had this situation many times on

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buildings where you would actually have to cross a lobby or public space to get from loading to retail. And the way we've dealt with that is by letting the goods go down into the level below across the garage and then back up into the retail.

COMMISSIONER TURNBULL: Okay. And what about the retail at the far east? It looks like it's surrounded by the garage and parking spaces.

MR. BARANES: It would be the same thing. The loading there would have to have a lift dropping down into the garage level below, going across and then back up.

COMMISSIONER TURNBULL: Okay. So again we're seeing a cartoon of sorts.

MR. BARANES: Yes.

COMMISSIONER TURNBULL: There are really things missing that from an infrastructure standpoint you go down to another level.

MR. BARANES: That's right. We

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haven=t fully developed the interiors of the building.

COMMISSIONER TURNBULL: Okay. I was just curious because we want the retail. But what we don=t want is street loading in the new building with -- I assume trash is all taken out the back, too.

MR. BARANES: It would go through the loading area. The same thing.

COMMISSIONER TURNBULL: Okay.

MR. BARANES: It would go down into the garage and across.

COMMISSIONER TURNBULL: Okay. I thought it was worthwhile your explanation of the materials and how you went through the process and how you developed that. But I guess I=m curious about the vines. The vines only show up at the one facade at the one building. You don=t reintroduce it down the street at all and at any other elevations. It=s just kind of this one element at the eastern end.

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MR. BARANES: That=s right. They=ve introduced them primarily to try to relate to the service court.

COMMISSIONER TURNBULL: Yes. I understand.

MR. BARANES: And they do happen to -- For example, in here on the far right of the building, you can=t see that elevation. But that short elevation essentially would also be a green one.

We did not include them in the middle curtain wall, the center of the slide, because there=s the distance across those two buildings which is somewhat narrow. And we want to maximize the amount of sunlight getting into those two facades.

COMMISSIONER TURNBULL: So are you saying on the lower elevations there=s more like just up above the terrace level?

MR. BARANES: Yes. There are planters across the whole terrace that spill down over the podium. And then also at the back

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of the terrace running east to west we also have -- I think I have this section. Let's see if I can find it here. Here we go.

So this whole area along here in one of the images I showed you had a section showing it there. There are vines growing along that entire parameter.

COMMISSIONER TURNBULL: Okay. Didn't really see anything on the penthouses, how you're handling it or treating those or.

MR. BARANES: Those would be a metal material that would be similar to the metal that we're using in the curtain wall system throughout the facades of building.

COMMISSIONER TURNBULL: And could we get a picture of that elevation or some kind of a view of that?

MR. BARANES: Absolutely. We'll provide that.

COMMISSIONER TURNBULL: Of the rooftop. And I really didn't -- There's nothing really showing rooftop plans showing

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setbacks and meeting all the regulations on setbacks. There=s a roof plan, but it=s very generic. And I wonder if we could -- I mean what is -- Is it a white roof up there or? Is it green or?

MR. BARANES: We haven=t gone through all the roof points yet in terms of what we=ll have to be doing. But it will definitely have to be a roof that will contribute to our certification.

COMMISSIONER TURNBULL: Okay. If we could just get something as to where you=re leaning on this, I think it would be helpful.

MR. BARANES: Absolutely. We=ll submit that.

COMMISSIONER TURNBULL: And I didn=t ask yet. Do you have your material board or?

MR. BARANES: Yes, we do. We actually have a material basket.

COMMISSIONER TURNBULL: Okay.

MR. BARANES: Albert, maybe you

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could pull out the terracotta sample first. So the concrete you're holding there is just to show the concrete for the base of the building.

COMMISSIONER MAY: If you're going to speak you should be on a microphone.

MR. HOPPER: I'll just run through the materials.

MR. BARANES: Sorry. Were you sworn in, Albert?

MR. HOPPER: Yes, I was sworn in.

MR. BARANES: Okay. I'm sorry.

MR. HOPPER: I'm Albert Hopper with Shalom Baranes Associates. We have a sample here of the terracotta. This is one of the few hues that we'll be using on the main skin of the building. And I'll pass this around, too.

And each one of these tabs shows you where the material is to be found on the building. So you can flip through it at your own leisure. And then we have a brown terracotta which we're looking to use adjacent to the windows as you can see here.

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CHAIRMAN HOOD: I'm trying to -- I know what we're trying to look at it, but we need to do something different so those in the audience can see exactly what's going on. I don't know how we do that. But we need to do something different.

Maybe you can kind of turn halfway so they can see it. I see people looking.

MR. HOPPER: I'll try to reach the mike if I can and reach across.

(Off the record comments.)

I'll start over from the beginning.

CHAIRMAN HOOD: And then also let me ask you this. Are we picking it up on webcast? We're picking him up on webcast.

(Off the record comments.)

You're talking about the cameras.

MR. HOPPER: Which one should I look at?

CHAIRMAN HOOD: Look at all of them and you'll be covered.

MR. HOPPER: Okay. The first

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material we=ll look at is the terracotta for the main body skin. We have one sample here, but we=ll have varying hues and varying textures to kind of add a little flare to the building skin which is reminiscent of the variation in the concrete.

The second material we=re looking at is a brown terracotta which we=re looking to use adjacent to the windows of the building. You can see that in the renderings. I believe you saw them in the renderings earlier.

We have a third terracotta which again is the same brown, but in baguette form which we=ll use on the screens of the building. Originally, we looked at wood, but it didn=t seem durable enough. So we=re going towards a terracotta.

And then finally we have a charcoal metal panel which we=re using on the windows surrounds and underneath the under side of the building.

COMMISSIONER TURNBULL: And the

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penthouse.

MR. BARANES: It will be metal similar to what Albert just had, the last slide he showed.

MR. HOPPER: Right. Similar to the charcoal.

COMMISSIONER TURNBULL: Okay. Thank you. We talked about that. When you talked about that, I think I wasn't here for it. But would you talk about the shuttle service? Could you go into that a little bit more about what you're planning to do to ameliorate in phase one?

MR. WEERS: Some of what we talked about on night one that Rob testified to, Rob Schiesel from Gorove/Slade is that one of the recommendations in the DDOT report that we are agreeing to in concept is the providing of a shuttle service. I think we are still going to talk with DDOT about the details of that.

And I only would bring that up because there are existing shuttle services

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from the hospital center across the street. So our preference would certainly be to coordinate with shuttles that are currently going to Metro stops to bring them in, have them be a part stop at McMillan, not just necessarily put extra shuttles on the street. That being said, the way the recommendation is written is it is some combination of public/private, existing or new, but shuttle service to meet the recommendation in the DDOT report.

COMMISSIONER TURNBULL: And you're talking about having the transit screens in both lobbies of both buildings then.

MR. WEERS: Yes sir.

COMMISSIONER TURNBULL: Okay. The one thing I saw on the drawing is -- I'm curious -- what's a premium bus.

MR. WEERS: Circulator.

COMMISSIONER TURNBULL: Okay. A premium bus, okay. I think I like your gesture of looking at the cells and is that ramp going down then?

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PARTICIPANT: It would be a slope.

COMMISSIONER TURNBULL: It would be a slope.

MR. BARANES: A sloped sidewalk going down to that, yes.

COMMISSIONER TURNBULL: Okay. We talked about the penthouse, setback, materials. I think, Mr. Chair, those are my primary questions.

CHAIRMAN HOOD: Okay. Thank you, Mr. Turnbull.

Would you like to go next?
Commissioner Miller.

COMMISSIONER MILLER: Thank you, Mr. Chairman. So, Mr. Weers, I wonder if you could just take a minute or two to go through the job creation and workforce development opportunity and strategy that was part of your presentation, but you didn't get to verbally present it because of time.

MR. WEERS: Thank you, sir. I appreciate that. And I won't go through all of

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the prepared testimony that I had. But I will just sort of cut to the chase and get to the punchline. I did want to bring this back up since we talked about it on the first night and I wanted to be responsive.

(Off the record comments.)

The point that I think I wanted to emphasize is that we've been having a lot of conversations with experts that do workforce development for several years. So we talked to the Community Foundation. We talked to Pat McGuire at Trinity. We talked to Reliance Methods and Providence Health Foundation and people that have done this in the healthcare space before and asked for advice of how do you organize this, how do you set up something like this.

This job creation is significant. And the fact that the vast majority of the 3200 permanent jobs that we're creating here are going to be in the healthcare sphere. It's really powerful. These are jobs that it's like

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a broad spectrum. Right. You have people that can have advanced degrees that have opportunities. You can have opportunities for people to have a high school diploma or an equivalent.

And that is a good thing, but a lot of these positions do require training and additional education. And even if you already have a bachelors degree you might have to go through a one year certification program.

We had a lot of conversations. The advice is coordination and cooperation is what you have to do. You have to start talking early and you have to bring all of the important people to the table, the talent providers, the workforce development professionals, the employers who have the jobs and the community. And everybody has to start early.

You asked about the Shops at Dakota Crossing. This is somewhat similar to what we did before Costco was open trying to organize and make sure that as many District residents

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as possible could go work in the Costco. But it's a lot easier to prepare someone for that job than it is for a job in the healthcare sphere.

A part of the reason why one of the commitments or two of the commitments that are included in our proposed agreement with the community, it's \$325,000 for job training, for apprenticeships, for job fairs. And it's not just for construction jobs. Right.

We want to put something tangible. We want to put a commitment forward. And we want to do it for both construction and for the permanent jobs on this project.

But a part of my spiel here is that this is a wonderful thing. It's going to be a powerful impact. But we need this to be the first step. We need all these other people at the table to continue to push and we need everybody in the District to continue to push. It's going to take a lot of effort from everybody involved.

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CHAIRMAN HOOD: Since you mentioned Costco, your track record, I just want to know what your track record is. Could you provide that and let us know what your track record is about hiring District residents. I know there was a job fair over there. Is that same thing going to happen here?

And again I cannot stress that we do it as you said as soon as possible so we'll have the pool. Let's work with the ANC because I'm sure there are people who live in that area that could use a job. So let's make sure we maximize the time that we have so we can make sure that when this healthcare facility opens that we maximize Ward 5 District residents or District residents as a whole.

MR. WEERS: Yes sir. Absolutely. And to specifically answer your question, I do not have the hiring statistics from Costco in my head. I can find them. I will ask. It's not my information. But I know the folks at Costco very well. I will ask. And if I can get

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it, I'm happy to provide it. I'm sure I have it.

CHAIRMAN HOOD: Because the same thing was mentioned to this Commission before. And it's always good to look at track records even though I've done my own personal survey. All right.

COMMISSIONER MILLER: Yes, I would echo that and the earlier comment that you made especially since these are jobs, both the construction and healthcare jobs, that would require a lot more training than the retail jobs at Costco, although those require training as well.

But they're also successful models in the construction area. I think the Convention Center Hotel, the Marriott Marquis. -- the last thing I saw which was months and months and months ago -- had done very, very well early on in getting District residents into the apprenticeship and other construction jobs. I assume you're working with the

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District=s Workforce Development Council and others.

MR. WEERS: Yes sir.

COMMISSIONER MILLER: Okay. The optional retail that Commissioner Turnbull raised, let=s back up and just say that I think the design has really a lot of interesting and unique and beautiful elements. And the materials and this vine=s thing I hope it works. You showed us pictures of places that it=s working. That=s really very exciting. And I hope it all works out that way as pretty as the pictures that we=re looking at tonight.

But the optional retail which I don=t think this Commission is going to be inclined to make it optional. I think we=re inclined to just make it a requirement and then if you can=t market it to retail to come back with a modification on it.

But how much space were you seeking as optional on that? Was it 15,000 square feet because that was the total -- The total retail

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was 15,000. Was it all 15,000?

MR. WEERS: No, it was two or three thousand square feet.

COMMISSIONER MILLER: Surely you would get a pharmacy in this 850,000 healthcare office building.

MR. WEERS: I agree. I think we can make that change.

COMMISSIONER MILLER: And what is the typical larger Walgreen=s, CVS, Rite Aid, big pharmacy these days? Is it 15,000?

MR. WEERS: It=s 15,000, yes. They might go to 12,000, but they=re not going much smaller than that. That being said, I hear the comment. I hear the concern and I think we can make a change and make that not optional retail but retail.

COMMISSIONER MILLER: Great. On the community space, where are my notes on that? What is the square footage of that community space? And is this just flexible meeting space or is it some kind of program space? And who

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is it for? Is it for the ANCs? For the civic associations in the area? For the residents of Parcels 4 and 5 who live on the McMillan side? For all of the above?

(Off the record comments.)

MR. WEERS: About 2,000 square feet flexible, not really thought through what would be in there yet and had offered that up as a part of our proposed agreement to the ANC use I would assume. But I think we're flexible, too.

If there was a response from the community as we go through the process of trying to finalize our agreement, that was better than having the ANC organize that. I think we're open to that.

COMMISSIONER MILLER: Are they controlled by the community to a certain --

MR. WEERS: That's what we would propose, yes.

CHAIRMAN HOOD: Let me just. That piece is really going to need to be worked out. This Commission has seen it happen. I think

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everything for the most part is in 5E. We've had ANCs when they go back and forth whose space it is. So that piece really needs to be --

We don't try to create problems here. What we would like to do is make sure that's spelled out.

MR. WEERS: Are there examples where you've seen it work well that I could --

CHAIRMAN HOOD: I've seen examples where it hadn't worked well. So I'm just -- So we want to make sure that we don't have to -- Even though we've had years of trying to help correct it. We've learned by some of the mistakes that we have approved down here, all of us including the community.

We want to make sure does 5E use it, does 1A, how do they share that space, do they like the civic association. Just as Commissioner Miller said, all that really needs to be worked out. That's fine.

COMMISSIONER MILLER: I think we had a recent case and we don't know how it's

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going to play out where there was an agreement between the community and the applicant and where it=s going to be controlled by the -- They=re going to have the key.

CHAIRMAN HOOD: Yes.

COMMISSIONER MILLER: I think that=s six months ago and maybe the Office of Zoning can direct you to that. But again we don=t know with the experience how that one played out since it=s probably still -- I don=t know if it=s under construction.

CHAIRMAN HOOD: What I=m talking about -- I can say this now because we changed the -- was that my ANC was an issue some years ago and this Commission voted one way. This was back in the >90s. So most people probably forgot about that. But I haven=t.

COMMISSIONER MILLER: The commitment for the project=s shuttle service I agree is an important commitment and needs to be a real requirement that=s enforceable. And I think the Applicant=s materials indicate that

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it is a commitment if there is not the street car and/or the circulator service extension to this area by the completion of Phase 1. Is that correct?

MR. WEERS: That is correct.

COMMISSIONER MILLER: And obviously it would be better if it was in coordination with the other nearby hospitals and healthcare facilities so that it isn't putting more traffic in the street than is necessary. But if you're unable to work out an agreement with them, you would be doing it just to serve the McMillan site.

MR. WEERS: Yes sir.

COMMISSIONER MILLER: And it would be mostly from the Brookland Metro and others, from the hospitals to the --

MR. WEERS: Probably red and green, but yes.

COMMISSIONER MILLER: Okay. Do you have a target for the LEED? Is it LEED Silver equivalent for this parcel? That's the

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minimum that we're used to seeing.

MR. WEERS: Yes sir.

COMMISSIONER MILLER: What's the

--

MR. WEERS: LEED Silver. Yes sir.

COMMISSIONER MILLER: Is the
minimum target that you're -- Okay.

MR. WEERS: Yes sir.

COMMISSIONER MILLER: I think the
only other comment I had was -- It doesn't
relate directly, but it relates indirectly to
this parcel. It goes back to my comment the
other night. But I don't know if I even have
any other support on the Commissioners for
this.

But I'm still concerned about the 85
-- I'm not concerned. I'm very happy that
there are 85 affordable 50-60 percent AMI units
being reserved in the parcel in the
multi-family building for seniors who meet that
income criteria.

I am still a little bit concerned.

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And again I don't know if anybody else shares this. But I think some thought should be given to it given the other questions that were asked about the amenities being provided in that southern wing. I'm concerned about those affordable seniors being segregated from the rest of the residents of that multi-family building including other noneligible seniors who will be presumably -- who can afford the closer to workforce or market rate rents.

I realize that that wing has a beautiful view of the community center and is close to the community center and the six plus acre park there. But I just think that some seniors, some of these affordable seniors, might prefer to be located closer to this healthcare facility, these offices that they might just want to walk to. And it would be easier to walk to if they were in the northern portion of Parcel 4 rather than the southern.

They also as I pointed out the other night would be much closer to the entrance to

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the grocery store which is at the northern part of Parcel 4 unless you're going to add another grocery entrance. No. And that would answer the questions about when the seniors have to traverse between the loading and the parking entrances that they're building their southern wing encompasses if they were allowed just to be dispersed.

If the 85 units for affordable senior units were dispersed throughout Parcel 4, I think it would answer that question. They would also be nearby these wonderful healing gardens and park and the community space that you're proposing as well. They may be more likely to use the community meeting space than work out at the gym. Although we would encourage them to work out at the gym because we've just seen a report that came out that showed people that seniors are living longer, those who are working out.

You had something to say, Ms. Corbett.

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MS. CORBETT: Can I respond, Commissioner? My name is Anne Corbett. I'm Project Director for Vision McMillan Partners. Since this issue was raised the other night, we've done a little more homework on this.

And it turns out that one of the main issues is their housing policy. If we create affordable units that are dedicated to an age-restricted cohort of 55 and older we have to create a separate building for them.

If we were to integrate those affordable units throughout the building, then we could no longer restrict those units to that age cohort. Does that make sense?

COMMISSIONER MILLER: That makes sense. If you could submit the Fair Housing statute or regulation that is requiring this kind of segregation.

MS. CORBETT: Certainly.

CHAIRMAN HOOD: Is that in the Fair Housing Act?

MS. CORBETT: It is. So the Fair

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Housing Act was intended to obviously prevent a variety of class discriminations. However, they held out provisions to create senior communities. And again that=s the only way that you can do it. And we were planning to follow up with those materials next week.

COMMISSIONER MILLER: And we heard testimony the other night from a senior in the neighborhood who talked about -- who is at the Dunbar Project -- the benefits of being in a senior only building.

So I don=t discount that there are other benefits we=re going to get. But I think there are also benefits one could get if you=re permitted to allow them to chose to be closer to the grocery store and the healthcare offices that they need to go to.

MS. CORBETT: There will, in fact, in their current location be equidistant from the park, community center and the healthcare. So again we felt that was kind of quite perfect.

However, I=ll also comment that we

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are continuing to work on the internal layout of that building. And you'll see us come back to you on those issues.

COMMISSIONER MILLER: Right. Because there were questions about that.

MS. CORBETT: Right. And I just want to remind you that the senior living is in fact independent senior living. It is not assisted living. It is not a nursing home.

COMMISSIONER MILLER: All the more reason why they don't have to be put together. I've beaten that horse.

MS. CORBETT: I certainly understand.

COMMISSIONER MILLER: Thank you.

CHAIRMAN HOOD: And I apologize for interrupting you so much. There are a lot of great questions that I also have. But if you could just give us just that portion of what you said. We don't need the whole Fair Housing Act because we've dealt with it before. If you could just give us that portion, I would be

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interested in seeing that.

Okay. Commissioner May.

COMMISSIONER MAY: Thank you. How tall is this building in comparison to the buildings across the street, well, catty-corner, Children=s?

MR. BARANES: About the same.

COMMISSIONER MAY: It=s about the same. And is that by Zoning standards or by height above sea level?

(Off the record discussion.)

MR. BARANES: They=re higher by sea level by elevation, but by Zoning they=re the same.

COMMISSIONER MAY: Okay. So what=s the difference in height above sea level between Children=s and your building?

MR. BARANES: Ten feet roughly, yes, we think.

COMMISSIONER MAY: That=s okay. I=m going to ask another question about this because this is what it=s all about. The issue

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was raised the other day about how this building blocks views from the Armed Forces Retirement Home. And I'm wondering if you actually have done any analysis of what those view lines are from north and up hill.

MR. BARANES: We have not.

COMMISSIONER MAY: Okay. And I did request that from the party that had raised the issue. But you may want to take a look at that yourself and do your own analysis if I'm here in the Armed Forces Retirement Home what can I see or not see because of your building. I don't know.

MR. BARANES: We'll do that.

COMMISSIONER MAY: Okay. I appreciate that. I'm not sure who is best to answer this, but one of the things I had an issue with when this was I think first set down is how a C-3-C zone -- I mean I understand why you're proposing a C-3-C zone for the purposes of accommodating the building and getting the footprint down and so on.

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But how is that consistent from your perspective with Comp Plan which calls for moderate density commercial which ordinarily wouldn't be 130 feet tall?

MS. BROWN: I believe we can consider it consistent because we're looking at the entirety of the PUD site. So when it's spread over the north end of the site with a taller building and then compared to the lower, the community center, I think, at 47 feet at the southern portion, I think that ends up getting us to a place where we are consistent with the comprehensive plan.

COMMISSIONER MAY: Okay. I'm not sure I find that terribly persuasive. But I'll ask the same question of the Office of Planning and hopefully they'll have their own answer for that.

I guess I want to talk for a minute about the parking. The quantity is huge and I understand that that may be necessary for medical office buildings. But the ratio is

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really -- I mean it=s just a lot of parking.

Have you given any thought to or how much thought have you given to whether all four levels of below grade parking or is it four plus levels of below grade parking? Is it all really going to be necessary?

MR. WEERS: I appreciate the question. I have talked about parking a lot with every potential tenant that we=ve talked to especially the systems across the street, in particular, Children=s and MedStar. They expressed very strong opinions about parking. And in their view, this facility is under parked.

What they will say to me when I talk to them is we have existing facilities that are four per thousand. And if you drive over on my campus now, you might not be able to find a place to park before your meeting. And that=s to say nothing of the satellite lots that they have all across the city as far away as Fort Lincoln, right across the street and right next to

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Goodwill.

I do think the feedback that we're getting from the market is the level that we are providing here is pushing it pretty low, but acceptable because there's a lot of other benefits to this facility.

COMMISSIONER MAY: Is that really an apples to apples comparison? Are you talking about the same kinds of uses in those buildings that are parked at four per thousand versus what you believe your tenant mix will be?

MR. WEERS: A fair question. No, I do not believe it's apples to apples. But we're also pretty far away from four.

COMMISSIONER MAY: Is there any possibility -- and believe it or not this has happened. But occasionally a PUD comes back and they say AYou know what? We figured out we only need three levels of parking instead of four or one instead of two?@ I mean is there any chance that that might happen?

MR. WEERS: I think it's a very low

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chance. I can tell you from my perspective that I would love to build a smaller garage. Economically, I think it would work out for me.

COMMISSIONER MAY: Right.

MR. WEERS: I do not -- Just based on the feedback we've heard and as many people as we've talked to so far, I have yet to meet the user that I believe will be in this facility that would say to me parking is not an issue.

COMMISSIONER MAY: Okay.

CHAIRMAN HOOD: I'm just interrupting everybody. I have to do it. I won't have any questions by the time it comes to me. But on that same note, are you finding from the experts that you're talking to -- and I can't remember the case. Maybe it was ZRR -- that people are finding other modes to get to their healthcare providers? Case in point like Car2Go. I think I've even heard bicycles.

Can you answer that question? I'm just curious to how that works. Are people

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really using those other modes to get to their healthcare providers?

MR. WEERS: I cannot say that I've asked that in any scientific fashion. Anecdotally, we certainly have and I think anecdotally the answer is no. For the most part, sick people are not using these alternative modes because they're going to the hospital sometimes for reasons that they didn't expect. So they're not hopping on a bike.

But I am happy to document it a little more scientifically I guess and ask people and get some responses.

CHAIRMAN HOOD: That would be very helpful to me because I've heard it especially if you're taking someone sick to the hospital. Do you get a car and go or do you actually just get in your car and take them to the hospital? That's something that's been discussed here. And I'm just curious since you're in that realm and you're talking to the experts if you could just help us with that.

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MR. WEERS: Happy to. I think we could probably get feedback from the folks across the street pretty quickly. We talk to them a lot. And then there are other systems that maybe their locations are different. But I'm happy to ask them as well.

CHAIRMAN HOOD: Okay. Thank you. Excuse me for interrupting.

COMMISSIONER MAY: That's okay. Did the facilities across the street -- I know you're telling us anecdotally that they believe they might be under parked. Did they actually -- Do they have surveys of the usage of their own building that demonstrates that or is it all just anecdotal?

MR. WEERS: I've never asked for that data. I'm happy to request it.

COMMISSIONER MAY: Okay. I'd be interested if it's easy to get. I'm certainly not asking for a survey to be done. But I think it would be interesting to know.

MR. WEERS: It may very well be

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something that they have. I'm not sure if they do have if they feel comfortable sharing it. But I'm happy to ask and if they are I'm happy to provide.

COMMISSIONER MAY: Right. But I can say from my personal experience I've driven there on a few occasions. I think anybody who has children winds up going there for stitches or something. I've had that a couple of times.

And I don't recall specifically what the parking experience was like other than being totally confused by the whole complex. But that doesn't really relate too much to this project.

However, the entrances to the garage, the entrances to the site, the driveways, the connections, all those sorts of -- and the curb cuts within your site, there's just a lot. There's a lot of access. And I can understand perhaps that with this volume of cars that's truly necessary.

But I'm not sure that it is. I mean

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it seems like you have three different access points to the garage and some of them are not in ideal locations. And then you've got the dual loading docks opposite each other. I can understand why that's necessary. You've got three entrance points along Michigan Avenue in close proximity.

So I just wonder if all of those are necessary and if you looked at configurations that might reduce the number of curb cuts or entrance points to the building. Or is everything really necessary just because if you didn't have them you would wind up with people backed up along Michigan Avenue or people backed up trying to get into the parking garage?

MR. WEERS: We did look at a lot of different configurations. As you can imagine this question was asked by DDOT and several people. It came up a lot. So we did explore other ways to do it without what we affectionately refer to the trident along Michigan Avenue.

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In our opinion, every solution that we tried was worse. And I guess --

COMMISSIONER MAY: Worse in what sense?

MR. WEERS: Worse in the effect that I think it would have on what happens to cars when they get inside the site and the effect that it would have on the rest of the site. So a lot of what we're trying to accomplish here is to buffer what's going on in the rest of the site with what's going on in these facilities.

And part of the reason why the orientation of the building is the way that they are and part of the reason why these entrances are the way that they are is to keep the circulation for the healthcare facilities in one sort of confined space as much as possible. You can't do it 100 percent, but as much as possible so that you don't ruin the north service court or you have it spill over any more than it needs to to the rest of the site.

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Maybe what I would say is this and I don=t know if this helps. But I feel like one way that you might be able to see this is our original proposal for employee entrances was the garage entrance off of First Street. It made sense to me.

We talked to the folks across the street that operate the garage. They said you want to put all your employees on the bottom floor. This is a big garage. You need a ramp that goes all the way to the bottom. So we said bring all the employees in on that entrance, send them down a speed ramp, get them down to the bottom as quick as possible.

Where we=ve ended up is having two separate employee entrances and designating one for the east building in a different entrance because it=s actually better to not have them all in one place. It=s better to have them dispersed in these two different places. In that way, it=s an advantage that we have more than one in and out. I don=t know if that

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helps.

COMMISSIONER MAY: It does help. I'm trying to understand why because this site is like a piece of Swiss cheese with all these different openings in it. And it just seems like a lot compared to what we usually see.

And a lot of times what we see is the result of DDOT beating up the applicant and try to get it down to where they feel it should be. The evidence of that isn't so clear here. I'm just curious about it.

MS. CORBETT: Can I add?

COMMISSIONER MAY: Yes.

MS. CORBETT: We need to do the best job that we can in dispersing the traffic coming and going so that its impact on the surrounding street network is as dispersed as possible. And so multiple entrances and exits to the largest concentration of parking in our project allows that traffic coming and going to come and go from multiple places and not create a choke point.

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So as Adam said originally we were focused on that 1st Street garage. But focusing on the 1st Street garage will have impacts on 1st Street that are going to be challenging. If we focus everybody on Michigan Avenue corresponding, that=s going to choke Michigan Avenue. What we=re trying to do is again spread it out, create lots of ways to come and go so that one way isn=t entirely choked.

COMMISSIONER MAY: Okay. Thanks. All that is helpful. The bicycle parking is all against the north wall of the garage on that first floor which I guess makes sense. You=re just shooting at one ramp from 1st Street to get to that. And then is there -- I assume that there is some sort of path. Once you=ve locked up your bike and you=re making your way to the showers, there is a connection there between the garage and the lobby or something that I=m missing. Right? I can see where the arrows point and I=m not seeing where

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the doors are.

You never know. I'm going to be living in the 55 and older building and ride my bicycle over there. It will be a bicycle built for two so I can take Commissioner Hood or Chairman Hood because I know he won't want to ride his own bicycle.

CHAIRMAN HOOD: I'll use my Car2Go.

COMMISSIONER MAY: That could work. Do you see what I'm saying that it's not so clear? I'm sure there's a way to do it.

MR. BARANES: All right. So in this plan here we're showing bike parking up here and you would have this area here behind the elevators is showers, lockers.

COMMISSIONER MAY: Right.

MR. BARANES: So you would have to walk across the garage, go to the showers and be able to get directly to the elevator.

COMMISSIONER MAY: So it's the getting into that space. Is there passage or something that's just missing there? I'm

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seeing lots of -- I'm seeing lines of cars and other symbols that I don't recognize.

PARTICIPANT: A passage into this.

COMMISSIONER MAY: Yes.

MR. BARANES: I'm sorry. You're talking about a passage into the --

COMMISSIONER MAY: From the garage into that lobby space.

MR. BARANES: We'll have to define one. We haven't done that.

COMMISSIONER MAY: Okay. Just generally it's going to be -- There might be fewer parking spaces or something like that to get to it.

MR. HOPPER: This is Albert from Shalom Baranes Associates. So the showers are in this area here along with lockers. There are a couple bike parking spaces there. This area here was left open without any parking. So the doors could be placed here and come down the hall.

COMMISSIONER MAY: That's kind of

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what I was guessing, but I couldn't understand what the markings were on the drawing there.

MR. HOPPER: Yes. The drawings are somewhat a diagram. We don't show doors and so forth.

COMMISSIONER MAY: That's fine. It was the gray band with some sort of symbol in it that got me confused. And then the other thing that I would just caution you about -- and it doesn't really matter how you do it -- placing all of the bicycle parking behind rows of cars. It's not really a good combination.

I've got lots of mirrors and bags and stuff sticking off of my bike. And navigating between cars is not a good thing.

MR. BARANES: We'll define a path, a clear path.

COMMISSIONER MAY: Okay.

MR. BARANES: I should also note that Albert got here tonight on his bike from Georgetown.

COMMISSIONER MAY: Excellent.

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Where is he going afterwards? Maybe I'll race him.

Anyway, so about the landscape, does the width of the Olmstead Walk get narrow in front of the building because it seems from your sections that it's quite narrow? It looks like it's six feet in other places where it's actually dimensioned. But then it shows up being quite a bit narrower.

MR. ATEN: It does narrow at that point in time.

COMMISSIONER MAY: Okay. Is that because there are other convenient paths?

MR. ATEN: Yes.

COMMISSIONER MAY: Okay. And is there a policy on bicycles on that Olmstead Walk? Or are you going to wind up with potential conflicts between pedestrians and bicycles on that path? That's something that we deal with in the Park Service all the time.

MR. ATEN: Well, we see it more as a walking path.

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COMMISSIONER MAY: Yes.

MR. ATEN: Not as a bicycling path. It has tight corners and other constraints that would make it hard to bike on it. Maybe a child on a trike, but not somebody commuting anywhere.

COMMISSIONER MAY: Okay. So you might want to actually have somebody -- maybe Albert -- take a look at it for you and see whether he'd want to ride on it. Because you would think that people wouldn't really want to ride down some of the paths that we have.

And even with signs on them saying ANo bicycles@ or AWalk your bike@ people do it all the time. If you make it nice enough, people will want to do it on their bicycle.

MS. CORBETT: One of the design features that we're looking at for the Olmstead Path is to use reclaimed concrete from the demolition of underground concrete. And so that would be irregularly shaped.

COMMISSIONER MAY: Okay. I

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understand where you're going with that. The thing that I would point out if you're going to make it ADA accessible it's going to have to be smooth enough for wheelchairs which means it's going to be smooth enough for bicycles.

MS. CORBETT: True.

COMMISSIONER MAY: And I don't know if your ADA consultants have told you this in the past, but really -- I mean even a pea gravel sidewalk can be painful for certain people with certain disabilities. So it probably needs to be really smooth.

MS. CORBETT: We certainly understand that. Thank you.

COMMISSIONER MAY: Okay. So the last couple of things. I would just comment that the landscape design in the healing garden seems incredibly complex and very high maintenance. And I assume that you're going to be maintaining a topnotch office building and be investing in the upkeep. But it's almost so complex to be kind of disorientating. And

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maybe I'm just reading too much into the plan.

But I would think that you would want it to be simple enough to be quite soothing. And the images you show of other sample gardens I think are quite simple and calming. But I'm not sure that that's what I'm seeing.

And maybe I'm just misreading it. It's just an observation. I'm not looking for you to redesign it for my sake. It's just something for you to think about.

MR. ATEN: Okay. We see it I think as these long bands as being fairly simple geometries. But within that, a very maybe somewhat complex perennial planting beds just to play up some of the medicinal qualities of the plants.

COMMISSIONER MAY: Right.

MR. ATEN: And we could choose a more simple plant palette potentially and that would make it a lot easier for maintenance. That's for sure.

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MEMBER FISCHER: Right. And again I'm less driven by the maintenance side because I'm assuming that if you're going to plant it you're going to maintain it. But it's just the visual almost chaotic feel that I get out of it. Maybe it's just me, but that was a concern I had.

And I assume that you're taking into consideration that this is on the north side of a tall building. So everything that you plant there has to grow well in that environment.

The last couple of things, just what I'm longing for in the drawings that we have is a view from 1st Street up into the north court toward the building. I don't see that. Am I missing it somewhere or is it something that you have not done or have not presented?

MR. BARANES: We don't quite have that view, but we do have a view looking in that direction.

COMMISSIONER MAY: Yes, but it's sort of -- You're already at the top of the hill.

MR. BARANES: Yes.

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COMMISSIONER MAY: Right. And I want to kind of see it with that hill and the perspective under the retail of the building and how all that works.

MR. BARANES: Okay.

COMMISSIONER MAY: I would appreciate seeing that. The other thing that we don't have is a view up or down Half Street between the buildings. And so it would be helpful to see something of that.

MR. BARANES: Okay.

COMMISSIONER MAY: In one direction or the other or both if it's not hard to do. I don't want to create a lot of extra work. Thank you.

CHAIRMAN HOOD: Can you take me to the view that we have for Michigan Avenue? Or am I just missing it? That does happen sometimes.

MR. BARANES: This is the closest thing that we have to that.

CHAIRMAN HOOD: Could I get one

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going I guess east -- does it run east or west -- anyway coming east and west actually on Michigan Avenue? I want to see how all of that is going to look. That doesn't do it for me. Isn't that -- That=s Half -- No, that doesn't do it for me. That one doesn't do it.

MR. BARANES: Okay.

CHAIRMAN HOOD: I want to see it as though I=m looking on east and I want to be able to compare what=s across the street versus what we=re proposing on this side and also the other one. Just kind of see. And do we have one from North Capitol?

MR. BARANES: It=s the one that shows Cell 14.

CHAIRMAN HOOD: Show me where that is.

MR. BARANES: Yes. This one.

CHAIRMAN HOOD: I kinda want to see what the people across the street are going to see.

MR. BARANES: Okay.

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CHAIRMAN HOOD: That=s what I want to see. All right. I only have one question because I asked all mine while everybody else was talking. The plinth, are we going to do a lot of alterations with the plinth? I heard you kept mentioning the plinth the whole time through your presentation, Mr. Baranes. Are there going to have to be a lot of alterations with that?

MR. BARANES: With the existing plinth?

CHAIRMAN HOOD: Right.

MR. BARANES: Yes, there=s a lot of restoration involved. And of course we=re not preserving all of it.

CHAIRMAN HOOD: Okay. That=s it. Any other questions?

COMMISSIONER TURNBULL: Yes, Mr. Chair. I want to go back. On the medical facility program itself, you touched on that, Mr. Weers, in the beginning.

Is there -- When I look at the two

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buildings, the west and east buildings, functionally are they going to be the same? Is there going to be -- I mean you talk about a medical office, hospital related, education, research, biotech. Is one going to have one and the other? Is it split up? Have you looked at how that=s going to work?

MR. WEERS: It=s to be determined and it=s going to be based on tenant demand. I do think there=s a high likelihood that they will not be the same. But it=s entirely possible that there could be two different systems.

I think what you=ll probably see is if there are two different systems like say Children=s and MedStar. They=re not necessarily going to be doing the same thing even though in theory it could be each person in a facility that might do whatever they want to do in that facility. I doubt you=d see the exact identical program in each building.

Whether or not how complimentary

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they are I think ultimately depends on who the tenant mix is. And that=s not to say that it=s not possible that there could be one larger user. It takes somebody big like Johns Hopkins or something. They could take both facilities. But I don=t think that you=re ever going to see any situation where you=d have identical uses in both buildings.

COMMISSIONER TURNBULL: Do you have any kind of a concept as to percentage breakdown of medical offices versus -- Twenty-five, 50, 75? Is it still up in the air as to who is going to go in there?

MR. WEERS: It is still up in the air. I think it=s not for lack of talking to a bunch of different people. It=s just that every person=s answer to that would probably be different.

What I could probably do is put together some scenarios for us, say, it=s general. But if it were to be User X it might look like this. If it were to be User Y, it

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might look like that.

I still don't know that that's going to get to the heart of your question. We could certainly put together some scenarios of what it might look like in different situations.

COMMISSIONER TURNBULL: I guess when we looked at this whole thing about the medical center complex and what it's going to do and support the other hospitals and that. I'm just wondering. Are there doctors in the areas that need offices near here that are going to relocate and be close to it?

MR. WEERS: Very much so. There is existing demand within the doctor's office/medical office space. Absolutely. There are some existing medical office space right on the campus across the street and it is shall we say over prescribed. So there's definitely demand for that.

COMMISSIONER TURNBULL: Yes, I guess I in my thinking out loud, this research/biotech thing, if that became 50

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percent or more, is that defeating the purpose of what you're trying to do? I mean they should be in sync, but I guess --

MR. WEERS: That's a good question and a part of the challenge I think is some of these users, especially like biotech folks, may be pretty far down the research spectrum.

COMMISSIONER TURNBULL: Right.

MR. WEERS: They're late. They're not coming early. They're not anchor tenants. And it's not that you don't want them. But I also don't think the size requirements they have would ever push them up to 50 percent of one of these facilities. They're integral and interesting components. But they're not going to be your anchor tenant that's going to come in earlier like a Hopkins or a MedStar or a Children's would.

COMMISSIONER TURNBULL: I mean obviously is there like an outpatient possibility?

MR. WEERS: Certainly possible.

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COMMISSIONER TURNBULL: Is that competing with the hospitals or not necessarily?

MR. WEERS: I think that the highest likelihood of an outpatient possibility is with somebody from across the street. So they=re pressing a part of their operations.

COMMISSIONER TURNBULL: Right.

MR. WEERS: So if you think about what MedStar and Children=s want to do it=s both expansion and reorganization. So they might move some of their existing stuff, outpatient stuff, across the street to help clean up and then bring a new institute, something that they=ve been wanting to do but haven=t had the space to do it as well.

COMMISSIONER TURNBULL: Okay. If you could provide some kind of that, I think it would be good.

MR. WEERS: Sure.

COMMISSIONER TURNBULL: Not

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knowing that you're still very -- It=s preliminary/

MR. WEERS: Yes.

COMMISSIONER TURNBULL: And it=s only a guesstimate. And I guess I=ll ask my dumb landscape question. The gingko grove, why a gingko grove?

MR. ATEN: It=s a beautiful tree.

COMMISSIONER TURNBULL: But the male or the female?

MR. ATEN: It would be the male.

COMMISSIONER TURNBULL: Okay. I just wanted to be sure that we were in sync on that.

MR. ATEN: Okay.

COMMISSIONER TURNBULL: We=re not being preferential, but we=re just -- There=s a natural problem with it. Okay. Thank you.

MR. ATEN: Yes.

CHAIRMAN HOOD: Mr. Baranes, you mentioned that one of your colleagues rode a bicycle over here or something. You mentioned

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that.

MR. BARANES: Yes, I did.

CHAIRMAN HOOD: You weren't saying they brought this material board with them or were you? I'm just asking.

MR. BARANES: I asked him to, but he wouldn't do it.

CHAIRMAN HOOD: Okay. I just wanted to make sure. The impression was left upon me. I just wanted to get clarification. Actually, one of my colleagues said he was wondering, too. So I was wondering. Okay.

Any other questions up here? Let's do cross examination. I was about to ask if the Applicant have any cross. Does ANC 5E Commissioner Barnes have any cross?

(No verbal response.)

Okay. Mr. Pozen, do you have any cross? Come up.

MR. POZEN: Good evening. Thorn Pozen, Goldblatt Martin Pozen, representing the Friends of McMillan Park. Just a couple of

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questions this evening please.

You spoke again about Cell 14 in your testimony and I was wondering what the timing and the staging was for at least the viewing portion that was a rendering of being able to look in as opposed to the potential additional reuse. What=s the timing within the development process of at least being able to view and look into it? Do you have that worked out?

MS. CORBETT: DC Water controls Cell 14 and will control it. Their projection is until 2022. So we have to comport with their engineering and safety concerns until then.

MR. POZEN: Okay. I just saw that. You mentioned that in the previous hearing in terms of the actual -- I wasn=t sure whether that included the view type of work.

With regard to the Olmstead Walk, I wasn=t clear from the drawings. Does that go around Cell 14? Is that use of the Olmstead Walk around that portion of the property

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affected in any way by the issues that you just mentioned?

MS. CORBETT: It is. It is within their fence line.

MR. POZEN: Okay. So this is a full circuit -- I guess in the south as well -- for this portion that we're talking about tonight. That portion of it won't be available for use for some period of time, presumably somewhere in the neighborhood of 2022.

MS. CORBETT: That is my understanding. I have tried to make a case otherwise. But again their engineering, safety and infrastructure takes precedent.

MR. POZEN: Okay. With regard to the tenants, I understand it's a long process of negotiations and this is somewhat relatively early in that process. Can you describe a little bit more the types of levels of commitment of where you are a little bit more in that process? You talked about it generally. I don't know how much you're able

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to get into detail.

MR. WEERS: As a general statement, I would say once a project receives the entitlements we might get to a point of say a letter of intent, start negotiating a lease/contract. And at some point after the letter of intent we'd sign a contract with one of our anchor tenants or more if there is more than one.

MR. POZEN: Okay. What alternative uses, if any really, have you explored or looked at or studied other than medical office use? Or do you anticipate much, if any, other office use beyond medical? I know that's your focus.

MR. WEERS: We do not anticipate anything outside of the healthcare sphere. The caveat that I might add is within my presentation I tried to articulate that there is sort of a range inside of the healthcare sphere. So it's a bit of a broad range. But outside of that we do not anticipate any.

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MR. POZEN: Thank you. You spoke in previous presentations about legal and institutional structures for management of other aspects of the property after construction, after delivery of the property and project. What do you anticipate the legal and institutional structure of the management of the medical buildings upon completion? And is there anything different about this parcel with regard to the roadways or open space management as opposed to the other parts of the project?

MR. WEERS: No sir. Nothing different.

MR. POZEN: So can you remind me what ownership through the management structure would be that it would include this portion?

MR. WEERS: I think what we've said so far is it would be a bid or some equivalent association would be the management or entity.

MR. POZEN: What is your estimate

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of how many or maybe it=s percentage wise of the jobs that you anticipate being produced here are going -- What=s the percentage you think will go to DC residents?

And you mentioned in the beginning some steps towards a first source. I=m wondering where you are in that process.

MR. WEERS: We are committed to and have executed a first source agreement outside of the first source requirements. In terms of permanent jobs, I could not make an estimate for you.

MR. POZEN: In the office components portion, have your plans -- I just wanted to get a sense of this. As you know there are a number of other large mixed use and office development projects proposed in various stages of the pipeline in the general area, (1) The Armed Forces Retirement Home in very close proximity. How have your plans anticipated and/or incorporated the potentiality of large office use being

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available at some point in the future in very close proximity?

MR. WEERS: I would say that the way that we think about this is large office buildings -- Large chunks of office supply coming online doesn't concern me because it's not a competition for what we're doing. If you look at the Armed Force Retirement Home and the 6.2 million square feet that's coming online, the master plan that was approved by NCPC has a breakdown of what that 6.2 million square feet is. There is about 260,000 square feet of medical. I'm not concerned about that level of supply.

MR. POZEN: I'm looking for -- and I don't know the level of detail of your projections at this point -- a breakdown of the types of jobs that you anticipate creating. I understand there's a -- and correct me if I'm wrong -- 50/50 split between construction jobs, shorter term construction jobs, versus longer term office jobs.

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But within those broad categories, do you have projections as to types of construction jobs on the one side or types of office jobs on the other?

MR. WEERS: The detail that we do have was from fiscal and economic impact analysis that we had a third party economic impact consultant do that generated those 6200 jobs about -- you're correct -- half and half of which was permanent and construction. There is not a further breakdown of that.

I would maybe caveat that with the permanent jobs by saying a part of my presentation sort of illuminates what some of the potential breakdown could be. But that's speculation and not necessarily projections of these specific jobs.

MR. POZEN: You referred and there was some discussion tonight and then it was also previous nights regarding community commitments and agreements with the community. I wasn't clear who the signatory or who you

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anticipate the signatory being on that community commitment, whether it's just one document, whether you're anticipating multiple documents, and in other case who the party would be on that.

MS. CORBETT: We anticipate an articulation of commitments via the Zoning order.

MR. POZEN: Okay. Nothing beyond the Zoning order? I mean you think it would be -- I heard discussion earlier that there would be commitment of a potential dollar amounts or other types of amenities. That you would anticipate be included in and part of the order itself as opposed to a separate document or set of documents. Or maybe you don't know.

MS. CORBETT: To me the precedent is to have those dollar amounts and programmatic uses stipulated in the written Zoning order and therefore committed by us, the Applicant, to fulfill those commitments by date certain activities stipulated in that Zoning

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order.

MR. POZEN: Okay. Just a couple more. With regard to the healing gardens picking up on the issue of north facing gardens, I assume you have. I don=t know. Have you done specific shadow studies with regard to the building massing and shadows on the garden?

MR. ATEN: We have looked at solar studies using the massing model from Shalom Baranes to look at those shadows.

MR. POZEN: Okay. With regard to the transportation, lastly, discussion tonight and your testimony otherwise regarding the shuttles, let me just focus on the shuttle for a second. Do I understand that there=s a possibility that you may rely only on existing shuttles to provide the transportation at least in the short run rather than adding extra shuttles beyond that?

I don=t know if you=ve finalized your decisions on any of these. Probably not. But is that a possibility?

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MS. CORBETT: Once we are in collaboration with anchor tenants, if those anchor tenants have existing shuttle services -- for instance, I think MedStar is the third largest provider of transportation in the District of Columbia -- it would behoove us to work with them in their existing infrastructure to figure out how to best economize both the number of vehicles that are put onto the street as well as maximize the number of persons being handled by those vehicles and optimize them.

That=s where we would start once those anchor tenants are on board which as Mr. Weers testified can=t really happen until our entitlements are in place. Then from there, we will move outward and get to the capacity that we need in order to serve the peek hour transit demands associated with the project.

MR. POZEN: Again, with regard to the shuttle, I take it that you anticipate the shuttle in whatever capacity it ends up being based on what you just said available on day one

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after delivery of the building.

MS. CORBETT: Certainly.

MR. POZEN: And, lastly, who do you anticipate using the shuttle? There was discussion earlier about some of the patients, perhaps visitors, people going to appointments perhaps not being the target audience for those who may be using alternate transportation, presumably Metro, and then being picked up by the shuttle. Do you anticipate -- Let me be specific in my question. Do you anticipate visitors and/or patients to use the shuttle?

MS. CORBETT: The shuttle will be available to whomever is coming and going from the site who=s desiring access to that shuttle. I think that the most likely --

MR. POZEN: Yes, that=s what I=m getting at. What=s your target for the shuttle?

MS. CORBETT: The most likely user is an employee at the site of which there will be many because as was discussed previously

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when you're sick you kinda just want to get in somebody's front seat and be taken there. But that isn't to say that it would be limited.

And it certainly wouldn't be limited to folks on site. If Albert who might not be on his bike one day but lives down the street wanted to get on the shuttle to take the shuttle to the Metro from Bloomingdale you could do that as well.

MR. POZEN: I have no further questions. Thank you.

CHAIRMAN HOOD: Thank you.

Let's go straight to the Office of Planning and to the District Department of Transportation.

TESTIMONY OF OFFICE OF PLANNING AND DISTRICT
DEPARTMENT OF TRANSPORTATION

MS. BROWN-ROBERTS: Good evening, Mr. Chairman and Members of the Commission. The C-3-C zone proposed for Parcel 1 generally permits medium to high density development including office, retail, housing in a mixed

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use development. This C-3-C zone is appropriate for this parcel as it allows the applicant to respond to the adjacency of the hospitals across Michigan Avenue at an appropriate massing and density and provides a medical office building. The flexibility to provide for the 130 foot height would also allow the ability to step the building down to a lower height community and to provide an abundance of open space across the site.

The Applicant has not requested any other flexibility from the Zoning regulations. In addition, the open space Applicant is also providing the community office space for the residents.

The maximum of 1,900 parking spaces are proposed and the Office of Planning is supportive of this as we believe it is appropriate for the use. OP is also supportive of the DDOT recommendation regarding parking spaces, access and circulation.

We therefore recommend approval of

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the proposed development and the C-3-C zone for Parcel 1. Thank you, Mr. Chairman.

MS. CHAMBERLIN: Good evening. I'm Anna Chamberlin. Our report hasn't changed from the first evening. But I'll highlight some of the aspects related to Parcel 1.

As we had noted in our report, we have concerns with the egress and the circulation of Parcel 1 which does not take advantage of the newly created street network within the site. It forces those exiting the employee and the visitor parking on to Michigan as was just presented by the Applicant and doesn't take full advantage of the new street network. This then puts increased pressure on two intersections which are currently operating at or over capacity on Michigan Avenue.

Because of this, we recommend that the healing garden garage driveway allow vehicles to exit via Michigan and the new Half

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Street. In the diagram, currently if you're a visitor or patient parking, you have to come out and make a right on Michigan regardless of what direction you intend to go at in the end.

And in addition we have also proposed and recommended trip caps for the employee parking garage entrance and exit on 1st Street which I assume -- I was a little confused.

The drawings were showing three lanes which the Applicant had revised to be two lanes of right in and right out. I'm not sure if these drawings just haven't been updated.

And I guess following up on the anecdote that I have on a Car2Go, we had a former employee who went into labor. And her husband actually took her to the hospital in a Car2Go.

CHAIRMAN HOOD: I was wondering where the story where it was going to come from. I knew it was going to come from somebody. Okay. Good. Are you all finished?

COMMISSIONER MAY: I think their

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alternate was the bicycle. That probably wouldn=t work.

CHAIRMAN HOOD: All right. I guess I=ll never get the correct answer. But there=s probably room for all of it. I guess that=s going to be the answer.

I want to thank the Office of Planning and District Department of Transportation. I did read your reports while I stepped out of the room for a moment. So I did read your reports.

Commissioners, any questions of either one, Office of Planning or DDOT? Commissioner Miller.

COMMISSIONER MILLER: Thank you, Mr. Chairman. In the Office of Planning report, you note that the overall McMillan development would have a green area ratio of 0.254. Although I think I was on the case that approved those ratios, I really don=t remember how that compares with what the minimum would be required for this site.

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I don=t know if you happen to know that calculation would be. I just want to know if the 0.254 is that the bare minimum. Is it well above? Maybe the Applicant will be able to answer that if you know.

Are you able to answer that? No. Okay. Maybe the Applicant then at some point can provide that information for the record.

And that may be my only -- I think I may have some follow-up. I would be interested in the Applicants when they get to the rebuttal or other future point of this testimony tonight of their responses to the specific recommendations that DDOT just highlighted. Thank you, Mr. Chairman.

CHAIRMAN HOOD: Thank you, Commissioner Miller. Any other questions? Commissioner May.

COMMISSIONER MAY: I just have the one from the Office of Planning. It=s the same I asked of the Applicant. So explain to me why you believe C-3-C is not inconsistent. I mean

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I heard the argument that it=s more or less -- I don=t know. The Applicant regards it as the average density is medium density commercial when you think about the C-3-C and the community center. But I was a bit unsatisfied. So please.

MS. STEINGASSER: I=m not sure you=ll be any more satisfied with our answer, Commissioner May. We did look at the site as a unified project and how the density moved throughout the site and what was required of each of the parcels.

As Mr. Baranes explained how the medical office buildings have a much higher floor to ceiling and the need for the utility space between there, it pushed the need for the height into the 130 CR zone which is what=s used south of the site only from 110. So it really began to stunt the amount of medical office space that could be provided.

We worked with the Applicant to focus on that C-3-C. We would not be

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supporting C-3-C across the site or as a matter of right, only as part of this PUD, so that the density could be controlled through covenant throughout the whole site.

COMMISSIONER MAY: Okay. That is more helpful. But I would follow up -- I got the floor to floor height argument. And that reduces the FAR per foot of height if you will.

I guess what my question is when you look at what the equivalent would be, putting aside height for a moment, if all you needed to do was achieve this FAR on this site, what would the zone be? Would it be a C-3-A or a C-3-B or? Maybe you can't answer that.

MS. STEINGASSER: I'm not sure I have the -- I don't have it off the top of my head.

COMMISSIONER MAY: I guess I could probably look at it and figure it out myself.

MS. STEINGASSER: You could definitely figure it out. But it's really to accommodate the height required by the medical

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office.

COMMISSIONER MAY: Yes. Okay. I would be helpful to me if I knew that the overall density for that parcel were consistent with what we would ordinarily consider appropriate or consistent with a comp plan designation of medium density commercial.

MS. STEINGASSER: What we have in our report is that it=s a 4.08 for the entire site which is well within medium.

COMMISSIONER MAY: Right.

MS. STEINGASSER: And a 4.01 for the office uses. So that=s still a 4.01 for office uses.

COMMISSIONER MAY: Right.

MS. STEINGASSER: And the rest is retail.

COMMISSIONER MAY: Okay. Thanks. I=ll think about that some more. I don=t think you need to do anything in particular to help me from here. Thanks.

CHAIRMAN HOOD: Okay. Mr.

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Turnbull.

COMMISSIONER TURNBULL: Thank you, Mr. Chair. Ms. Chamberlin, Commissioner May brought up a question to the Applicant earlier about the number of entrances and exits and dealing with parking and loading. And the Applicant gave a response.

In light of what you just said, I mean what is your response? I mean do you still feel that it=s still not doing enough of a job to alleviate traffic in certain areas?

MS. CHAMBERLIN: I think they are two separate issues. The question that was brought up was about the amount of curb cuts itself throughout the site.

COMMISSIONER TURNBULL: Right.

MS. CHAMBERLIN: And that was not just for the parking. That was also I think for the driveway and loading, etc.

COMMISSIONER TURNBULL: Right.

MS. CHAMBERLIN: And honestly we were not enamored with this site plan. But

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given with what we're working with here, the amount of parking that they are proposing requires at least the three exits and entrances. But that's just to deal with the amount of parking in order to disperse it.

What we have an issue with is the way it's designed and segregated. It doesn't allow the visitors or those who are parking on the site to optimize which exit they will use in order to reduce their impacts on Michigan.

COMMISSIONER TURNBULL: I'm not sure I understand that. Could you -- I mean it doesn't allow the user --

MS. CHAMBERLIN: Correct. So the way they have it designed the parking entrances and exits are segregated by use. So all the employees will come in 1st Street.

COMMISSIONER TURNBULL: Right.

MS. CHAMBERLIN: And will exit 1st Street regardless of what direction they intend to go or that they're hoping to go. It's a right in and right out as we had understood,

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although in the site plan it=s not clear if that=s the design.

But vehicles if you=re an employee and you wish to go south, you essentially would have to come up 1st Street and then either go left or right on Michigan when maybe you could have -- If you were trying to go south on North Capitol, you could circle back. You could have come out the other exit which is for the retail parking and then just use the north service court to either come out to North Capitol or go down Half Street to the next intersection. You wouldn=t be forced to make the turn at 1st and Michigan and then Michigan and North Capitol which are the two intersections that are at or over capacity. Does that make sense?

COMMISSIONER TURNBULL: Okay. I understand what you=re saying.

MS. CHAMBERLIN: And it=s the same thing with the visitor/patient parking. So if you come out of the visitor/patient parking you=re only allowed to make a right on Michigan.

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And so again if you're going west or if you're going south you have to circle around and you have to come to the intersection at North Capitol and Michigan. If you had had the opportunity to come down Half Street, you can then disperse through site to go south or to go west and avoid the whole North Capitol-Michigan intersection.

COMMISSIONER TURNBULL: I understand. Is that something the Applicant can review?

MS. BROWN: We can actually give a response to that.

MR. WEERS: A couple of points to clarify. So the parking it's not segregated by facility. It's just one big garage.

COMMISSIONER TURNBULL: That's what I thought when I looked at it.

MR. WEERS: Correct. And there may just have been things that we need to clarify for DDOT to make sure that everybody understands what it is. And we're happy to do

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that.

But when we were designating employee entrances, it=s really employee entrance. Like I=m not going to tell an employee that you have to go in the 1st Street exit and out. You go out however you go out.

I just want to get people in. And the point of designating an employee entrance is to get them in quickly. So I want to process you faster than a visitor entrance. So I=m going to call one entrance an employee entrance.

But once you=re in, you can go out any of the three. And depending on where you go you might choose to go out a different exit. I would think that as people get used to this garage they=re going to learn which exit to use based on where they want to go.

COMMISSIONER TURNBULL: And what about the visitor/patient one?

MR. WEERS: Same thing.

COMMISSIONER TURNBULL: Same

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thing.

MR. WEERS: Yes.

COMMISSIONER TURNBULL: So you go in, but you can go out --

MR. WEERS: Absolutely.

MS. CHAMBERLIN: I guess to follow up we want to ensure that the signage is appropriate to allow the users to know that they are welcome to use any of the different exits and entrances which is one of the recommendations that the exits and entrances are signed appropriately to direct people to which one they need to go for which direction.

COMMISSIONER TURNBULL: Okay.

Thank you.

COMMISSIONER MILLER: As long as you're providing the response to not have the additional exit onto Half Street for visitors, could you respond to that? I guess you don't want all this traffic in the middle of the project.

MR. WEERS: I missed the --

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COMMISSIONER MILLER: I thought DDOT said that the visitors should be allowed -- It=s only the --

MR. WEERS: I think this is about -- I=m sorry. I do understand. I think this is about when you come out of the healing garden entrance and exit there=s only one way to go. It=s to Michigan. And one of the suggestions that DDOT was making is that we would have a two-way street on a part of that healing garden road. So you could get to Half Street.

I do think that is something that we are willing to -- I would just like to talk about it. We can do it if that=s the only option.

I=m just a little concerned. It=s going to make a worse condition there because you=ve got a lot going on. And I wouldn=t want all of these shuttles and people and visitors to run into people coming out. But I=m not a traffic expert. It is something that we are happy to look at, talk about and if need to we can change that.

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COMMISSIONER MILLER: Thank you.

CHAIRMAN HOOD: Any other questions for Office of Planning or DDOT? Not seeing any -- Do you have a question? Commissioner May.

COMMISSIONER MAY: Yes, I just want to follow up. A quick question. I was looking at the density issue and following up on my questions from before. And it looks like a C-3-A zone would otherwise accommodate this level of FAR I'm guessing. I mean even if you use a net calculation for FAR which would subtract Half Street. I think you can leave Cell 14 in there, but you take out Half Street and it's still going to be in the four to five range.

Ordinarily, is a C-3-A what we would be considering to be consistent with a medium density commercial?

MS. STEINGASSER: Absolutely.

COMMISSIONER MAY: Yes. Okay.

COMMISSIONER MILLER: But it's not

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a Comp Plan that is moderate.

COMMISSIONER MAY: It was moderate residential and medium or is it the other way around?

COMMISSIONER MILLER: I thought it was the other way around.

MS. BROWN-ROBERTS: It=s moderate for the commercial use.

COMMISSIONER MAY: Moderate density commercial, right. But I mean C-3-C is still above what we would normally consider moderate. But C-3-A is consistent with moderate.

MS. BROWN-ROBERTS: Yes, it is.

COMMISSIONER MAY: Okay. That=s fine. Thank you. Thanks for the clarification.

CHAIRMAN HOOD: Any other questions?

(No verbal response.)

Okay. Does the Applicant have any cross of the Office of Planning or DDOT?

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MS. BROWN: No, we do not.

CHAIRMAN HOOD: Okay.

Commissioner Barnes, do you have any cross of either Office of Planning or DDOT?

(No verbal response.)

Okay. Mr. Pozen, do you have any cross of either the Office of Planning or DDOT? Come up.

MR. POZEN: I just wanted to get my head around the issue that we were just discussing a moment ago about the C-3-C zoning issue. Is it my understanding that the starting point here was the desire by the Applicant to include a certain level of square footage of usage? In other words, you started with that point and then recognized that in order to reach that point there needed to be the increased request for the C-3-C.

I'm trying to figure it out. You mentioned the discussion that you had in working with the Applicant. I'm trying to get a handle of what the starting point for that

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discussion was.

MS. STEINGASSER: The starting point was the overall site and the uses that needed to be contained on the site and as the site evolved over the many years of planning. How the land use distributions began to shake out the amount of park that ended up as in green space park at the south end pushed up a lot of the residential and commercial to the northern end. And then the proximity, of course, to the hospital center as the deputy mayor=s representative explained and that synergy.

Then as Mr. Baranes explained through his presentation, the needs of the space to service the medical office building floor is much greater than a typical office. And that began to affect the height. So we needed to find a vehicle through zoning that would accommodate the height. We would only do it through a PUD because through the PUD covenant and approvals we could limit the overall FAR to be consistent with the Comp Plan

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in balance with all the other policies.

MR. POZEN: But there was no part of that discussion involved a reduction in the amount of space used which would otherwise be able to be accommodated in a smaller space.

MS. STEINGASSER: To accommodate the medical needs in a smaller space it would have a greater impact on the other uses including the preservation of the cells.

MR. POZEN: I understand. I'm sorry. Maybe I'm not being clear. Is the assumption there that there is a set and quantifiable minimal amount of space that's needed in order to service? Was that part of your discussion that there was a minimal amount of medical office space that was needed?

MS. STEINGASSER: I don't remember that figure.

MR. POZEN: Otherwise, could there have been less medical office space used and therefore it would fit within the square footage? It seems to me the assumption is that

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there=s a certain amount of space --

CHAIRMAN HOOD: Mr. Pozen, let me ask you this. Are you testifying -- That=s a long question. It was so long I actually forgot it.

MR. POZEN: Okay. Sorry.

CHAIRMAN HOOD: So the question -- The issue you need to give a question.

MR. POZEN: I apologize. Was part of the discussion ever limiting the amount of space as opposed to increasing the zoning, the office space?

MS. STEINGASSER: Yes. The proposal could come in with both more or less.

MR. POZEN: That was part of your discussion?

MS. STEINGASSER: Yes.

MR. POZEN: That=s my question. Thank you.

CHAIRMAN HOOD: Thank you. Okay. Let=s move right along. Any other government agencies?

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(No verbal response.)

Let=s move to the report of the ANCs. We=re going to have 5E to come up. Are 5A and 1B present for this case?

(No verbal response.)

Okay. 5E if you could come up. Commissioner Barnes. Commissioner Barnes, you know you=re a trooper. You=ve been here every time. All the time. You have not let us down. Will I see you Tuesday?

(No verbal response.)

You might as well join us Monday. We have a meeting. You might as well come and join us on Monday. We have a meeting.

MS. BARNES: Are you here on Monday?

CHAIRMAN HOOD: We=ll be here Monday, Tuesday and Thursday. Just join us.

MS. BARNES: Am I testifying on Monday?

CHAIRMAN HOOD: No, but it would be nice to look out and see you. All right. You

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may begin.

TESTIMONY OF ANC 5E

MS. BARNES: For this evening=s subject, ANC 5E does not have a report for that. We will wait and do our testimony on Monday because of the fact that we=re still negotiating with the --

CHAIRMAN HOOD: Tuesday. I shouldn=t have gotten you mixed up. I=m going to mess you up and then I=m going to be in trouble. Then I=m going to be in trouble.

MS. BARNES: Yes. I can put it on you. So we=re going to wait until Tuesday to do our testimony on the project that was given for the first hearing.

CHAIRMAN HOOD: Okay. Sounds good. Remember now it=s Tuesday, not Monday.

MS. BARNES: Tuesday.

CHAIRMAN HOOD: Okay. Tuesday night.

Okay. Let=s go to Organizations and Persons in Support. Let go down my list.

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Ms. Cheryl Cort. I don=t see Albrette Gigi Ransom. I think she left. But we do have her testimony which is Exhibit 502. Ms. Carla Perlo from Dance Place. Did I pronounce your last name right?

(Off the microphone comment.)

Okay. I want to make sure especially since I know you. There is someone -- Let=s see. Kimberly Warfield, are you here? Kimberly Warfield.

(No verbal response.)

She=s left. Okay. Well, she didn=t identify whether she was in support or opposition. But she=s left now. Okay.

Rashida Brown. Is there anyone else here who=s in support? Come forward. Anyone else in support? Okay. Come forward. Mr. Otten, I saw you raised your hand. If you=re in support, you can come forward.

(Off the microphone comment.)

Oh, you=re in opposition. Okay. Anyone else who is here in support? Okay. We

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will start with Ms. Cort and end with Ms. Brown.

PARTIES AND PERSONS IN SUPPORT

MS. CORT: Good evening, Commissioners. My name is Cheryl Cort. I'm the Policy Director for the Coalition for Smarter Growth. I have told you my mission statement before. So I'll move onto the testimony.

We're here to show our support for the healthcare building in Parcel 1 as part of the adaptive reuse of the McMillan Sand Filtration Site. The scale of the buildings response to the scale of the hospitals on the other side of Michigan Avenue with the highest point closest to the similar height at Children=s Hospital. The medical healthcare building uses Cell 14 as an acre of open space next to the North Capitol Street to buffer its massing from the nearby rowhouse neighborhoods.

The proposed healthcare uses strengthen the Washington Hospital Center

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complex or collection of hospitals which is one of the largest private employment areas in the city. We think that it's important to do everything we can to support the hospital center to be more successful as an important employer in the city and also to provide accessibility to central and eastern parts of the city of healthcare services.

We're eager to see the construction of the McMillan Healthcare building inspire additional investment and better design of poorly used sites north of Michigan Avenue.

Regarding historic features, the most interesting historic feature related to the healthcare building is its relationship to the restored sand bins in south court -- north service court walls. The framing of the sand bins in north service court is different from the south service court where a large opened space park is the defining feature. Here the sand bins and service court are integrated into a larger context of ground floor retail which

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encourages interaction with the historic structures and surrounding uses.

The taller buildings flanking the service court are stepped back to give the sand bins enough room to stand out as distinctive features. The Olmstead Walk along Michigan Avenue appears to achieve its purpose of restoration while running adjacent to a traditional sidewalk for transportation and also to support the healing gardens. The healing gardens along with the Cell 14 combine to provide a significant amount of open space for Parcel 1.

Half Street and signalized intersections through Parcel 1 link the entire site to the south service court and south park. We commend this approach of using the north service court for a low speed, shared use street that fosters safe and inviting walk, bike and drive access between the buildings and across the site.

The street grid proposed throughout

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the site is the right way to bring this large blocked off site back into the fabric of a larger context. The street grid acts to disperse driving trips and support greater access for pedestrians and bicyclists.

We are concerned about the driveways for the circular drive on Michigan Avenue which will create many conflict points for pedestrians and bicyclists. The driveway should be designed with very tight turning radii or be rethought altogether.

In general, we want to reiterate concerns that DDOT has raised about minimal accommodations for bicycles in the changes that DDOT has proposed for Applicant for accommodating bicycles.

The relatively high vehicle parking ratio for the healthcare use is deemed acceptable by Office of Planning because of the higher demand for medical related uses. We recognize this along with the Applicant=s justification for parking supply based on the

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many surface and satellite parking facilities served by shuttles currently used by the Washington Hospital complex.

The TDM Plan and Traffic Mitigation Plans and the Applicant=s expression to work with DDOT to agree on a set of measures are all positive. However, we suggest that a more detailed assessment of parking demand and parking pricing be done for the healthcare building and the Washington Hospital complex in order to assess how parking supply and traffic generation can be reduced.

Regarding transit, while the area is planned for more transit, the increased demand for the medical uses and the whole site call for the city to expedite investments in key transit investments including the ADX bus priority bus corridor on North Capitol Street, enhanced H buses which are also a major ridership route, potentially a new circulator route and streetcar on Michigan Avenue, these services address existing and future transit

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needs for the area. While the Applicant has committed to providing sufficient levels of shuttle bus service to meet the demands, we the city make the needed transit capacity improvements using public transit rather than private shuttles so that they can better connect and improve the entire transit network.

Just wrapping up, we just want to express our support for the healthcare building and the retail related to this project. Thank you.

CHAIRMAN HOOD: Thank you. Next.

MR. TOMER: Hi. My name is Jonathan Klabunde Tomer. I'm a resident of Bloomingdale. I live on Flagler Place about half a mile from the center of the McMillan site.

I have some notes here, but I'm just going to talk. I've been living in DC for about ten years. When I first moved here, I was like totally floored by how hard it is to just get a doctor's appointment in the city. Like call

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a dermatologist and they're not accepting new patients or they are accepting new patients and they have an appointment for you six months from next Tuesday.

I'm from Western New York. That's not a thing there. And here if you want to get a doctor's appointment you can either wait a really long time or you go out to McLean or to Bethesda or something. If you're really, really lucky, Sibley, which is quite far from where we live.

And I've asked some doctors why that is and it's basically that medical office space is hard to find and really expensive in DC. So they don't have doctor's offices there.

I'm totally in favor of a plan that adds space for like 200 or 300 doctors' offices if it's all doctors' offices. Hopefully, that makes it easier for me to get a doctor's appointment the same year that I want one.

And also as Ms. Cort has pointed out, it's right across the street from the

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Washington Hospital Center complex. That place should win an award for the worst urban design ever. It=s like one-third surface parking lots which I think should be illegal in DC. If you even propose building one, you should go to jail.

And the rest of it it=s like somebody took a big Lego bag full of hospital like buildings and just shook it out around the site. Even if you do have a car, it=s impossible to find where you=re going there.

So I=m hoping as Ms. Cort does that a really nicely designed set of medical office buildings across the street might inspire some organic change. Maybe that=s too much to hope for. But at least it will provide some slack capacity in the area which would make it possible for them to tear down buildings which I understand is not the kind of thing you do without having a place to put the people who are in those buildings before.

In conclusion, I strongly urge the

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Zoning Commission to support this part of the plan.

CHAIRMAN HOOD: Was anybody else up here when we did the Washington Hospital campus plan besides myself? Okay. Just asking. Next.

MR. TOMER: Sorry.

MS. PERLO: My name is Carla Perlo. And I'm a property owner in Northeast DC and I'm better known as the founding director of Dance Place. And it's my pleasure to be here tonight on behalf of the McMillan Project instead of Dance Place.

I just want to let you know that Dance Place will have a soft opening in June with a grand reopening in September. And everyone at Dance Place and in Brookland as you know is going through great changes with a huge amount of development in Brookland.

And we know that more development is on the way. We are in support of this project and particularly the healthcare facility

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because you might think of the performing arts as not part of health.

But actually our mission is to build community and to build a healthy community. All of the wonderful reports are dance more, move more. And you'll be healthier for longer.

We hope that with this healthcare facility we hope that it will be created as was described that it will serve a variety of important needs, education being one of them. We are a great proponent of let's do preventive medicine. Yes, it's wonderful when you can get an appointment when you need one. But it's also great to say let's educate our public of how you combat diabetes before it happens and how we can have better nutrition.

I think the facility that they've designed particularly with the healing gardens and the amount of green that's there is also extremely important. Dance Place would like to be involved in the community center. We'd like to see some movement experiences there

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whether it be yoga or all different kinds of dance.

And we=d be delighted to partner with the developers in their community programming which we have done with Bazoto (phonetic) to bring the arts= free art programming to the sites so that we are bridge between existing residents and new residents.

We know it=s a huge challenge to merge communities together. And we hope that the McMillan Project will happen. And we look forward to being a part of it. Thank you.

CHAIRMAN HOOD: Thank you. Next.

MS. BROWN: Good evening, Chairman Hood and Members of the Zoning Commission. My name is Rashida Brown and I am a resident of Ward 1. I live on Irving Street, NW, Washington, D.C. My property sits northwest of the McMillan Reservoir.

I=m here today to express my support for the McMillan Redevelopment Project and Master Plan submitted by the Vision McMillan

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Partners. My testimony this evening will primarily focus on the plans for the healthcare facilities.

This is something I'm particularly passionate about because my entire career has been dedicated to serving within the health and human services field. In fact, I was an intern for two years at Washington Veterans Medical Center while enrolled at Howard University School of Social Work.

As a graduate student in working as a young professional, I lived almost adjacent to the McMillan site in a property called Park Place Condominiums on the corner of Michigan and North Capitol Street, NE. I've lived there for several years where I later became an adoption social worker and discharged many babies from the Washington Hospital Center in the arms of permanent and loving forever families.

Today I'm a seven year Park View resident and first time home buyer advocating

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for the same causes, pushing to strengthen my community and supporting this McMillan Project. So this is personal for me.

Somehow the McMillan and I meet face to face during the most significant stages of my life. Yet it's sad to see it fenced without community access. It has so much potential to be more than a fenced in area far removed from the strong, thriving community that sits around its borders. Instead it has the promise of transforming into a welcoming place for professionals and residents to co-exist.

I'm pleased that the McMillan plans include this healthcare component. Aside from the health benefits of enjoying the site's open and green space, residents and patients can appreciate the ability to have access to high quality produce, the recreational center with a pool, healing garden and high quality medical care provided by the country's top medical professionals.

On top of that, approximately 3,000

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permanent jobs will be created to compliment efforts to support the capacity of the hospital centers located directly across from the McMillan site. This would allow a diverse group of credentialed professionals such as nurses, physician assistants, paraprofessionals, medical doctors, mental health professionals and social workers like me to provide quality care to those who need it the most including our seniors and others who live on and around the parameter of the McMillan.

The north end of the site will be redesigned and recreated into a beautiful medical campus. I'm excited to see some of the city's leading medical innovations actually tested and piloted right here in the heart of where I live.

States across the nation are looking into several innovations driven by research and brain science. This medical campus should support this work. I think this will create an excellent partnership among

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McMillan and urban street hospital centers and hopefully Howard University Hospital.

I understand that the healthcare component will create thousands of jobs and that the VMP is willing to support workforce development and training to meet this vision. This will help citizens within our community to be prepared for the health and construction fields.

The builders= configuration has been modified to address the community=s concerns about open space and density. Therefore I support efforts to move forward with the VMP plans and not block progress. Thank you.

CHAIRMAN HOOD: Thank you very much. Commissioners, any questions?

(No verbal response.)

If you all hold tight to see if the Applicant -- Does the Applicant have any cross?

MS. BROWN: No questions.

CHAIRMAN HOOD: Commissioner

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Barnes, do you have any cross?

(No verbal response.)

And, Mr. Pozen, do you have any cross?

MR. POZEN: I don=t.

CHAIRMAN HOOD: Okay. Thank you all very much for your testimony. Is that it? Okay. Then let=s go to the party in opposition. Mr. Pozen, you have 24 minutes.

I=m just curious. I=ve got to have a little fun sometimes. I=m just curious, Ms. Brown. How did you get Mr. Quinn not to say anything? He hasn=t said anything since he=s been here. He didn=t hear what I said. At the office, I want you to ask him AHow did you get him not to say anything?@ He hasn=t said anything any night. I=m just curious.

(Setting up.)

PARTIES IN OPPOSITION

MR. POZEN: We=re ready at your convenience.

CHAIRMAN HOOD: Whenever you=re

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ready, you may proceed. Let=s do your expert witnesses.

MR. POZEN: Okay. We have three expert witnesses. Ms. Sellin, you=ve qualified last time. But we=re proffering her again for historic preservation. Joe Mehra we=re proffering as a traffic engineer expert and transportation planning expert. And Miriam Gusevich, a computer expert perhaps -- maybe, I=m not sure -- but certainly urban design expert. You should have their résumés from our original submission.

CHAIRMAN HOOD: Okay. Thank you. Commissioners, Ms. Sellin we made a proffer. We accepted her as an expert previously and also Mr. Mehra I believe has been accepted previously in front of the Zoning Commission.

MR. MEHRA: Yes sir.

CHAIRMAN HOOD: Okay. I remember those. Now, Mr. Pozen, the next person I actually do not have her résumé directly in front of me. If I start looking for it again,

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it will probably be 11:00 p.m. Does anyone else have it? Do you have four copies?

MR. POZEN: I certainly do.

CHAIRMAN HOOD: That=s all right. Just give us two. We don=t want to waste all -- It doesn=t take us long. Okay.

Ms. Gusevich, is that how you pronounce the last name? Ms. Gusevich.

MR. POZEN: Yes.

CHAIRMAN HOOD: Mr. Pozen, you=re proffering her as an urban design.

MR. POZEN: Yes sir.

CHAIRMAN HOOD: Okay. Commissioners, let me know when you=re ready. Any objections?

(Off the record comments.)

Ms. Brown, let me come to you. Any objections?

MS. BROWN: Just, again the same clarifying point that I made the other night that while the experts may be qualified in historic preservation or urban design that any

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testimony that they give on the comprehensive plan would be treated as lay testimony.

CHAIRMAN HOOD: Who do you think is going to -- Okay.

MS. BROWN: And it=s based on copies of the testimony that have been handed out that I assume will be tailored to the healthcare facility.

CHAIRMAN HOOD: Right. The experts need to stay to relevant expertise we have accepted them as experts.

MR. POZEN: Understood. To the extent that they speak outside that expertise, I understand the limitations. And they will be tailoring their somewhat broader testimony to the healthcare side for tonight.

CHAIRMAN HOOD: Okay. Now I=m waiting on you, Mr. Turnbull. Ms. Gusevich, do you have any issues with her being an expert?

(No verbal response.)

Okay. Ms. Gusevich, you are now an expert in front of the DC Zoning Commission.

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MR. POZEN: Okay.

CHAIRMAN HOOD: Mr. Pozen, we're ready whenever you are.

MR. POZEN: Okay. I have no introduction. I will go with given the limitations of time our traffic engineer/traffic transportation planning, Mr. Mehra. If you could speak and then we'll take the others in turn.

MR. MEHRA: Okay. Good evening. I'm going to comment on the medical office building at the McMillan site. And my comments are based on the traffic study that was conducted by Gorove/Slade dated March 17, the supplemental information dated April 17, standard industry practice and published transportation engineering manuals and also the WMATA publications.

The proposal for the McMillan site includes 860,000 square feet of healthcare related office buildings. And the most critical and important component of the traffic

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study is the trip generation for the proposed healthcare office building. Gorove/Slade estimated the vehicle trip generation using the ITE trip generation report and then developed the mode of travel using a methodology that is based on assumptions rather than facts and factual data.

Gorove/Slade assumed that 30 percent of the persons traveling to and from the medical office building will be using transit, four percent would walk, one percent would use a bicycle and the remainder 65 percent would use the automobile. Using these assumptions, during the AM and PM peak hours, we have approximately 1300 vehicle trips and just over 1100 transit trips to and from the site.

As noted above, more than 1,000 transit trips are projected during each of the weekday AM and PM peak hours. Using exactly the same assumptions and methodology that Gorove/Slade used, I estimated the daily trips to and from the medical office building.

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The numbers are as follows. The weekday daily trips to and from the site are 22,700. The daily transit trips are approximately 19,300, the bicycle trips approximately 640 and approximately 2600 walk trips. As I just mentioned, the total daily projected traffic volume to the site is 22,700 vehicles.

What does this number represent? This 22,700 represents approximately 84 percent of the traffic that is currently on North Capitol Street. Twenty-two thousand seven hundred represents literally almost 100 percent of the traffic that=s on North Capitol Street that=s south of New York Avenue. And these are based just on the 30 percent transit use.

I have researched the use of 30 percent for transit use at the site and I find it that it=s extremely high given the site location. All Metro rail stations are located more than one mile from the site.

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The WMATA=s 2005 Development Related Ridership Service showed that if a site is located right at the Metro station for an office building you have approximately 46 percent transit usage. As you move away from the Metro station and you are within a quarter mile, the transit use drops to 30 percent. As you move further away and you have a half a mile from the Metro station, the transit use drops to 13 percent. That=s one three percent. Given that this site is more than one half from the Metro Station, the nearest Metro stations, 30 percent transit use is extremely high.

In looking at the Gorove/Slade numbers 1100 transit trips in one hour. Given that the capacity of a Metro bus is about 40 persons, you need about 30 buses during the peak hour to carry all the people to and from the site. Thirty buses exclusively for the transit use. On a daily basis, looking at the 19,300 transit trips, you need about 480 bus trips exclusively to carry the passengers to

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and from the site.

I assume that if you have an aggressive travel demand management program given that the distance from the nearest Metro is about one mile, mode share of 20 percent might be more applicable to the site. With a 20 percent mode share, the total automobile trips to the site during the peak hour is approximately 1500. And the transit trips drop to about 750. On a daily basis, the automobile trips increase to 26,200 and the transit trips drop to about 12,800.

Twenty-six thousand two hundred is the existing traffic volume on North Capitol just south of New York Avenue. So the site is generating as much traffic as North Capitol is carrying today.

In conclusion, I firmly believe that 30 percent transit mode share for the site given its location is extremely high. Twenty percent with an aggressive transit management measure is more appropriate. Thank you.

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MS. SELLIN: My name is Anne Sellin and I'm testifying on historic preservation. I did not get to testify earlier about the lower residential site. So I'll incorporate those in my testimony briefly.

The Comprehensive Plan Policy MC265 reads Ascale and mix of new uses recommends that where development takes place it should consist of moderate and medium density housing, retail and other compatible uses. Any development on the site should maintain viewsheds and vistas and be situated in a way that minimizes impacts on historic resources and adjacent development.@

As NCPC made clear in 1900 when it approved the amendment to the Comprehensive Plan that allowed some development at the McMillan Reservoir site, the members stated AWe find that any structure to be introduced with the District-owned part of McMillan Park should be widely spaced, not exceed the four story height of the Veterans Hospital and preferably

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have lower transitional heights and picturesque rooflines to blend with the immediate landscape and the park environs.@

Only the equivalent of C-2-A or lower which permit medium density development would be consistent with the Comprehensive Plan. The C-3-C zoning should be denied. Actually, buildings are planned to go up to 130 feet for the northern most part of the site. That=s the medical building with a step-down on each side.

This is 40 feet more than the C-3-C zoning which is 90 feet. It used to be in PUDs that a new zone proposed contained the parameters of the project proposed. But in this case there seems to be no parameters. Backyards, loading docks as well as building height exceeding 40 feet of the proposed zones indicate the sky is the limit.

All of this contradicts Policy MC2655 of the Comprehensive Plan for McMillan which requires Amoderate to medium density

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housing, retail and other compatible uses.@
Moderate and medium density would be R-4 and
R-5B and C-2-A with a height of 40 or 50 feet.
Doctors= offices are permitted as special
exceptions in the R zones.

C-R is proposed for an apartment and
rowhouse area. And C-R is a 90 foot zone.
Both C-3-C and C-R are zones meant to be close
to downtown, not interjected into the middle of
residential neighborhoods or to replace park
land.

There are still vacant areas on the
hospital side of Michigan Avenue. With good
planning, this is where a new medical building
should be located, not on the McMillan site.
These high buildings are in defiance of a
comprehensive plan policy which requires the
reuse of the McMillan Reservoir Sand Filtration
site be dedicated substantial contiguous
portion of the site for recreation and open
space consistent with 1901 McMillan Plan
connectivity to nearby open space such as Armed

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Forces Retirement Home. It should be achieved through site design.

The proposed overpowering medical buildings would eliminate the flow to both the western part of McMillan as well as the view from the east to the west of the Colonial Tower of Howard University and to the Romanesque tower of the West Gate House on the federal side of McMillan and site lines to the large body of water there.

The view of the sand towers from Michigan Avenue would be obliterated. In fact, any high buildings defy the standards for rehabilitation of the Department of the Interior, an important covenant attached to the transfer of McMillan from Federal to the city ownership. Number 9 under these standards states Anew additions, exterior alterations, or related new construction will not destroy historic materials, features and spacial relationships that characterize the property. The new work shall be differentiated from the

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old and be compatible with the historic materials, features, size, scale and proportion and massing to protect the integrity of the property and its environment.@

All the buildings are squeezed around the north court giving that court over to traffic. The planning of these buildings ignores the mitigating reuse impact policy MC263 of the Comprehensive Plan for McMillan. Any change in use of the site should increase connectivity between northwest and northeast neighborhoods as well as the hospital complex to the north.

This plan is self-contained and has no connection to its neighbors. The above-quoted interior standards No. 9 states AConstruction will not destroy historic materials, features and spatial relationships that characterize the property.@ The destruction of the groin vaults which are in stable condition are exactly where these buildings would stand. Those flanking the

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north court are the very ones in best condition, cells 10, 11, 12, 13, 14, 15, 16, 17 and 18. These cells which were evaluated by a structural engineer, Robert Silman, to be stable are needing repair only to the side entrance crashes. Again, the Department of Interior guidelines read A will not destroy historic materials, features...@

In this, all the vaults would be destroyed except for one preserved by the Water Department as a catch basin for runoff water which will be used until at least 2022 and perhaps later than that. There=s absolutely no exploration of the striking and unique groin vaults that rise over 14 feet and could accommodate civic uses.

Across 1st Street, the Corps of Engineers are still using the groin vaults which store cleansed water. Some decade ago, the Corps covered them with a protective membrane to ensure their continued good condition.

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McMillan Policy MC263 of the Comprehensive Plan require any part of the plan to reduce parking, traffic and noise impacts on the community and improve transportation options to the site and surrounding neighborhoods. Over 2,000 parking spaces are planned with no city provision to improve transportation to the site. An area already overburdened with heavy traffic and tie-ups where a quick entry to the hospital complex is absolutely crucial.

The Zoning Commission has an obligation to acknowledge the importance of the McMillan Plan whose key feature in this area is McMillan Park. It also must see that a project with special merit results from a PUD, particularly a PUD that is unique and that requires over \$50 million public in public funding, much of that money going to the very destruction of defining historic structures of the site.

This is an area of the city once rich

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in public spaces. But these have either been destroyed such as Howard Park or the public has been shut off from permission to enter these open lands for their enjoyment. Over two-thirds of the McMillan Park open space will be destroyed by this project along with a great majority of historic features.

The city has in recent years made efforts to reclaim historic L=Enfant streets that had been built over. This is a unique opportunity for you to acknowledge the function of the McMillan Park system. It should insist on a redesign of the site mandating that it be treated sensitively and creatively and that the laws and covenant be complied with. Its unique features and its spaces need to be restored and not intensively built over.

A project of special merit is the purpose of a PUD not the greatest return to developers. Thank you.

MR. POZEN: Ms. Gusevich.

MS. GUSEVICH: Yes. I=ll just

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concentrate on addressing the healthcare facility since that is the --

CHAIRMAN HOOD: Can you hold one second? Michelle, can we turn the lights out? But for right now let=s turn the lights out so we can see. Thank you.

MS. GUSEVICH: Yes. I just have a few images and I=ll just concentrate explicitly on the healthcare facility as required by your hearing.

The first image just basically illustrates how McMillan is not an isolated site for development in Washington, D.C. There=s over 12.5 million square feet of development that have either been approved or proposed by the city within the vicinity of the area.

The second item -- I=m just going to make five brief points. The second item is that the scale of the project of the healthcare facility is really sort of out of scale, not only with the neighborhood but even with the

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hospital. To give you a sense of reference, the size of the development on just the north side is roughly about the size of a Manhattan city block which is roughly like 200 feet wide by 600 feet like I say between 1st and 2nd Streets and 52nd and 53rd.

Now typically you would have maybe like 10 or 20 buildings in that length of a block. But instead you really basically have two matching buildings.

Now I would have to commend the architects as of Shalom Baranes for creating handsome facades to try to break down the scale. But it=s basically trying to mask what is really just an overwhelmingly gigantic building. And just being limited to just changing the facade doesn=t really make enough of an effort to do so.

The second thing that -- Those are the three points. The fourth point is that the healthcare facility is featuring these healing gardens which has to be just ironic given that

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they are surrounded by the exhaust of buses and cars in the driveway. This is just to show you how with just some very preliminary study of --

This is the EchoTech studies of the solar angles. This is just the buildings that we're addressing right now. You can see that the whole area right directly to the north is completely in shadow.

We have a few other images. That was a plan. This is a 3D and against here you can see that the area is completely in shadow. And then here from the side view facing from the west you can see that again this is completely in shadow.

And so my main objection really to the project, I mean there are many. I mean it's tearing down significant historic fabric to build something that could be built anywhere in the vicinity that is very worthwhile programmatic purpose. But why is this building so large? I would argue that in fact the building is predicated in 1980 style of

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office building with an open floor that is full of cubicles. And that such a footprint, large scale footprint, has in fact shown to be environmentally very detrimental because the height energy requirement significant mechanical systems and they are also programmatically problematic because the work world has in fact changed. And this idea of these masses of people working in cubicles really does not seem to call for this kind of large scale footprint.

I think that there is a question about this. Basically, this footprint has not changed in any of the versions of the study of the plan. The Historic Preservation Review Board consistently questioned the placement of the site of the so-called healing gardens on the north side. And yet it hasn't been changed.

That's the limit of my testimony for today.

MR. POZEN: That concludes our presentation.

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CHAIRMAN HOOD: Okay. I want to thank the party in opposition for your presentation. Let=s see if we have any questions. Commissioners, any questions? Commissioner Miller.

COMMISSIONER MILLER: Thank you, Mr. Chairman. Ms. Gusevich, I don=t think -- I don=t have a copy of the PowerPoint. But you haven=t already submitted it to --

MS. GUSEVICH: No.

COMMISSIONER MILLER: I think we need a copy of that submitted for the record. And as far as the shadow studies are concerned, we would need to have dates and times and months.

MS. GUSEVICH: Of course.

COMMISSIONER MILLER: And so if you would submit that for the record.

MS. GUSEVICH: Of course.

COMMISSIONER MILLER: I think the Applicant also either has or is going to be submitting because a request was made and

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referenced earlier this evening so we can compare shadow studies that have dates and times of year on them and time of day. So that would be helpful.

MS. GUSEVICH: Yes. Of course.

COMMISSIONER MILLER: And I would just comment, not really a question. But, Ms. Sellin, you presented testimony on the Comp Plan. There was discussion earlier about that you were not being proffered as an expert on the Comp Plan but as an expert on historic preservation.

MS. SELLIN: One can read the law actually. This all pertains to preservation.

COMMISSIONER MILLER: I wasn't through. But I mean I have known you and many people in this room for many years and have had many discussions about the Comp Plan. I think all the points that you've made about the Comp Plan whether you've been proffered as an expert of not need to be addressed and responded to. And I think they will be if the application

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moves forward as shown by the dialogue between Commissioner May and Ms. Steingasser earlier about whether the Comp Plan designation is appropriate. The Zoning order will, if there is a zoning order on this case going forward, have to address all of that. I just wanted to note that for the record.

CHAIRMAN HOOD: Any other questions? Mr. Turnbull.

COMMISSIONER TURNBULL: Thank you, Mr. Chair. Mr. Mehra, you talk about the 30 percent for transit. But you started talking about primarily Metro rail stations. Were you including bus? In your analysis, did you include bus trips?

MR. MEHRA: Yes. I included Metro rail, Metro bus, commuter rail and any other transit options such as shuttle bus.

COMMISSIONER TURNBULL: Okay. Thank you.

CHAIRMAN HOOD: Any other questions? Commissioner May.

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COMMISSIONER MAY: Mr. Mehra, I'm looking at the first chart on page two of your testimony. And this is when I was listening to your testimony this is where I got lost. How do you get from the AM peak hour numbers that are I guess repeated from page one to the week day daily?

MR. MEHRA: As I mentioned, I used the same methodology as Gorove/Slade used. The process is that the ITE trip generation report has trips rates for AM peak hour, PM peak hour and daily traffic.

CHAIRMAN HOOD: Hold on a second. Ms. Schellin, I'm going to ask that we be respectful of those are here testifying. And if you have any questions, you can call the office tomorrow and you all can take it up tomorrow. Okay. Thank you.

You may continue.

MR. MEHRA: Okay. As I was saying, the ITE trip generation report has trip rates for AM peak hour, PM peak hour, daily and peak

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hour of the generator of the AM, PM, etc. What Goroves/Slade did was they computed the AM peak hour and PM peak hour trips using the ITE trip generation rate. Basically assuming that they are all for suburban locations, they applied an auto occupancy factor and converted these trips into person trips.

COMMISSIONER MAY: Converted these trips.

MR. MEHRA: These vehicle trips into person trips.

COMMISSIONER MAY: Okay.

MR. MEHRA: For example, if the ITE trip generation report shows that during the AM peak hours about 2500 vehicle trips you multiply that by 1.8 which was auto occupancy assumed by Gorove/Slade and then you come up with person trips. Then you assume that 30 percent of those person trips would be transit trips and 65 percent would be automobile trips.

Then you compute the number of persons -- now I'm saying number of persons --

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who drive to the site or leave the site. Then you divide that back by 1.8 which is the auto occupancy and come up with the vehicle trips during the peak hour.

So I did the same thing except I did it for the daily trips. I used the ITE trip rates for the daily purpose, multiply it by 1.8 and went through the same format.

COMMISSIONER MAY: Okay. This is where I'm confused because how does an AM peak hour rate of 1136 and a PM peak rate of 1314 equate to a total daily trip rate of 22718.

MR. MEHRA: Because there=s traffic going to and from the healthcare facility all day long. So these are numbers --

COMMISSIONER MAY: I understand that.

MR. MEHRA: These are data from ITE report. And I can actually provide you the actual numbers, the trip rates, etc., from that report.

COMMISSIONER MAY: So somewhere in

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this whatever reference you use there is a column for trip generation and then how that translates to a weekday total.

MR. MEHRA: Yes.

COMMISSIONER MAY: When you just look at the plain math of it, it doesn't seem to add up. I mean if you figure an average between AM and PM peak where AM is 1100 and PM is 130, let's just say 1200 an hour, right. To go from 1200 an hour to 22,000 over the day how many -- I mean what's the difference between the peak and the nonpeak? And how many people are arriving in the middle of the night?

I can't jump from 1200 an hour to 22,000 a day. Now maybe it's on a chart somewhere and that's how the jump is made. But I'm not -- There's a gap in the math.

MR. MEHRA: The counts of the trip rates that ITE has are actually based on actual counts. They have consultants like us.

COMMISSIONER MAY: I understand that.

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MR. MEHRA: Who have collected the data over a 24 hour period and submitted it to ITE and they have published that data.

COMMISSIONER MAY: Right. So you=re telling me there is a chart somewhere that says that 1200 an hour on the peak hour equals 22,000 a day.

MR. MEHRA: Yes, there=s in the ITE report.

COMMISSIONER MAY: I=m sorry. Yes?

MR. MEHRA: Yes, there is a number there which states very clearly that for a medical office building on a 24 hour basis --

COMMISSIONER MAY: All right. So I=m not looking for you to submit the entire reference.

MR. MEHRA: I can give you that one page.

COMMISSIONER MAY: But if you can give me a sample of it that demonstrates that and I can see Mr. Van Pelt behind you writing

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as well. So I'm sure he'll have his own -- submit his own information on that point. It's just not adding up for me and it winds up getting very confusing.

The second chart which has to do with distance from station, I can understand how you can generalize. When you get enough of a statistical mass of information, you can generalize and say AOkay. This is how you average everything in circles around the transit point, the Metro station.@

But how does that factor in where you are relative to existing bus lines? I mean a building that is not on a bus line is probably going to have more vehicle trips than a building that's on a bus line.

MR. MEHRA: That's absolutely correct, yes.

COMMISSIONER MAY: So how does that factor into this chart?

MR. MEHRA: This chart that I put in there is taken from the 2005 WMATA ridership

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survey.

COMMISSIONER MAY: I understand. It=s a very broad average. But does that data from WMATA actually factor in the relative frequency of transit use when you are on a bus line versus when you are half a mile away? There are going to be sites that are a lot further from transit from bus lines that get factored into that average.

MR. MEHRA: That=s correct. That is absolutely correct. But the thing is the Metro rail is a fixed rail transit system which has a better accessibility, better attractiveness than a Metro bus type facility or a shuttle bus. Given that when you look at a site which is within a half a mile of the Metro rail station --

COMMISSIONER MAY: I understand that concept completely. And I understand that Metro is more attractive. And if you=re a half a mile away, it=s going to be a lot more attractive for people to use it. That I

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understand.

But what I don=t understand is the effect of bus lines on the numbers that you are providing to us. And maybe you can submit something that enlightens us. But this is a generality. It=s like taking an average transit use over the entire country and trying to translate that where the individual circumstances are very different. Somebody might be living out in the middle of nowhere and somebody else might be living on the interstate and somebody else is living on top of the Metro and somebody else is living on a bus line.

MR. MEHRA: That=s absolutely correct. I think the basis for this thing is that grossly assumed 30 percent of the people.

COMMISSIONER MAY: Yes. And you=re trying to demonstrate that that=s not reasonable.

MR. MEHRA: I=m trying to demonstrate that when you are half a mile from a Metro station the maximum transit to an office

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building is 13 percent. So 30 and 13, there is a big difference.

COMMISSIONER MAY: On average.

MR. MEHRA: On average, right.

COMMISSIONER MAY: But how is that number different when somebody is on a bus line versus not on a bus line? You're telling me it's no different whatsoever.

MR. MEHRA: No, there will be a difference. But this 13 percent assumes that it's based on --

COMMISSIONER MAY: It's an average.

MR. MEHRA: Average of locations within the Washington, D.C. Metropolitan.

COMMISSIONER MAY: Okay. So maybe the Applicant will want to submit some information that demonstrates why they think that that's a suitable number. I would think that the proximity to bus transit is a factor.

I think that's it. I appreciate everything that Ms. Sellin testified to. But

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again what I'm failing to understand is how historic preservation of the site and your specific issues with the preservation of the site relate to the decision that we have to make outside of the value of historic preservation as an amenity to the project. We don't base our decisions. We have to defer to HPRB when it comes to the historic preservation of the site.

MS. SELLIN: I assume the developers want the highest return possible for the site. So they have designed the highest possible buildings.

COMMISSIONER MAY: I'm not sure I understand exactly what you're saying there, but I'm not sure that also relates to my question.

MS. SELLIN: Well, if they designed smaller buildings, they could still get a return on the site and fulfill the historic preservation laws and standards.

COMMISSIONER MAY: But if what we get back from the historic preservation side

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and HPRB=s review and the Mayor=s agent and all that whole process, the only way that I can see that the value of preservation on this site figures into our decision making is on the -- are how it relates to Comprehensive Plan principles or how it relates to the amenities of the project itself.

And you=re making the historic preservation argument. But it=s not connecting enough to our decision making.

MS. SELLIN: Well, I think that you should consider first of all it hasn=t been an open bid process. There haven=t been any competitions for the site.

COMMISSIONER MAY: That=s not our concern. Our concern is does this project -- how does this project comply with the Comprehensive Plan. What is the proposed zoning? How does that relate to the Comprehensive Plan?

MS. SELLIN: I don=t think it does. And I don=t think the amenities fulfill the

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requirements of a PUD or a project of special merit which is definitely required in an historic context.

COMMISSIONER MAY: Okay. Thank you.

CHAIRMAN HOOD: Mr. Mehra, help me understand the ITE report. I know you took -- Basically, when you do your analysis -- and I've probably asked you this in Commission meetings prior or board meetings prior -- you basically look at what the applicant has proposed like in this case they used -- Let me back up. The ITE report is basically what engineers put in some kind of database or in a book or something, right?

MR. MEHRA: That's correct.

CHAIRMAN HOOD: Is it possible that an ITE report is outdated? How do they update? Do they update it currently?

MR. MEHRA: It's updated, yes. The latest update was 2012. It's updated almost every two to three years depending on how

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much new data is collected by various engineers.

CHAIRMAN HOOD: And is this something like a simulation that you run that data through like with mimics or what is it called -- the Visual Analysis or whatever it=s called?

MR. MEHRA: Basically what the ITE does is they get this data that=s been collected in the field. So these are actual counts whether they are collected using individuals or road tubes or whatever the method they may be. And associated with that count there=s the size of the building. It may be the size of the office building.

CHAIRMAN HOOD: Okay. There are some other factors that go into that.

MR. MEHRA: That goes in and then they run regression equations. If they have enough of a database then they come up with a coefficient correlation which tells how good the correlation is between the dependent

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variables and the independent variables.

CHAIRMAN HOOD: Now can you put that --

MR. MEHRA: It=s run every two to three years.

CHAIRMAN HOOD: Stay with me and let me understand this. Can you put that information into a software and plug it in and get other data? Can you work it like that like I said using mimics?

MR. MEHRA: No, I don=t think so. There is software to run the data that ITE has or you can do it manually. But it does not pull in additional data from other sources.

CHAIRMAN HOOD: Okay. And when you do your analysis you use the same data and you get the exact same way that the Applicant -- I notice a lot of times you always have had different outcomes, but you use the same data.

MR. MEHRA: Yes, I think like what I did was in my report I=ve shown it two different ways. One is using exactly the same

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methodology that Gorove/Slade did and I came up with the number of daily vehicle trips as being 22,700.

Then I sort of backed in and said 30 percent transit use is too high based on the fact that the site is not looking at any other Metro station. It definitely has Metro bus access, but it's not close to a Metro station. And when you look at the WMATA's data it showed that 30 percent was too high for that site.

Based on that, I assumed that 20 percent is a more reasonable assumption than 30 percent. And based on that, I've come up with a separate set of numbers. So I've provided you both set of numbers using exactly what Gorove/Slade did and coming up with a new set of numbers with a 20 percent transit use.

CHAIRMAN HOOD: Okay. All right. Thank you. Any other questions up here?

(No verbal response.)

All right. Let's see if we have any cross. Ms. Brown, do you have any cross?

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(No verbal response.)

Commissioner Barnes, do you have any cross?

(No verbal response.)

Okay. All right. That=s it. I want to thank you all for your presentation. Appreciate it.

MR. POZEN: Thank you.

CHAIRMAN HOOD: Okay. Let=s go to persons in opposition. Matthew Bader, Sherry Howard, Mel Peffers, Angela Ray, Betsy McDaniel, Gwen Southerland.

I=m not really sure how many people I called to the table. So I=m going to wait a minute and let everybody be seated. It looks like I can call some more. Bertha Holliday and Michelle Webster.

That=s all the names I have on the list. Did you all sign in? You all signed in. Okay. Hold on a second. If I don=t have your name, I=m going to call for those others who may want to testify. I=m just going by those who

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signed in. So we=re going to hear from you.

So we=ve got eight. We will start with the young lady to my left and work our way to the right.

PERSONS IN OPPOSITION

MS. McDANIEL: Chairman Hood, Commissioners, good evening. My name is Betsy McDaniel and I=ve been a homeowner on 1st Street in Bloomingdale for five years.

You may not think the tale of a broken ankle would be relevant to this hearing, but let me share my experience and how it shapes my testimony about the medical buildings proposed for McMillan Park Reservoir Historic District and the related transportation issues.

When I sustained a compound fracture of my ankle, I was fortunate to have prompt EMS service and a quick ride to the emergency room at Washington Hospital Center. Frequent trips for physical therapy were facilitated by my husband taking me in his car

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and supplemented by taxi rides. I could not walk or manage the bus and I doubt many other sick or injured residents avail themselves of bicycles and sidewalks that access medical facilities. When I was able to use mass transit to go for physical therapy I switched to the Eastern Market office because it was easier to go across town on the bus than to get to the rehab center by bus.

Spending a lot of time at home I noticed an increase in traffic from my house hunting days that long-term residents confirmed. The addition of thousand of vehicle trips per day to high rise medical buildings with 1900 parking places concerns me deeply.

If medical facilities need to be built near the hospital, they should be built on the expansive parking lots there. They could then manage access to the one site and centralized shuttle services. This alternative could also mitigate the huge volume

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of stormwater runoff that damages Flemingdale homes.

It doesn't take a lot of imagination or an expensive traffic study to tell you that North Capitol is congested. But a traffic study should have included all of North Capitol and 1st Street and not just a few blocks surrounding the site.

First Street is a major route for commuters connecting North D.C. and Maryland to the 3rd Street Tunnel, Capitol Hill and Virginia. Whenever there is an exceptional situation which is almost every day, North Capitol gridlock moves to 1st Street and the small connecting side streets. I've listed some of the unusual activities.

If the Applicant is not able to guarantee a grocery store at McMillan can we really count on them to advocate for better transit options? We can't wait for the worsening gridlock created by this development to ask for enhanced transit options. We need

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them now or very soon.

Or what is the point of planning?
Why create a problem and hope for future
remediation?

On the day of the Navy Yard
shooting, ambulances and police cars raced by
my house. I don=t know if North Capitol was
congested. But one day if it hasn=t happened
already someone may not make it to the
Washington Hospital Center in time because both
North Capitol and 1st Street are too congested
for an ambulance to get through to one of the
area=s major medical centers. Please
don=t let this happen. Please don=t allow this
oversized automobile based development in a
transit deficient, congested area of the
District. Thank you.

CHAIRMAN HOOD: Thank you. Next.

MS. WEBSTER: I=m providing
testimony on behalf of someone else who was
unable to attend. And these are his words.

I=m writing to express my

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opposition --

CHAIRMAN HOOD: Would you identify the person and identify yourself?

MS. WEBSTER: Okay. My name is Michelle Webster and I'm speaking on behalf of Robert Hardison, a resident of Adams Street. I am also a resident of Adams Street.

I'm writing to express my opposition to the Vision McMillan Partners First Stage Consolidated PUDs, specifically its failure to address requirement set forth by D.C.'s PUD Evaluation Standards pursuant to Rule 11-2403.

The scope of my testimony is limited to assertions of construction job creation, assumptions and methods used in the PUDs benefit to the government with respect to program schedule and intent of the Applicant to achieve lead certification. In an effort to contextualize my written testimony, it warrants saying I'm a Bloomingdale resident residing approximately 650 feet from the

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project=s proposed limit of disturbance.

I possess a certification of lead AP, BDNC, PMP and EIT. Further I consult in the areas of program management, construction project management and dispute resolution. I=m unable to testify before the Commission as I=m out of town on business.

Generally, the methodologies used by the Applicant=s screen door advisors, TDA, in generating conceptual cost estimates and construction job creation appeared industry standard and reasonable. TDA postulates the generation of 3,270 new construction jobs.

I find this figure to be grossly overstated and draws into question whether adequate due diligence has been given to the development=s benefit to the District. It is my experience a project of this size will utilize, not create, an amount roughly half that of 3,270 at construction=s peak earning of labor=s resources.

It is not known what percent of per

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annum contribution is assumed of the healthcare real property tax portion of this application. However, 39 percent contribution to General Fund is via real property taxes. This begs further probing given the likelihood of the healthcare portion of the project being exempt from real property tax via potential and impending legislation.

At the annual sum of \$358 million is to be contributed to the District=s General Fund from the completed healthcare portion of the project, that potentially may ultimately find itself exempt from paying real property taxes. This is a reduction of the entire project=s annual contribution to the District of approximately 88 percent granted in extreme however positive to invoke consideration.

The 23 April 2014 executed version of the contract development management services contains the sole schedule included in publicly available documents pertaining to the project. The project schedule is paramount

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when considering economic benefits beholding to the District with respect to the annual expenditures.

The schedule provided in said document cannot account for the fluidity of the development=s permitting and hearing process and is thereby not a reasonable copasetic plan for making the project shovel ready.

At present, there are 252 lead gold and platinum projects in the District of Columbia. The Applicant=s assertion of the project=s pursuit of lead silver being considered a benefit of the community is a fallacy and further brings into question the adequacy of due diligence in the preparation of the PUD.

Solely, given the facade materials chosen apparent from renderings and VMPs election to pursue lead certified. It may be surmised VMP has placed cost as a primary constraint and thereby inhibiting the project=s architects of designing a project

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that would be incorporated into the community with minimum detriment.

In conclusion, it behooves the Commission to decline the Applicant=s PUD on the grounds of inadequate community benefit and lack of adequate due diligence. These factors may leave the District shouldering a bad bag of goods. This project=s design and intent has a look and feel of something more suited for Arlington and to place into the variance of the Commission=s Rule 11-2403 remains unacceptable.

Our community=s inclusive of existing and long-time residents and more importantly our District deserves much better.

CHAIRMAN HOOD: Thank you. Next.

MS. SOUTHERLAND: Good evening, Commissioners. My name is Gwen Southerland. And I=ve been involved with the community activities regarding the development of McMillan Park Reservoir for over 20 years, starting in 1987, when my job was to get the site

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cleaned. My 1998 until 2002 I did serve two terms, four years, as the Advisory Neighborhood Commissioner for the single member district in which McMillan is located. So I have a lot of history.

And I can answer your question, too, to why it=s taken --

CHAIRMAN HOOD: Actually, I know you can because I know you. So I know you can. Don=t waste your time on me though.

MS. SOUTHERLAND: But at the time I was a commissioner I did represent a large section of Bloomingdale. Of course, I represented the McMillan site, a large portion of the Bloomingdale community I represented all of the Stronghold community and a small portion of the Edgewood community. I suppose you could say I=ve been around the block, around the park.

Presently, I am a member of the Friends of McMillan Park and I=m also a member of MAG. And we will talk about MAG on the 13th. But she is alive and well.

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I guess my point is that what I want to share with the Commission is that no one at one time, not one resident, has ever expressed the desire for high rise office buildings. Not one. They want the grocery store. They've talked about that. Of course, you know they want the grand formal park.

I do like to talk to people and engage people and I like to listen to people. And I've never ever heard anybody in the community say AIt would be so lovely to have those office buildings there.@

And, of course, the people who live adjacent to the site in the Stronghold community they are petrified, mortified, about the new pop-ups that these medical buildings will bring. They talk about their views and there are breezes that flow from McMillan, too. Fresh air. And these homeowners really they're at a point where they are frightened of the large high rise buildings.

Also one of the things that has been

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battered about a lot even in MAG was perhaps the hospital complex would consider putting the medical buildings on the hospital site. The hospital center has tons of air space. I mean I'm over there regularly. I'm a patient. There's a lot of air space over there. And there's also a lot of surface space on the parking. And at some point we would simply like the Applicant to give us a plan, perhaps a study, to let's explore placing the medical complex on the site of the hospitals. Thank you very much.

CHAIRMAN HOOD: Thank you. Next.

DR. HOLLIDAY: Good evening. My name is Dr. Bertha Holliday. I reside at 49 T Street, NW in Bloomingdale. I've lived in Bloomingdale since 1989 and I currently serve as the Second Vice President of the Bloomingdale Civic Association.

I wish to express concerns related to the McMillan healthcare building in Parcel 1 as proposed in the McMillan PUD application.

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I was really very happy and pleased to hear the comments tonight of the Deputy Mayor=s office and Trammell Crow. I thought their vision of the healthcare building was very exciting.

However, it was a vision. It was not a clear proposal as to how that healthcare building is going to be used. Therefore it seems to me that what we have here is an elephant in the room in regards to the 860,000 square foot healthcare building.

Who is going to occupy it? And what specific uses will be put to it?

During the past four to five years, the community has been led to believe by the developer that the building will primarily be occupied by the Washington Hospital Center, although the PUD application makes note of adjacent healthcare facilities as part of this rationale for requesting C-3-C zoning, increased height and square footage for the building. Despite this, nowhere in the PUD is it stated that Washington Hospital Center will

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be its primary tenant.

Indeed in perusing the more than 250 documents submitted to date for the McMillan case file, I have been unable to locate a single letter of interest or support or partnership from Washington Hospital Center or from any other hospital or healthcare facility or healthcare association within 100 miles of the District of Columbia. And I find that very strange.

In addition, in the Gorove/Slade transportation report, Exhibit 32D1, the following is noted on page three. AThe Washington Hospital Center=s plan for expansion are currently on hold and they do not plan to move forward with the plan developed over ten years ago which gained PUD approval. The financial infeasibility of consolidating surface parking into structure to create viable development parcels is limiting the expansion plan.@

I=m late. One cannot help but

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wonder if Washington Hospital Center can't pay for parking structures how are they going to pay the rent on an 860,000 square feet of spanking new commercial office space. You see I'm going to put the rest of it very shortly.

We really don't have any idea who's going to use it. And we don't have any idea of what the uses are. Tonight we heard some visionary ideas, but the ideas were not consistent between the deputy mayor and crowd. And no one really put forth a real specific plan other than we're talking with these people to see what they want in terms of what uses the building will have.

So this is part of a pattern that I see with the developer in terms of it's almost like abate and change strategy. I mean earlier they announced that the grocery store may not be a grocery store. And that they were asking for optional retail space in the healthcare building.

And while it's clearly expected

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that changes will occur in the PUD over time what=s important in this particular case and what=s troubling in this particular case is a lot of the changes that are being carefully, conditionally proffered are conditions that the developer used as part of his primary public benefit and as a means for gaining the support of the community. And increasingly we=re seeing a lot of these ideas that are proffered as their major public benefits disappearing. Okay. And that=s problematic.

In light of that --

CHAIRMAN HOOD: You know, I was trying not to cut anybody off.

DR. HOLLIDAY: I=m also through. In light of --

CHAIRMAN HOOD: I was really trying because do you know why. Because seriously I think when people come down and they sit here all night even if it rings I was trying not to cut anybody off. And I probably shouldn=t announce that. But if you go too far then I=m

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going to have to cut. But I was trying not to cut anybody off.

DR. HOLLIDAY: I know.

CHAIRMAN HOOD: I was doing my best.

DR. HOLLIDAY: Could I say one more thing?

CHAIRMAN HOOD: One more thing. But I was trying not to cut anybody off.

DR. HOLLIDAY: My last sentence and the bottom line is that in view of all of this -- and I do have written testimony that I'll turn in so you can see the whole thing -- is I would hope that the Zoning Commission would consider deferring any decision on the PUD until such time as it has more definitive information regarding who's going to be the primary tenants and what are the specific uses.

Answers to those questions have tremendous impact on the fiscal study that the developer did and on the traffic impact study. As they keep modifying this, those two studies

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become unreliable and invalid for use in decision making.

CHAIRMAN HOOD: Thank you. Next.

MS. PEFFERS: Hi. My name is Mel Peffers and I'm a Bloomingdale resident. And I'm feeling like the crazy aunt that shows up late to the wedding planning because we've got people picking out china. In this case, it's like tiles for buildings and such.

By the way, I live at 2201 2nd Street, NW in Bloomingdale at 2nd and W. So I walk all around McMillan. Love the bird life. I love it as a civil engineer and I love it as a public health expert.

I teach also at George Washington University as environmental health in a sustainable world. Come take my class if you're interested in a masters and a public health class. So I just love McMillan even if it's behind a fence right now.

But as the crazy aunt showing up late to the wedding planning, I'm just

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wondering if we could slow down and maybe look at the partnership here and maybe figure out if this is a good partnership. Maybe a private/public partnership is a model we could use.

Or we could look at other situations. I'm not against development. But I'm just seeing this run ahead and specifically see it as development where green space is the afterthought. I'd like to flip that and have it green space with development thought around it. And I'd like that kind of considered by the group.

But I know this is specific to the medical complex. So really quickly I could tell my neighbor who it took me how many months. I can get appointments at George Washington. I take the G2 bus over there.

I go to George Washington. I loved that somebody brought that plan as a medical complex. But it's successful there. I teach there. Because it's near the Metro stop, I'd

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like to see more of this plan for the medical thing go into infill or into public parking spots, built up that way and not use the McMillan site until we stop and slow down this relationship.

And also the healing garden part, I'm also an air quality specialist. It is very dangerous to be right next to all that traffic. The United Nations is listed air pollution as a carcinogen. And California Air Resources Board did, too. It's just kind of horrible to call it that when it's right there in the heart of a lot of pollution that will be generated by additional traffic.

And also the cells look like tombs to me. I'm just really hoping that we could look at other examples in cities like San Antonio, the Highline in New York, San Antonio River Walk as well as in Seattle, the Public Markets, where they took an eyesore and turned it into a public/private fabulous space that worked for the community as well as becoming a

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huge economic generator. So the Riverwalk in San Antonio is the largest destination for Texas.

I think this plan is just very shortsighted. I'm hoping it opens it up to a longer vision in partnership with the community people here. Thank you.

CHAIRMAN HOOD: Thank you. Next.

MS. HOWARD: Good evening, Zoning Commissioners and District Government officials. My name is Sherry Howard. I reside at 2105 1st Street, NW.

Initially I started out as a proponent of the McMillan development. And as time passed and after attending meeting after meeting I soon realized there doesn't seem to be a recommended solution for the increased impact of traffic on 1st Street due to the development. The last meeting held by VMP the topic of discussion was the transportation study delivered by Gorove/Slade. This was the turning point in my decision from proponent to

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opponent when there was no discussion of the thousands of additional vehicles and the impact they will have on 1st and the surrounding streets past Channing.

From day one, everyone knew that traffic was a concern for Bloomingdale, but it wasn't discussed because there isn't an answer. VMP and the District Government both are aware of the impact the additional traffic will generate and the increased congestion. It seems to be if you ignore it then it will go away.

But it won't. What is the traffic solution to intersections that are already gridlocked and with thousands and thousands of more vehicles will travel on daily. Currently, the residents of Bloomingdale and Bates are witness to cars stuck in gridlock traveling on 1st Street trying to turn either left or right on New York Avenue to exit the city.

We see cars using our alleys as

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alternate routes when there is nowhere for them to go. Does the Government care? Does development surpass the concerns of the Bloomingdale residents?

The impact of thousands upon thousands of additional vehicles traveling down 1st Street becomes a quality of life issue for the residents. When vehicles sit in traffic idling and exhaust fumes are released, who will breathe it? When our alleys turn into secondary streets, who will -- unsafe conditions for? The residents of Bloomingdale.

As a taxpaying resident of the District of Columbia, I urge the government to step up, get more involved and address the concerns of the increased traffic problems this development will cause. When the construction is finished and the developers are on to their next project, it's the Bloomingdale residents that will have to endure what used to be a traffic problem on 1st Street that is turned

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into a Bloomingdale gridlock disaster. Thank you.

CHAIRMAN HOOD: Thank you. Next. Make sure your microphone is on.

MS. RAY: Good evening. My name is Angela Ray. I live on the 2100 block of 1st Street, NW and about three blocks south of the McMillan site.

I submitted a package. If you'll just turn to the first page the recommendation is that we reduce and slow anticipated additional auto and truck traffic on 1st Street. Most of this traffic -- I'm out daily walking. I work from home. So I'm seeing traffic all day long. Most of that traffic is not from the DC area. Most of those are Maryland and Virginia tags.

I have heard quite a bit in these hearings about the developers and designers being excited and I can understand that. It looks beautiful just conceptually. However I would disagree with the Mayor's representative

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that it's a benefit to Ward 5. I think Ward 5 Bloomingdale -- and I'll speak for myself specifically -- are victims of this.

The houses on 1st Street average about 140 years old. And we're already seeing damage to our properties. I have cracks in my walls, bricks come loose. There is vibration.

If I could ask you to turn to the next page with the map. I highlighted the square that it would be the McMillan site and you can see that Stronghold is there, Bloomingdale South of that and Truxton.

And it's just I'm amazed and appalled that we talk about traffic impacts. In all the studies they talk about the four walls around McMillan. Where most of that traffic is going to be coming from is where you see 395 down to the south. That's where the folks from Virginia typically come in. And then from New York Avenue from Route 50, you get a considerable number of people from Maryland.

And again with the Mayor's

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representative speaking about needing another hospital, I personally think that another hospital is the last thing we need and certainly at that location. We're already in gridlock. There is damage to our properties. There are impacts of public safety. And it's a significant impact to our quality of life.

We're already seeing that with all the construction with DC Water and Pepco and Washington Gas and Howard. But those things are temporary. This would be perpetual. We would be living with this forever. And it would have a significant financial impact and some cases I'm seeing already health impacts to my family members.

If you'll turn to the next page, there was a DDOT Mid-City East Livability Study done back January 27, 2014. There were four objectives.

The first one was reclaim minor streets and corridors from commuters and restore them to community needs and character.

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First Street, NW experiences long distance commuter trips with low compliance at existing stop controlled intersections and speeds in hospital to community bicycling. This would fly right in the face of this. This is just the opposite. This is a residential street.

So I was completely shocked when I heard earlier that we're going to encourage the use of 1st Street for access for employees. Most of those employees again based on what I've seen so far, many of those are commuters from Maryland and Virginia that should be using North Capitol but end up going, as Sherry mentioned, up and down 1st Street, going through alleyways.

Let me also just backtrack and say from a demographic perspective what the Mayor's representative said about needing more hospitals and us being older and senior that our demographic has changed. So I would question when that data was gathered.

Our community is getting younger.

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They=re younger families. They are more people out walking and biking. And again I think another hospital is not what we need. That was not a benefit to us. We=re victims of that decision.

I=ll skip past current conditions because I think we=ve talked about it and I think most of us know what 1st Street is one way either way. It=s used as an alternative route for hospitals.

There is gridlock today. If you go out at rush hour there is utter gridlock. Let there not be an accident because then the alleyways become gridlocked. I can=t imagine adding five more cars to that scenario much less 22,000 or even if it=s 15,000 or even if it=s 10,000. It has a significant impact on our quality of life, our investment in property and safety.

CHAIRMAN HOOD: You=re going to give us your closing thought.

MS. RAY: I=m done. I=m sorry.

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CHAIRMAN HOOD: I thought you all were -- Are you two together? Weren=t you all sitting together?

MS. RAY: I didn=t hear it ring. I=m sorry. I didn=t hear the beep.

CHAIRMAN HOOD: Weren=t you all sitting together? I was just wondering. Okay.

MS. RAY: Bertha goes on longer than me.

CHAIRMAN HOOD: Okay. Next.

MR. BADER: Chairman Hood and Zoning Commissioners, I=m on the BCA Executive Board along with Angela, Sherry and Bertha. They=re kind of similar. I also serve as one of two representatives on the McMillan Advisory Group on behalf of the Bloomingdale Civic Association.

But I=m testifying tonight as a resident of the Bloomingdale community and ANC 5E. I=m speaking in opposition to the proposed development Parcel 1 as part of the

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redevelopment of the McMillan --

CHAIRMAN HOOD: I'm going to stop you. Did you give us your name?

MR. BADER: Matthew Bader.

CHAIRMAN HOOD: Okay. We have your testimony. Okay. Thank you.

MR. BADER: Sorry. I have a tendency to whisper. In particular, I believe that Parcel 1 of the project is not in compliance with the Comprehensive Plan on the basis that it does meet the definition of a moderate to medium density commercial space. It's not offering appropriate uses for the existing site and will eliminate several historic views. I further believe that the benefits that will result from Parcel 1 such as job creation and the securing of the development financing are not sufficient to offset a deviation from the Comprehensive Plan.

While my written testimony addresses each of these areas tonight, I'm just speaking to job creation. During discussion

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of the master plan, Commissioner Cohen expressed a concern that medical office jobs often do not pay a sufficient wage to live in the District. I= have similar concerns.

As stated during the May 1st hearing, the Applicant justifies the need for the scaled development of Parcel 1 in part by pointing out that the medical office buildings will generate the majority of the new permanent job opportunities created by the project. Specifically, according to the fiscal and economic impact analysis, the project is projected to generate 3,271 permanent jobs and 3,034 temporary jobs. However, of those, only 1,239 permanent and 1,214 jobs are anticipated to be set aside for District residents.

According to the fiscal impact analysis, Parcel 1 will generate 1,078 of the jobs for District residents in the medical field. Of these, there is no discussion of the type of positions generated by this project or which positions are likely to be filled by

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District residents. Such planning is critical in justifying the need for the scaled development on this parcel as the number of medical office positions carries salaries which do not support living costs in the District.

For example, an earlier version of the fiscal impact analysis identified a series of medical office positions and their respective salaries which I've listed in my written testimony of which only one exceeded \$65,000 and of which most were below \$50,000 a year. For start comparison, many of these same jobs would not provide a salary sufficient to support living in the affordable units on the very same site that produces the jobs.

Specifically, many of these jobs would not qualify someone to purchase one of the 18 affordable townhomes projected for the site or afford to rent one of the multi-family affordable units projected at 50 to 60 percent AMI. So my question is I wonder how such jobs

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will help to achieve the goals of the District or differentiate this project from any other project that might be built on Parcel 1. I ask that you task VMP with revising its plan, set up a revised plan for Parcel 1 that is appropriate for the site and deny its request to rezone this portion of the site C-3-C. Thank you for your time.

CHAIRMAN HOOD: Okay. We want to thank you all for your testimony. But hold your seat. We may have some questions. Mr. Turnbull.

COMMISSIONER TURNBULL: Yes, Mr. Chair. I guess I just had a general question for everybody. Were you able to go to meetings with the developer or the team and get your input heard? Were you listened to? I mean I guess I'm just curious how much input.

MS. SOUTHERLAND: Yes. We did attend many meetings. VMP as they stated in their literature sponsored over 200 meetings I believe, a host of one-on-one meetings. They

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have an outreach program to the community which I find to be very intensive. It=s very aggressive.

It=s an outreach program that does not always take into consideration what the community would like to see. Sure, take an acre here. Give an acre there. Increase some density.

But the framework, it=s always within the scope of a high density, mixed use plan. And that has been the problem for over 20 years. It=s always been the high density, mixed use plan and nobody, the city, wants to give us something more creative. And we=ve asked for that.

When we have the meetings, I call them to me their meetings that go nowhere because for the most part I feel our input is not really integrated into the plan, the PUD application, that you have before you.

MS. RAY: Commissioner Turnbull, if I could just address that. From the

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standpoint of the civic association, we have had representatives from VMP come in on a regular basis. But let me just give you an example of some of the frustration we have as residents.

I saw on a slide the other day community benefits, CBAs. I don=t know where those came from. We had a meeting for Bloomingdale residents on a Saturday, most of a Saturday, going through much detail over what we thought would be beneficial and how we could support the effort if we could just have some communication.

I am not aware unless someone else is that there=s been any communication and our list of CBAs was not on the slide that I saw. It was a 13 page document at the outreach I=m just not seeing there.

MS. SOUTHERLAND: Right, the MAG presented a CBA and when I saw what the ANC had submitted it was like Greek to me. That=s not what we worked on for two or three months.

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And let me also say this. The community outreach program by this consultant developer it has created a deep divide in our community. There is conflict where there was never conflict before. There are friends, people I=ve been friends with for years. We don=t speak. We don=t talk.

I=ve been personally what I consider to be defamed. And I have some other things that I cannot present to you tonight because you=re the Zoning Commission. You=re not a grand jury hearing.

But there are some serious issues that conflict and that divisiveness that their outreach program is intense. In all of my life I have never ever seen a very successful community outreach program that has now resulted in -- what is that -- the Hatfields and the McCoy. Really.

And I=m quite concerned. Personally I am fearful. I=ve had some of their supporters say things about me, say

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things to me.

And I sustained an injury by one of their very strong supporters. And they never apologized. They never showed any remorse. Never asked how are you doing. And I had a broken ankle, broken in three places. These people are intense.

MS. S. HOWARD: Sherry Howard. I=ve attended probably 60 to 70 percent of the meetings and it=s always been a concern of traffic. It=s always traffic on 1st Street. It=s always been voiced. The problem is there=s never an answer.

COMMISSIONER TURNBULL: I=m just curious. I mean obviously the ANC is in support and obviously you=re not in agreement with the ANC. I=m wondering what=s the tradeoff. I mean you obviously went to some of the ANC meetings, too.

MS. SOUTHERLAND: To a great deal of them. The ANC is not support of us. No, I=m not being facetious. But the ANC from my

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perspective they do not represent the constituents.

I just did a masters thesis on that, too. The president of my university even requested that I do it. They don=t represent us.

Recently, we had a resolution they presented amongst themselves that was going to the mayor=s agent. The attendees were not allowed to speak, were not allowed to -- they didn=t discuss it. And they wrote up in the minutes that I was out of order because I simply asked for a discussion.

You=re talking about a two page resolution to go before the mayor=s agent and I think it was cc=ed to the mayor and the city council. But we were not allowed to be privy to this and it was presented to the MAG three minutes before we were dismissed.

So we never had an opportunity to review or discuss the document. It seems that our ANC is just not representative of many of

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us in the community.

MS. HOLLIDAY: You will find in the case file I believe two resolutions that were written about two years apart or something in terms of the Bloomingdale Civic Association=s displeasure with the ANC and in particular the process that it uses for decision making which tends to be somewhat secretive with little public input.

MS. S. HOWARD: You also have to look at there were two ANCs that voted that didn=t disagree. And I=m not sure who they were. But were they the two ANCs that were immediately impacted by the development? I=m not sure.

MS. RAY: I=d like to also add that like a number of other folks I was a proponent before I was an opponent. The big issue, the big huge elephant on the table is traffic. Whether it=s 1,000 more or 30,000 more, that=s the issue we=ve been asking about. If there was some negotiation with the developer that

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would allow us some ways to minimize the traffic impacts and invoke some traffic calming I think that would go a long way.

CHAIRMAN HOOD: Let me just say this.

COMMISSIONER TURNBULL: Thank you for your comments.

CHAIRMAN HOOD: I want us to ask questions and I want us to hear this. Commissioners, we may be running out of time. I'm not sure what the panel is. We may have to hear the rest of this case on Monday after our meeting. But let's see how we can go because we're getting close to the hour to 12:00 midnight.

All right. Any other questions? Let's ask the questions. I mean if we have to do it we have to do it. I just wanted to put that out there. Okay. Any others? Commissioner Miller. I mean let's ask the questions.

COMMISSIONER MILLER: I just

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wanted to make one comment that I made the other night when somebody -- I think it was Ms. Southerland that might have said where are the specific uses. The specific uses to the extent this goes forward will be specified in the Zoning order, the grocery store requirement, the retail requirement, the healthcare facility. It will specify what can be permitted in there, medical offices, the hospital related, the research/biotech, education. That will all be specified. It will be specified in the Zoning order as well as all of the transportation demand management.

Now whether there is sufficient TDM measures in there we're going to make sure that they're the strongest that they can be in there. And it's certainly in the project's interest to have traffic that can be able to -- for people to be able to get to and from this site. So we're all going to be working on that. I just wanted to make that comment in reaction to what you said.

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CHAIRMAN HOOD: Okay. I'm going to ask that the Applicant and I think this is great for Ms. Ray. She has some recommendations on page two. Do you have an extra copy that you can give the Applicant? If not, they can have my copy. Those are some of the things they're looking at. We have an extra copy.

Okay. I think these are some recommendations coming from somebody who is going to have to do and deal with impacts as opposed to what Ms. Howard says about 1st Street. She had the same concern.

Now you said you're going to answer my question. That's what you said. I didn't want you to waste your time on the clock answering my question. What was my question? I asked so many of them. Can you give me the answer?

MS. SOUTHERLAND: Your question about why it's taking so long to develop McMillan or was it the question you asked about

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which project is taking longer?

CHAIRMAN HOOD: Could you help me with both of them?

MS. SOUTHERLAND: I'm not familiar with Skyland. I know it's taking a long time. About the same time as McMillan.

CHAIRMAN HOOD: Okay. That's kind of what I came up to.

MS. SOUTHERLAND: And I don't know what their situation was. I only know about our situation. But sometimes you know what it is, Chairman Hood. I think we need to listen to the people. A lot of times they're very smart, even if they're not formally educated.

I'm the president of my tenant association in a Section 8 complex. I'm probably one of the few people there who are college educated. Those people have a wisdom that is unbelievable.

And I just learned over the years you listen to the people. You figure out a way to make their ideas work. And I think that's

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what=s happened with McMillan.

CHAIRMAN HOOD: Okay. And I=m actually going to be looking to the Applicant. I know that there is support. There is opposition. And I know years ago that you were very instrumental in getting the place clean. I live in Ward 5. I know all about that. I know that that place was a mess.

For those who just got here, let me just say. It was much worse. Exactly, it looks a little presentable. But it wasn=t what it used to be.

MS. SOUTHERLAND: No.

CHAIRMAN HOOD: And I thank you for all the hard work. All of you here at this table, we appreciate your testimony. Let=s see if we=ve got any cross examination. The Applicant have any cross. The ANC have any cross. Mr. Pozen, do you have any cross?

(No verbal responses.)

Okay. Thank you all very much for your testimony. I actually do not have a list.

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I'm pushing now. I'm going to ask everyone else who would like to testify to please come forward. And this is those in opposition.

The goal is to finish tonight unless you want to come back down and see us on Monday because we will be here. I think we have a quick meeting on Monday.

(Off the record discussion.)

Okay. We're going to start with Mr. Otten to my right and we're going to come right down.

MR. OTTEN: Good evening, Commissioners. My name is Chris Otten. I'm here representing DC for Reasonable Development tonight. This is an unincorporated, nonprofit located here in the District of Columbia. Our participating members, some who live within sight of the McMillan Park, are astonished at the lack of civic planning which has gone into the review of the PUD application at question.

ZC Case 13-14 contends with the

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McMillan Park Reservoir, a 25 acre, open to the air, public parcel located at the boundary of Ward 1 and Ward 5. The subject site contains a technological marvel from more than 100 years ago, historically designated, elegantly vaulted underground sand filtration cells which clean DC=s fresh water straight into >80s.

Parcel 1 is a key portion of the overall proposed PUD application under review. Interrelated planning issues arising from review of Parcel 1 exists across the whole McMillan site and demonstrate unacceptable impacts and other concerns which have yet to be evaluated by the Applicant or the city and therefore cannot be mitigated or balanced as part of the PUD process.

Our key conclusions are neither of the co-applicant parties, DMPED or VMP, have presented the required evidence to meet the core purpose of the PUD regulations to balance and judge the amenities versus adverse impacts.

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Further, the mayor=s lead municipal planning agency that deals with zoning matters, the DC Office of Planning, has not fulfilled its legally required duty to coordinate agency review of the PUD application and to represent the public interest before the DC Zoning Commission.

There is a serious conflict of interest before us in evaluating this PUD application. According to PUD regs and DC law, Office of Planning=s task is evaluating the PUD application on behalf of the public. However in this case OP staff are directly accountable to the man who signed the application that started this case, Deputy Mayor Victor Hoskins, Director of DMPED.

On the organizational chart in the District, you=ll see that OP is accountable to DMPED. This conflict begs the question of can OP independently evaluate the proposed PUD in a way that seeks to protect the public from the myriad of adverse impacts generated by the

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proposed project. In this case, the clear answer is no.

Dereliction of required municipal planning, the lack of interrelated planning studies and issues here deserves broad review by the panoply of associated District agencies. But OP has not coordinated this evaluation in any meaningful way. There=s only one report on the record, DDOT=s.

I=m going to quickly go through this. Poor urban planning. Re-zoning the site to C-3-C or CR PUD is high density development. I don=t know what planet OP is on, but it is certainly not moderate or medium density. Thirteen stories is not moderate or medium density.

There=s been unacceptable environmental impact evaluation and mitigation. No environmental review or agency reports have been put on the record at this point in time. Measurements have increased pollution, noise, waste emissions, carbon

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footprint, municipal water, electric, gas, sewer needs and other environmental parameters must happen now so that the Zoning Commissioners can bind mitigation techniques and impact lessening expectations into the final order for this case.

There=s been unacceptable review of impacts on housing affordability. There are no reports on the record that show how the significant number of luxury units, both residential and office, proposed to be built on our park will affect the surrounding land values, property taxes, fees and rents and projecting outward.

What is the duration of the proffered affordable units? Is it in writing? Define for the life of the project please. Will the proffered affordability affect the 70,000 person waiting list? Is there any truly affordable housing for those making less than \$30,000 a year in this project? Where are the studies on this? Where are the answers?

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They're not on the record.

Acceptable elimination of public control of the site. The Comprehensive Plan is very clear in its guidance and in some cases its requirements. Giving up control of development rights to the public property is not encouraged at all. Yet the applicant in this case is asking the Zoning Commission to grant a PUD application that would result in the city turning over 25 acres of public property, doing so without any fair market appraisal of what this public land is valued at. And it's simply unacceptable in the balancing of incentive impacts of this deal.

Privatization impacts have not been reviewed and there's been an unacceptably limited fiscal impact study scope. What's going to happen in all this formerly public park, now it's privatized. There goes our constitutional rights.

Where is the analysis of that impact? Why don't the fiscal impact

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statements provided by the applicant take into account the cost of the resulting environmental and health impacts forced on the surrounding communities by a project of this magnitude and use? Let alone account for the loss of public value which comes from open air and land and how its removal will affect the quality of life of the communities.

The basis of zoning review remain unevaluated. Safety from fire panic and overcrowding. Neither the applicant nor the Office of Planning have coordinated any review or study about how this project will impact emergency response times to the surrounding neighborhoods and to the city as a whole.

In conclusion, the Zoning Commission cannot balance the equities here without the legally required reports and studies on the record. And neither could the ANCs. So their positions were premature as would be the Zoning Commission=s if they were to move forward on this. Thank you.

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CHAIRMAN HOOD: Okay. Thank you. Next. Let=s do just like Mr. Otten did. He heard the buzzer and took a few seconds and he stopped. Thank you for being an example. Next.

MR. VINING: My name is Kirby Vining. My home is on the unit block of Franklin Street, NE, just a couple of hundred feet away from the fence to McMillan Park. And I=m speaking as an individual person in opposition to the proposed zoning of Parcel 1 medical office buildings.

The medical office buildings proposed by the Applicant under review tonight for Parcel 1 seem to be a speculative investment. No perspective tenant has been identified to my knowledge as quoted from earlier tonight. We know the demand is there. But no signed commitments.

And if there is no tenant, there are no jobs other than the temporary construction jobs. So how did that figure come with how many

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jobs? Counting how many people could fit in a room and adding them up. We have no tenants.

The District government owns the land. And what it has chosen to consult it has proposed very large buildings for Parcel 1 designed for an unknown tenant. There were no benefits or amenities to the community in fictitious medical office suites that there are no tenants for.

And the traffic problems this building would cause if there were tenants are unacceptable. So it's premature and speculative in another sense entirely for the Commission to be considering this C-3-C zoning for this parcel with the degree of vagueness in the proposal for who or what is going to be in that building. Why are we not looking at C-3-A or C-3-B zoning which would be consistent with the Comprehensive Plan?

The traffic and height problems such buildings would entail are only magnified by the knowledge that it would have no tenant

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and the jobs these buildings would produce are one of the most loudly touted benefits of the building. Why should we endure the loss of the majestic skyline and endure possible increases of the already chaotic traffic at the two intersections adjacent to Parcel 1 at the corners of Michigan Avenue and 1st Street, NW and North Capitol for a speculative project? And why grant zoning to permit such a building given the circumstances.

Thank you. That=s all I have.

CHAIRMAN HOOD: Thank you. Next.

MS. VAN DEN BERG: Hi. My name is Katelyn van den Berg. I live in Bloomingdale on 3rd Street. And I also have a lot of questions and concerns that I would like to share with you tonight.

You asked earlier in the hearing in this week the sentiments from the lady who testified on behalf of our Ward 1. I=m a member of Friends of McMillan and I would also like to share a little bit based on the community

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outreach what the sentiment is in Bloomingdale. And it was already discussed earlier today.

We have been quite active to collect more than 7,000 signatures of people who really are petitioning against this development. And also now the Zoning hearing started we have been doing quite a lot of outreach and people are desperate to sign letters of opposition. The only reason that we didn't submit more letters earlier was because we ran out of printed paper for people to sign.

I can really say from that community engagement that the sentiment in the neighborhood who are directly adjacent to the site, the vast majority of the community which we are talking 80 to 90 percent against the proposed dense development of the site and really would like at least 50 percent park space and preservation and use of these structures.

That would also include on the ground sales and also would include a competitive process for the development. This

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number of 50 percent park is really very consistent with all the executed studies that have been done over the years including the studies that were done by the municipality itself.

The only really advantage and support that people are consistently mentioning are the grocery, the affordable housing and the jobs that are supposed to be created from the developments. It's two years and we talked also about it today that VMP has been on the take in what I would like to call community engagement theater. They indicated to be working with great efforts to get a grocery to the site. I think earlier last week VMP even testified that they are working on this daily.

If you work for two years so hard to get a grocery to the site, I think it's safe to conclude that the grocery is not viable at that location which is logical if you look at the difficulty in transportation the low density of

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the buildings that are surrounding the site as well as the vast increase of grocers in surrounding neighborhoods that have happened in the meantime. We talk about there=s the new grocery at 1st Street, NE, the O Market at 2nd Street, the planned development including grocery at Florida and 9th as well as a number of other groceries there.

There=s also evidence now that VMP when it comes to this stage would request here at the Zoning to be allowed for a non-grocery retail option. While VMP continues to claim to be working to realize a grocer, where is the information on the results of their already ongoing two year grocer outreach and what the response was.

There are not that many different grocers in the city. And surely VMP approached already all of them. Where is the information that shows the outcome of the outreach that they have been doing already for all these many years.

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If VMP continues to reply that the grocery is one of the key benefits of development, why are we in here at the Zoning Commission given that it's clear that such a grocer is not part of the proposed plan and may never be viable?

I will skip the job benefits because we talked about it already. And I will go into conclusion particularly on the traffic. I was in contact earlier this week with a staff member from the emergency center of the hospital who was extremely concerned about the development. We talked about the lack of any decent analysis for the traffic response. If VMP is allowed to define an area for a traffic study that is so narrowly defined that if all those mess of developments that are in the surrounding areas are not part of their analysis, what would be then the results of the traffic implication without any proper mitigation measures? Thank you so much.

CHAIRMAN HOOD: Thank you. Next.

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MS. IRWIN: Good evening, Commissioners. My name is Bronwyn Irwin. I'm a resident of Bloomingdale. I live at 2310 1st Street, about a block and a half south of the development. And I realize I didn't put my name on my testimony. So it's this testimony.

I want to point out that the current PUD application was submitted by VMP but on behalf of the District of Columbia who is the current owner of the property. And so in some ways we can all think of ourselves as owners of that property. And wouldn't it make sense to do a study and find out what would be the best use of that property?

Well, the good news is the Office of Planning actually did that study in 2002 which seems like a long time ago. But as we all know, the only RFP on this development was in 2006 for the master plan. And this is the master plan that's resulting from that.

This is the study and I do want to talk about this. If this is not in evidence,

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I will enter it into evidence tonight.

The report was based on data on existing and projected traffic, on infrastructure constraints, on structural engineering conditions and on input from both the community and from local developers. The findings and the recommendations from the study have been completely ignored. I cannot find one recommendation from the report that has been followed with the current plan.

For example, the report found that high rise offices and hospital and medical facilities were undesirable for the site. And yet they=re going forward.

The other recommendations include that the stable cells should be preserved and adoptively reused. Those are where the residences are. So I won=t focus on that. But also the moderately deteriorated cells which are on the north block which is completely where this phase is proposed should also be preserved and reused. And those cells are marked in the

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figure from the report on page two of my testimony.

So my key questions really are about the VMP plan. Why does the current VMP plan include intensive use of the property when the Office of Planning recommended low to moderate use? Why is the current plan destroying 100 percent of the underground cells? And I am going to say 100 percent. I know that there is cell 14 on the northeast corner that is currently being used by DC Water. The developer has no choice to use it and it is not accessible for public use. It is going to be used up until 2025 or beyond by DC Water.

And then the other cell which I'm quoting here they said they hope to use is cell 28. We know from the figure I referred you to that that is actually badly damaged and it's likely they're going to go in and say, Oh, it's too badly damaged. We can't incorporate it. So none of the cells are being preserved when the Office of Planning recommended that 12 of

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the cells be preserved and reused.

There is also total loss of viewsapes, of the Capitol, the Washington Monument, the Basilica, other references that have been made here. And again the Office of Planning recommended preservation.

The final point is that there is a 130 foot, 875,000 square foot medical office building in a neighborhood of two to three historic rowhouses pictured in the image there when the Office of Planning recommendation was for no more than five stories high on the site. Thank you.

CHAIRMAN HOOD: Thank you. Next.

MS. THARRINGTON: Good evening, Commission. I spoke to you all earlier this week and I sort of jokingly referred to myself as a gentrifier. So I will go ahead and replay that role this evening by talking about bike lanes which is some of many folks favorite topic in the city.

Before I get started, I would like

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to put out there that I am a fan of Capitol Bikeshare. I love biking. I think Bikeshare is fantastic.

In fact, I'm such a fan of Capitol Bikeshare that if you look around in the next coming year you will probably see me on some of their advertisements because I did their modeling session for their upcoming year. So I love Bikeshare.

However, we've got some serious issues going on with Bikeshare and biking at this site. And I think it's been kind of glossed over this evening and previously.

So I'm not a commuter biker. But I am sort of an avid recreational biker. I bike to go shopping. I take the Metropolitan Branch Trail down to the new Harris Teeter and know I'm going to go shopping. I might go bike with my boyfriend to dinner. I bike a lot, but I don't bike for commuting to and from work purposes.

I've biked down North Capitol Street once in my life. And I was sure I was

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going to die.

So I want to talk about biking and I want to talk about the plans for bikes on the site. So the plan has three spaces of Capitol Bikeshare on the site which seems like a huge number given the fact that it's quite difficult to get either on or off the site given the bike infrastructure around.

I just wanted to share this with you all. And I'm really sorry. I don't have a copy of this. I will make sure it's entered in to the record. But this is from the National Association of City Transportation Officials. This is a draft form, but it's part of their guidance for planning for biking.

And given even just the numbers that VMP has for trips in their own report, nevertheless other reports that have been submitted on traffic, the recommended infrastructure for biking in this area is a cycle track which if you're familiar with 15th Street it's what we've got there. Or a shared

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use path which is what the Metropolitan Branch Trail is.

My question is I want someone to explain to me where this infrastructure is going on Michigan Avenue, on 1st Street, on North Capitol Street. Where is this going to go? Where is the money going to come from? What=s the planning on it?

I mean to me if you=re talking about needing a Metropolitan Branch Trail on North Capitol Street, you guys should be talking about that. It=s just not here. And so there=s a lot going on in this plan and I understand that biking might come a little bit farther down. But if you=re going to talk about it, let=s kind of be a little more realistic. That=s all that I have to say.

With my five seconds left, I=d just like to say that no patient wants to hang out in a healing garden sandwiched between a medical facility dropoff and a four lane highway of Michigan Avenue. It=s completely

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ridiculous. Thank you.

CHAIRMAN HOOD: Thank you. Next.

MR. WOLKOFF: Thank you, Mr. Hood. My name is Daniel Wolkoff. I have a 25 year historic preservation studio, Adams Morgan Stained Glass, serving the District. I have worked on Catholic University=s chapel, Galadette=s (Phonetic) President Mansion, numerous churches, some right in that area and I=m also one of the subcontractors for the National Capitol Dome restoration window and glass conservator.

I=d like to testify tonight on Parcel 1. I also expect to testify Tuesday on the master plan. My effort to gain party status I felt was very critical. We had very important questions to ask the Applicant.

We understood that our party status request dated May 5 would have been dispensed with on Monday night. Regardless, the Office of Zoning did not inform or warn our group in any way that the Commissioners would hear our

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questions in reconsidering our party status tonight.

So extending a disenfranchisement of our voices and our group disenfranchised by electoral fraud, putting a mayor in office in 2010 by massive electoral fraud, extending our disenfranchisement and our democratic participation subverted and manipulated by DMPED and VMP, retaining the Fontaine Agency to conduct unethical, probably illegal, community input to the support of the Applicant. And the Zoning Commission provides democratic participation as responsible for bringing in the public. So I would want my party status reinstated, but I'm going to testify right now concerning Parcel 1.

The medical offices have just seemed to be from the very beginning placed in the wrong area. The parking lots at Washington Hospital Center are such a major contributor to vast flooding issues that it never seemed right that the development plans did not address the

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parking lots and medical offices which could be reengineered to help reduce the devastating flooding.

A VMP supporter, Jeff Sewell, who is a professor of urban planning wrote an analysis of the stormwater runoff which I can supply you. He said that there will be greater stormwater runoff depending upon the amount of precipitation from the Washington Hospital parking lot complex that will potentially make that water mitigation project fail.

My other question is on related health issues to a development like this. The big question for the people is when are we going to stop massive over development on lands that lands that are healthy in a natural state. From the health perspective, millions of square feet of concrete and paving, carbon emissions directly cause disease and illness to the community.

I asked the Board here in front of me, Sharon Schellin, Michael Turnbull, Robert

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Miller, Anthony Hood, Peter May, Jennifer Steingasser, Joel Lawson, Maxine Brown-Roberts, Shiv Newaldass, Jeff Miller, Victor Hoskins, Aakash, Tonya, Jair, Anne Corbett, if you have children, if you have grandchildren, please go look at them and think what future health issues you're tasking to those infants and those children and posterity by continuing to over build, over pave, massive carbon emissions when the health of the community, the health of the planet, depends. It=s not even questioned.

And it=s a treason to continue the kind of development for our society. It=s an old thing. It=s done. It=s over with. We want healthy, sustainable development. We don=t want massive over paving of natural lands that are carbon sinks, that produce breezy areas. And we don=t want all our trees are cut down any more. We want our health into the future.

And that=s what=s been decided by

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the mayor and his development plan. And we want to take back those decisions to us the people who are intelligent, who are smart, and who have no question what the right thing to do is. Thank you. Please reject this plan, this PUD. Flat out reject it. Please. Go home and look at your grandchildren in the face. Thank you.

CHAIRMAN HOOD: Thank you. Next.

MR. HIGH: Ladies and gentlemen and Chairman, thank you for allowing me to testify. My name is Marshall High and I live in the 2300 block of 1st Street immediately south of the reservoir.

This is the first time I've ever testified in public in any way. So if I'm nervous, my apologies and bear with me.

When I moved in the neighborhood, I was a supporter of the development. There was talk of the amenities and this is something that would basically enhance the neighborhood. It would enhance the quality of living in

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Bloomingtondale.

And that was the way it was until I learned more about this development, its size, its scale, its scope and what it would do. And I now oppose this development and in particular the massive medical facility at the north end.

Really what you're talking about here is something that earlier someone had talked about needing to go to the doctor in McLean and Bethesda. And what this does is it actually brings McLean and Bethesda to Bloomingtondale in the form of a massive building that is inappropriate.

It violates the history of the site. It violates the feel of the neighborhood. It does not provide primarily the amenities that have been used so often to try to foster support among the local residents.

And I was also reminded of the person who had disparaged the Children=s Hospital. One of the issues with the Children=s Hospital is it basically is out of

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context in its site. It is a massive building. It doesn't look like it belongs.

And this building also will not look like it belongs. In fact, it never will. And to me I'm speaking really just as a resident of the neighborhood and essentially voicing the views of the neighbors who I've talked to who so often did support this development originally. And the more that they learned they came to oppose it.

What it does is it brings Bethesda into Bloomingdale but in a really bad way. At least in Bethesda, tall buildings have companions. And they sort of fit in. This building will never fit in. And also those tall buildings in Bethesda they sit on top of Metro lines which allow people to get there easily and don't impose massive traffic burdens on the local neighborhood.

My fear and to put it quite simply that in 10 years I fear that someone will be sitting here saying -- They won't be saying AIt

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is so hard to see a doctor. You have to go all the way to Bethesda.@ My fear is that people will say AIt is so hard to see a doctor in this town. You have to go all the way to Bloomingdale@ because that=s what Bloomingdale will be. It will be the place that is too hard to get to.

This does not build the neighborhood. It destroys the neighborhood. And it destroys it through basically forcing an inappropriate use and structure on an historic site that really need a creative solution and really needs a reboot.

So my real question is why this proposal. Why this proposal in this place and I say that as a neighbor. Thank you for your time.

CHAIRMAN HOOD: Thank you. I want to thank this panel. We appreciate your testimony. Commissioners, any questions of this panel?

(No verbal response.)

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Okay. Does the Applicant have any cross?

MS. BROWN: No cross.

CHAIRMAN HOOD: Okay.
Commissioner Barnes, do you have any cross?
Mr. Pozen, do you have any cross?

(No verbal response.)

Okay. We appreciate this panel's presentation. Thank you very much.

MS. IRWIN: Can I just ask if we can have an opportunity to respond to some of the questions that Commissioner Turnbull asked the previous panel, in particular, about the neighborhood outreach?

CHAIRMAN HOOD: Typically if he asks a question, it's up to Mr. Turnbull. But he would ask a question if he had a question. I just asked if anybody had a question. Yes, you can respond in writing.

I don't think that's what she wanted. She wanted to respond tonight.

Okay. Ms. Brown, if you can come

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forward. Hopefully, we can --

MS. SCHELLIN: Chairman Hood, if I could, Mr. Pozen informed me that he will not be here Tuesday. However, his co-counsel, Ms. Furster will be here instead. I just wanted to let you know ahead of time that Mr. Furster will be here to handle Tuesday evening=s hearing.

CHAIRMAN HOOD: Let me just say this. Hopefully, we can do rebuttal and closing. I would also like for -- Mr. Otten, do you have a copy of your testimony?

(Off the record comment.)

I know I have it. Let me do this. I would also like for the Applicant to respond to some of the questions that Mr. Otten had on his testimony. I=ll ask them, but I would like for you to respond to some of the questions that he had.

MS. BROWN: Did you want us to respond this evening?

CHAIRMAN HOOD: Oh no. Not this evening.

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MS. BROWN: Okay.

CHAIRMAN HOOD: No.

MS. BROWN: We just got the questions.

CHAIRMAN HOOD: Right. That=s why I wanted to make sure. Okay. Commissioners, anything else? Can we do rebuttal and kind of put it together at a later time? Or do you have a --

MS. BROWN: We=re happy to consolidate this on next Tuesday.

CHAIRMAN HOOD: Okay. Let=s do that on Tuesday. And let=s just come in here with the expectation that it=s a possibility that we may have to extend Tuesday. Should we look for a date now, Ms. Schellin?

MS. SCHELLIN: Let me see what we have.

CHAIRMAN HOOD: A tentative so everybody can get that out in the neighborhood. All right. I=ll tell you what. Let=s do it --

MS. SCHELLIN: It=s going to be a

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ways.

CHAIRMAN HOOD: Okay. I=ll tell you what. Let=s do it on Tuesday. Anything else, Ms. Brown?

MS. BROWN: No sir.

CHAIRMAN HOOD: We=ll see everybody Tuesday at 6:30 p.m. Good night and appreciate your participation. Off the record.

(Whereupon, at 11:18 p.m., the above-entitled matter was adjourned.)