

Government of the District of Columbia  
ADVISORY NEIGHBORHOOD COMMISSION 3-D

P.O. Box 40846  
Palisades Station  
Washington, D.C. 20016

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October 5, 2006

Ms. Carol Mitten, Chairman  
DC Zoning Commission  
440 Fourth Street, N.W.  
Suite 210-S  
Washington, DC 20001

ZONING COMMISSION  
District of Columbia

CASE NO. 05-42  
EXHIBIT NO. 102

**Application No. 05-42**  
**Sibley Memorial Hospital Consolidated Application for**  
**a Planned Unit Development and Zoning Map Amendment**  
**Hearing Date: October 12, 2006**  
**Advisory Neighborhood Commission 3D Report**

Dear Ms. Mitten:

Sibley Hospital made an initial presentation of a long-range campus plan to Advisory Neighborhood Commission 3D at the Commission's regularly-scheduled meeting in October of 2005. Sibley's Master Plan included a 130,000 GFA medical office building and replacement auditorium, a new hospital and patient tower, and an above-ground parking garage.

Following an initial series of meetings with the community, the Commission asked the hospital to limit the scope to a smaller project with less up-zoning. The hospital agreed and revised its proposal to focus on the medical office building, auditorium and parking garage. It subsequently filed with the Zoning Commission in December, 2005.

The hospital returned to the ANC in March, May, June, and September to provide additional requested information on the proposed project. The hospital also attended a Special Meeting of the ANC on September 20<sup>th</sup> at which the Commission received an update from DDOT before proceeding to its vote.

*Meeting notices appeared in the Northwest Current two weeks prior to all meetings and were announced on the Palisades Listserv and through postings in the community.*

**ANC VOTE**

On September 20, ANC 3D voted 4-2-0 to approve the hospital's application conditioned on specific reductions in the height of the building; the number of floors; and the number of doctors that will practice out of the facility (Recommendations). The commission voted separately 5-0-1 to adopt 11 Conditions.

## **RECOMMENDATIONS**

1. **Recommendation:** The proposed Medical Office Building shall be reduced in height and square footage as described below:
  - The building, not including the mechanical (18 feet permissible) shall be reduced in height from 90 feet to 65 feet.
  - The number of floors shall be reduced from 7 above grade to 5 above grade.
  - The above-grade square footage shall be reduced from 130,754 to 92,624.
  - If Sibley recalculates its proposed above-grade square footage to eliminate mechanical (a portion of Floor 7 at 8,907 square feet, all of Floor 8 at 4,315 square feet, and all of Floor 9 at 260 square feet), this recommendation shall be similarly adjusted so that the end result is elimination of two floors or roughly a 40,000-square-foot reduction.
  - Neither the footprint of the building nor the density of space shall be increased in such a way as to replace the above-eliminated height and square footage.
  
2. **Recommendation:** The number of doctors to occupy the Medical Office Building shall be reduced from 90-100 to 60. This reduced number of doctors tracks the reduction in square footage while adhering to the assumptions below:
  - A standard doctor's office is 1,200 square feet.
  - Under the current application, it appears Sibley will house approximately 1.3 doctors per office. [Total square footage of 5 doctors' floors divided by 1,200 feet, which they say is the standard office size, would allow for 74 offices. So 95 doctors in 75 offices allows 1.3 doctors per office].

Furthermore, should any of the above assumptions change or prove incorrect, including the number of floors dedicated to doctors' offices, the intent of the recommendation is to reduce the number of doctors practicing in the Medical Office Building (e.g. who would have their names in the directory) from 90-100 to 60.

3. **Recommendation:** The number of parking spaces in the new garage would be reduced from 750 to 525 in direct proportion to the reduction of MOB square footage.

Further, in the event Sibley moves its existing helipad onto space now used for parking, any net loss of parking spaces shall be added into the new garage.

This recommendation is concurrent with the following assumptions:

- The current Underutilized Inventory of parking spaces has been estimated at 360. That this number of spaces is *consistently* un-used should be confirmed before these spaces are subtracted from the new spaces required for the Medical Office Building.

4. **Recommendation:** With respect to the requested zoning map amendment, which was set down as SP-2, we oppose the SP-2 designation as inappropriate for the proposed site. Our advice from the Office of Planning is to focus on building characteristics rather than specific zoning designations, however under no circumstances should an amendment be granted for anything in excess of SP-1.

**ANC Vote on Recommendations: 4-2-0 with Commissioners Shapley and Mullane opposing.**

## **CONDITIONS**

### **Traffic**

**Condition 1:** DDOT shall optimize the signalization of the traffic light at the intersection of Loughboro Road and MacArthur Boulevard to improve the current Level of Service and traffic flow.

**Condition 2:** Sibley shall provide a regularly-scheduled free shuttle bus to the Friendship Heights Metro Station starting no later than one hour before the start of regular Medical Office Building hours and ending no earlier than one hour after the close of regular Medical Office Building hours. This shuttle bus shall also be available for use, free of charge, by all area residents. Sibley shall regularly promote availability of the shuttle bus to all of its employees, on its website and in the local newspaper. The hospital shall track use of the shuttle in regular reports to DDOT and ANC 3D.

**Condition 3:** Sibley shall take other steps including promoting ride-sharing and providing financial incentives (subsidies for public transportation) to encourage its employees to use public transportation. The hospital shall set meaningful goals for employee use of shuttle bus service and both track and report these programs' effectiveness.

**Condition 4:** Sibley shall move its helipad from Little Falls Road to a location in its parking lot nearby the hospital's emergency room as shown on a diagram provided to the ANC. (Appendix D).

**Condition 5:** Sibley shall implement all DDOT recommendations for the redesign of the Loughboro Road and Dalecarlia Parkway intersection; and, shall incur all costs associated with the redesign and construction of any new intersection configurations required for the purpose of traffic mitigation and safety.

**Condition 6:** Pending the results of a WMATA rider survey concerning relocation of the D6 drop-off on Loughboro Road to behind Sibley on Little Falls Road, DDOT shall actively undertake to work with ANC 3D to overcome remaining barriers to re-routing the D6 bus off of the southbound side of Loughboro Road to a new drop-off and lay by

behind Sibley. The D6 pick-up on the northbound side of Loughboro Road near the front of the hospital will remain in place.

**Condition 7:** DDOT shall work with the ANC and surrounding neighborhoods to develop a comprehensive traffic calming plan for streets and intersections outlined in Appendix A that are likely to experience reduced safety and increased cut-through traffic as a result of additional medical office building traffic.

#### **Landscaping, Noise and Light**

**Condition 8:** Sibley shall proceed with a plan for landscaping and visually-mitigating the impacts of the new medical office building that maximizes plantings on and around the parking garage and parking lots, minimizes the visual impacts along Dalecarlia Parkway and Loughboro Road, and reduces as much as possible the impacts of noise and light on neighbors.

**Condition 9:** Sibley shall comply in all respects with stormwater mitigation needs in accordance with the Department of Health's requirements.

#### **Amenities**

In consideration of the impacts of its proposed medical office building on the surrounding community, and in accordance with PUD requirements, Sibley has proposed the following amenities:

- A contribution of \$35,000 to the Department of Transportation to help fund a walking/bike path along Dalecarlia Parkway.
- A grant to Iona Senior Services in the amount of \$105,000 for the purchase of two passenger vans to be used for providing transportation to area seniors for shopping, doctors' appointments and other activities.

ANC 3D encourages the strengthening of the partnership between Sibley Hospital and Iona Senior Services with an especial focus on serving residents of the neighborhoods of ANC 3D affected by Sibley's proposed medical office building.

**Condition 10:** ANC 3D supports Sibley's proposed grant to Iona Senior Services. Based on the strong interest in Palisades and other Washington, D.C. neighborhoods in the so-called "Beacon Hill Village" model of retirement-in-place programs, we would like to see Sibley explore with Iona a possible two-year follow-on grant to be targeted for the programmatic needs of the senior population in ANC 3D. Such grants would enable Iona to begin developing its own model program for retirement-in-place, with an especial focus on residents of Palisades and SpringValley that could evolve to serve all Ward 3 seniors.

**Condition 11:** ANC 3D recommends the \$35,000 contribution to DDOT to help fund a walking/bike path along Dalecarlia Parkway be directed toward the proposed grant to

Iona Senior Services as noted in Condition 10. While we recognize that increased use of bike transportation is a positive element of any PUD application, in this case the proposed walking/bike path is in the pre-design stages and it will take upwards of \$1 million to complete. There has been little public discussion on the project and we are aware of some opposition to the trail location among Spring Valley residents.

Vote on Conditions: 5-0-1 with Commissioner Mullane abstaining.

## **COMMUNITY INVOLVEMENT**

ANC 3D previously supported the following four Special Exception Applications by Sibley Hospital: 1) a skilled nursing facility in 1995; 2) a 124-bed for-profit assisted living facility, Grand Oaks, and a 96-bed skilled nursing facility, in 1998; 3) a breast cancer treatment facility in 2000; and 4) an additional 36 units in a second Grand Oaks building in 2004. [Please see Exhibit B for previous ANC 3D votes on Sibley Hospital, including traffic conditions].

In January of 2005, Sibley invited Loughboro Road residents and ANC representatives to two briefings about its Master Campus Plan. Drawings showed a medical office building and garage, and a new main hospital building and patient tower. All were situated toward the rear of the lot

According to a July Washington Business Journal article, "First up is a medical office building, which [Sibley president Robert] Sloan envisions as a 90,000-square-foot facility with room for 60 to 70 doctors. A physician's building is important for two reasons: It's a convenience for patients and an enticement to doctors."

In anticipation of an extensive proposal, the ANC in late summer 2005 organized a working group made up of the ANC's chair, the single member representative, and two members of the community. This group initiated monthly meetings with the hospital starting in September 2005 and continuing through April, 2006.

Recognizing that a medical office building would have farther-reaching impacts than previous projects, the ANC in September 2005 sent out a notice of upcoming presentations by the hospital before the ANC and the Palisades Citizens Association to 250 residents of nearby Palisades streets. The mailing included a reprint of the Washington Business Journal article and invited residents to participate in reviewing the proposal when it was brought forth. The ANC sent a postcard reminder to the same group before the Palisades Citizens Association meeting in November.

Following community feedback that the project should be approached step by step, Sibley revised its proposal to focus on the medical office building and parking garage, and re-drew the project's boundaries. Its application was filed to the Zoning Commission in late December.

Starting in January, working group meetings focused on: a) the need for the proposed facility; b) an initial traffic and parking study, about which the ANC presented 4 pages of questions and comments; c) Impacts on traffic and parking, and proposed mitigation; d) Sibley's charitable care and community involvement, including its senior services programs; e) possible amenities; and f) timing on hearings and votes.

Sibley made its first presentation of its revised proposal, including an initial traffic study, to the ANC in March. Residents expressed strong concerns about traffic and parking on neighborhood streets, noting that traffic to and from a medical office building would exceed ordinary office building traffic and asking for total daily traffic volumes.

Community concerns – and community participation -- rose exponentially in April when the hospital confirmed that standard traffic models predict about 5,000 daily trips to the facility.

Sibley terminated working group meetings in April and thereafter appeared at several ANC meetings and at the June meeting of the Palisades Citizens Association. The PCA voted to approve the project pending institution of a shuttle bus and successful efforts to reduce traffic impacts. The Spring Valley – Wesley Heights Citizens Association held no meetings or votes. The board of the Spring Valley West Homes Corporation strongly endorsed the project.

## **JUSTIFICATION FOR RECOMMENDATIONS**

Neighborhood concerns about the proposed medical office building fall into two broad categories: One, concerns about excessive traffic entering and exiting the facility both at rush hour and throughout the day, and impacts throughout neighborhood streets. Two, the environmental, visual, noise and other “quality of life” impacts associated with such a large facility. Residents have pointed out that they will also experience traffic and safety impacts from the Washington Aqueduct's industrial dewatering facility behind Sibley on Little Falls Road.

Concerns and opposition have come from Palisades neighbors who said they rely upon Sibley as their community hospital and haven't opposed any of the hospital's previous expansions. Nevertheless many have said they view the project as too large and remain unconvinced of the need for it given other nearby doctors' offices. Many have written detailed letters to the ANC and the Zoning Commission about how the project would impact them.

**The ANC has sought to respond to community concerns both by seeking mitigation and limiting the project's impacts. Reducing the size of the facility will achieve the following goals:**

- Reduce traffic and traffic impacts, make proposed mitigation more workable, reduce somewhat the potential safety impacts

- Reduce noise and light impacts by lowering building height
- Allow for reduced parking garage footprint resulting in less impermeable surface coverage
- Establish a more compatible standard for building heights on site as Sibley moves to expand/replace existing buildings in the future.

The ANC's vote thus represents an effort to balance Sibley's needs with those of the community, with an eye toward the hospital's future Master Plan improvements. The proposed smaller building would still accommodate 60 doctors as well as all of the proposed outpatient surgery and diagnostic services. However all-day trips to the building would be reduced to a more manageable number -- roughly 3,500 -- and the size of the parking garage would also be reduced. The lower building height would be more in scale with other buildings on the campus including Grand Oaks.

### **COMPREHENSIVE PLAN AND GENERALIZED LAND USE MAP**

Carefully managing the height of campus buildings as a whole is consistent with the provisions of the current Comprehensive Plan. Specifically, § 1409.1(f) of the Ward 3 Plan lists a number of institutions including Sibley Hospital and states:

“Many of these facilities have structures that are an exception to the neighborhood’s land use or that do not conform to the underlying zoning. The compatibility of these uses must be maintained, expansion carefully controlled, changes to neighborhood-related uses encouraged, and conversion to other nonconforming uses prevented;”

While the ANC does not dispute that many hospitals have associated medical office buildings, we find no precedent for locating what is essentially a new commercial office building in an otherwise low-density residential neighborhood. The Ward 3 plan clearly recognizes that Sibley’s institutional designation is an exception to the area’s dominant land use and that “changes to neighborhood-related uses” – should be encouraged. While a medical office building may be a complement to Sibley’s activities it is unquestionably not a “neighborhood-related” use.

Since 1995 Sibley has more than doubled its lot coverage and increased its lot size by acquiring 8.54 acres of land previously owned by the U.S. Army Corps. Also with the land acquisition a formerly public street, Little Falls Road, has been converted to the hospital’s private ownership for shared use by the hospital and Washington Aqueduct. Further intensified development on both sides of Little Falls Road poses an obvious threat to the neighborhood’s low-density residential fabric.

**Special Purpose District:** Per DCMR 11 Chapter 5 §500.3, “The SP District is designed to preserve and protect areas adjacent to Commercial Districts that contain a mix of row houses, apartments, offices, and institutions at a medium to high density, including buildings of historic and architectural merit.”

SP Districts are generally located adjacent to Commercial (C-3-C and C-4) Districts where they are to serve as a buffer between commercial and residential uses. The only commercial zoning within a mile radius of Sibley is C-1 (Neighborhood Shopping District) with a small restaurant, deli and salon on MacArthur Boulevard.

SP-2 District: The ANC rejected SP-2 designation as inappropriate for this site for several reasons. First, in proposing SP-2 designation the hospital has compared its site with that of the Washington Hospital Center. Sibley's campus bears no resemblance to that campus either in terms of use or surrounding neighborhood zoning. A 90-foot building would be more than twice as high as residences across the street, and twice as high as all of the recently-constructed buildings on Sibley's own campus.

SP-1 District: Chapter 5 §530 Height of Buildings or Structures (SP) provides for a maximum height of 65 feet with an additional 18 feet of height for mechanical uses. Chapter 24 §2405.1 provides that a building designated as SP-1 may be as high as 75 feet so long as it meets the criteria of §2405.3:

“The Commission may authorize an increase of not more than five percent (5%) in the maximum height or floor area ratio; provided, that the increase is essential to the successful functioning of the project and consistent with the purpose and evaluation standards of this chapter.”

The ANC's Recommendation for a reduction in the proposed building height is consistent with the matter-of-right provisions of Chapter 5 §530. It is consistent with the ANC's goal to reduce the building by two floors, with each floor at a proposed height of 12.5 feet and providing three, rather than five, floors for occupancy by doctors' offices.

It is further consistent with Sibley Hospital president Robert Sloan's statement at the outset of the project that the hospital would seek to construct a 90,000-square foot facility to house 60 doctors. It leaves untouched the proposed retail, diagnostic and outpatient surgery facilities on the ground and first floors.

## **PUBLIC BENEFITS**

Per 11 DCMR Chapter 24 §2403.6, “Public benefits are superior features of a proposed PUD that benefit the surrounding neighborhood or the public in general to a significantly greater extent than would likely result from development of the site under the matter-of-right provisions of this title.”

Sibley has said the Medical Office Building represents the first phase in a longer-term build-out and updating of its facilities, and will house 90 to 100 doctors. The medical office building will provide more convenient access to doctors and a range of services including outpatient surgery and diagnostic imaging. They have stated the new facilities are necessary to attract a younger generation of doctors, many of whom are leaving the

District for Maryland and Virginia due to the city's high malpractice rates, and that the new facilities are necessary for the long-range financial viability of the hospital.

The ANC and the working group have observed the following about area medical office buildings:

- A majority of other area hospitals have Medical Office Buildings, however virtually all are privately-owned and significantly smaller than the facility proposed by Sibley. District hospitals with very large medical office buildings include Georgetown and GWU, both of which are teaching hospitals and both of which have smaller operating margins than Sibley.
- Most growth in medical office buildings is occurring in rapidly-growing counties such as Fairfax and Montgomery where hospitals are located within minutes of major highways.
- At least two area hospitals, Suburban and Takoma Park Adventist, have or are planning medical office buildings located 2-1/2 and 1-1/2 miles respectively from the hospital. The Takoma Park facility is slated for a retail "superblock."
- There are 6 sizeable medical office/diagnostic/outpatient surgery facilities within 2-1/2 miles of Sibley: Foxhall Square; the Massachusetts Avenue Surgery Center, 4901 and 4910 Massachusetts Avenue; Washington Radiology; the Chevy Chase Building; and the Barlow Building. The last 3 of these are co-located with Metro.

The ANC and the working group have observed that Sibley currently appears to be in good financial health:

- Per D.C. Hospital Association's 2004 Financial Indicators report, Sibley's operating margins are higher than all other area hospitals. Operating margins were 2.3% in 2002; 2.8% in 2003; and 5.6% in 2004. In contrast, operating margins for GWU Hospital were 0.8% in 2004; and for Georgetown -3.3% in 2004.
- Sibley's patient revenue in 2000 and 2004 remained steady at about 45% Medicare, 50% "Other Insurance," 1% Medicaid and 4.4% self-pay.
- Sibley's charitable care rose from 2.4% of total care in 2002 to 2.9% in 2004, and was expected to grow again in 2005.
- More or less consistent with other area hospitals, 22% of Sibley's employees are from the District; 55% are from Maryland, and 23% are from Virginia.
- Per Sibley, about 40% of its patients originate in the District, and 60% from out of state, mostly Maryland.
- Per Sibley, its Grand Oaks assisted living facility, which is an affiliate of the Sunrise Senior Living (NYSE:SRZ), contributes roughly 25% of the hospital's income and helps offset the losses experienced by all hospitals on inpatient stays.

Sibley has stated that the medical office building would provide additional convenience to area residents. It remains unclear how many residents' doctors would actually move to the facility. It is also unclear why doctors from outside the District would choose to relocate to Sibley given the District's disproportionately high malpractice rates.

Concerns have also been expressed that in the event the hospital is unable to lease all of the proposed office space the medical office building could a) be leased for general office use; or b) have a negative impact on the hospital's overall financial health.

## **BUILDING HEIGHT AND FUTURE EXPANSION**

By reducing the height of the building we further seek to reduce visual, light and noise impacts.

The building as proposed would be 90 feet high. The nearest buildings are 79 feet and 83 feet (Hayes Hall and the main hospital). However these figures do not include an additional 18 feet high permitted for mechanical, which would put the proposed medical office building at 108 feet. Furthermore, while the two buildings nearest the proposed medical office building may not appear to be out of step with a 90-foot building, heights of other campus buildings are in fact much lower.

The matter of right height for Zone R-5-A is 40 feet and about 20 houses front Loughboro Road across from the hospital. As noted earlier, the ANC previously supported Sibley applications for Special Exception relief to construct Grand Oaks to the height of 46 feet. The proposed medical office building would be twice as high as these buildings and would appear disproportionately higher by virtue of being sited at the top-most point of the lot.

Precedent for Future Expansion: The ANC is additionally concerned about the height of the new building as a precedent for Sibley's proposed Master Plan expansion and replacement of its patient and operating facilities in the future. Sibley intends to demolish both Hayes Hall and a significant portion of its existing hospital facilities in order to replace them with new, integrated operating facilities and patient housing.

## **TRAFFIC IMPACTS**

The facility as proposed would generate approximately 5,129 new trips daily in and out of the facility. With or without the proposed mitigation, the addition of approximately 2,250 new vehicles onto the areas streets each day is intolerable. The Palisades Citizens Association traffic chair has observed that the MOB as proposed would add traffic equivalent to 14 years of ordinary growth. In contrast to a medical office building, Sibley's Grand Oaks projects have generated relatively small volumes of new traffic.

Several intersections are at C or below already. The intersection of Dalecarlia Parkway and Loughboro Road is an F. Neighborhoods of Palisades and Spring Valley already experience cut-through traffic – *on streets that have no sidewalks* – that can be expected to increase with this level of new vehicles. Independently of the current proceeding, residents of Watson and Macomb Streets, and Palisades Lane, have petitioned DDOT for a traffic calming study for their streets.

Spring Valley neighbors have also expressed alarm about the anticipated new traffic, the impact on Dalecarlia Parkway safety and the likely increase in use of local streets for cut-through.

In terms of mitigation, Sibley has committed to provide shuttle bus service between the hospital and the Friendship Heights Metro station. Most area hospitals provide similar shuttle bus services. A Sibley employee survey showed high interest in use of the shuttle, however both Sibley and DDOT have said they expect most doctors and patients will drive to the new medical office building.

In a meeting with the District's Department of Transportation on Friday, September 15<sup>th</sup> (the week prior to the Commission's vote), several ANC commissioners presented their outstanding concerns about traffic stemming from the proposed new facility. These concerns are summarized below:

- Average daily trips are very high and questions remain about the basis for trip reductions based on shuttle bus service, so-called synergies, and other measures.
- Several area intersections are currently operating at a Level of Service anywhere from C to F. Mitigation of these intersections has strong dependencies on DDOT and we do not yet have DDOT's written report.
- Two existing/proposed intersections –the proposed new hospital main entrance at Dalecarlia Parkway and Little Falls Road, and the Level of Service F intersection at Loughboro and Dalecarlia – pose safety concerns that have not been addressed.
- There has been no movement on efforts by the ANC and Sibley neighbors to have Sibley's helipad re-located from Little Falls Road so as to eliminate the greatest obstacle to re-routing the eastbound D6 buses away from people's homes on Loughboro Road. This change has been sought by neighbors for more than 5 years and incorporated into both a BZA ruling and language associated with a bond approval for Sibley. Making this change, *which properly falls under mitigation related to previous construction*, becomes even more critical with the possibility of additional new hospital-related traffic.
- Residents of nearby streets are concerned both about cut-through traffic and hospital-related parking on their streets. A majority of nearby streets have no sidewalks, have many young children, and are already seeking relief from cut-through traffic that would increase with additional medical office building traffic.
- Taxicab service to and from the hospital is already poor. Traffic forecasts for the new facility indicate there would be as many as 70 new requests for taxis each day and it's unclear where this service would come from.

DDOT attended the ANC's September 20<sup>th</sup> meeting to provide an update. DDOT said there was no agreement with Sibley about design and construction funding for new intersections, and that they needed more data on a) day-time traffic, and b) vehicle speeds on Dalecarlia Parkway.

DDOT believes it can re-time traffic signals at the intersection of Loughboro Road and MacArthur Boulevard to improve movement of existing commuter traffic and anticipated new rush-hour traffic from the medical office building. For several turns through this intersection current Levels of Service are C, D and E, with overall performance of D (a.m.) and C (p.m.).

Sibley's traffic engineers estimate that by re-timing the traffic lights the Level of Service would improve to C (both a.m. and p.m.). *However this would leave no virtually no capacity for ordinary future traffic growth or for additional traffic associated with Sibley's future Master Plan construction.*

The ANC has concluded that Palisades and Spring Valley cannot absorb traffic associated with the proposed medical office building given a) current and future levels of commuter traffic, and b) the fragility of nearby residential streets. The only way to reduce traffic impacts from the medical office building is to reduce the number of doctors and patients that will drive there.

By reducing the square footage of the facility as recommended, and capping the number of doctors, the associated traffic should be reduced as well (to approximately 3,500 trips per day based on ITE Code 720 average daily traffic volume per 1,000 square feet). By reducing the total trips both the neighborhood and local streets will be in a better position to absorb the impacts, *assuming mitigation.*

## PARKING

Despite Sibley's good faith efforts to prevent hospital visitors in particular from parking on neighborhood streets, this remains a chronic problem for residents of several nearby blocks. Sibley has agreed that parking fees for medical office building staff will be built into lease costs but has rejected the notion of providing limited free parking to hospital visitors or patients of the new medical office building.

Instead, Sibley has committed to provide ample parking in its garage so that on-street parking will not be exacerbated by a lack of garage capacity as happens at Foxhall Square. Early in its discussions with the hospital working group Sibley committed to provide 6 spaces per 1,000 square feet of doctors' offices. [See attached written testimony of Donald W. Velsey, AIA].

Taking into account spaces that would be eliminated due to construction, the hospital proposed a parking garage with 750 spaces. If the GFA is reduced to 92,624, the same ratio would result in a need for a garage with 525 spaces.

*It is important to note, however, that neither parking figure takes into account the additional 25,000 GFA in the ground level of the building where patients will come and go at potentially higher frequency than to doctors' offices. The same equation would generate a need for an additional 150 spaces, for a total needed garage capacity of 675.*

Therefore a further benefit of reducing the square footage of both the medical office building and the parking garage may provide the opportunity to redesign the parking garage in such a way that it reduces the loss of impervious surfaces and permits more attractive landscaping and better stormwater drainage.

Under the current proposal, impervious surface would be increased from 75.4 percent to 78.8 percent. In percentage terms a 3.4 percent increase may not seem like much. But when you look at it in the context of the entire 892,000-square-foot site, it's 30,000 square feet which is about 2/3 of an acre (43,560/30,000). Viewed another way, 30,000 square feet is the equivalent of more than 5 lots under R-1-B residential zoning.

### **RE-LOCATION OF METRO BUS LAYOVER TO BEHIND SIBLEY**

Residents of Loughboro Road have sought for more than five years to have the D6 Metro bus -- which climbs Loughboro Road in front of people's houses to a turnaround point at the intersection of Dalecarlia Parkway -- re-routed to instead circle behind the hospital before resuming its return downtown.

The vibration, noise and exhaust from the buses climbing the hill and discharging patients opposite the Sibley entrance are a constant irritant to neighbors. This arrangement also poses safety issues for hospital employees (by far the heaviest users of the D6 route) crossing the street along unmarked paths. Use of the D6 by staff -- and hopefully by patients -- can be expected to increase if there is a medical office building.

The chief barriers to this change have been two-fold: First, the expense associated with upgrading the Little Falls Road roadbed to carry the heavy metrobuses. Second, the use of Little Falls Road by Sibley for its helipad. Previous BZA orders have conditioned approval of Sibley Special Exceptions on the hospital making its best efforts to work with the community to address these issues.

WMATA has said that if these problems can be overcome, and pending the outcome of a ridership survey currently underway, it has no objection to this change of route. WMATA buses circle other hospital campuses and in some parts of Maryland and Virginia also circulate through strip malls. Re-locating the bus terminal in this case would improve layover conditions for buses, which currently sit idling either on Loughboro Road or at the corner of Loughboro and Dalecarlia.

The ANC in August held a meeting with all stakeholders and some headway appears to have been made on both issues. First, Washington Aqueduct general manager Tom Jacobus stated that in the event Sibley reconstructs Little Falls Road to accommodate a new hospital main entrance, the Corps will fund the difference in cost to bring the roadbed up to standards needed to carry 20-ton trucks to service its dewatering facility on Little Falls Road. Engineers would need to determine what if any additional work was needed to ensure this also met the requirements for metro-buses.

Second, Sibley circulated a diagram at a spring ANC meeting which is attached and shows the helipad located in the area of one of the hospital's current outdoor parking lots. The ANC and Sibley have not discussed this issue recently, however it does appear that independent of any new project or construction, Sibley considers this alternative location to be feasible.

Among the ANC's conditions is that this long-sought change to bus routing be implemented with the cooperation of DDOT, Sibley and WMATA as soon as possible. In recognition of the likelihood that placing the helipad into an area used for parking would eliminate some parking spaces, the ANC has asked that any lost parking spaces be compensated by additional spaces in the new parking garage.

### **FUTURE COMMUNITY MEETINGS**

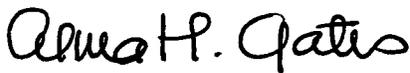
In its recommendations and conditions, ANC 3D neglected to address the need for Sibley to institute regular meetings with the community to review its activities and learn of and address any community concerns and impacts.

The Zoning Commission regularly supports establishment of quarterly meetings between an applicant and community members in the event of a major development project such as a campus plan or school expansion.

Sibley has not previously held regularly-scheduled meetings with the community, however such meetings – advertised to roughly 250 homes in the Palisades project area and to affected residents of Spring Valley (to be determined) – would be beneficial to all parties should the medical office building project move ahead.

Advisory Neighborhood Commission 3D requests that the Zoning Commission give its opinion the “great weight” to which it is entitled under DC Law.

Sincerely,



Alma H. Gates  
Chair

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### **List of Attachments**

- 0. ANC 3D Proposed Revisions (chart)**
- A. Traffic Mitigation and Summary Status (Sept 15, 2006)**
- B. Previous ANC 3D Votes on Sibley Memorial Hospital**
- C. Comments of Palisades Citizens Association Traffic Chair Laura Phinizy**
- D. Possible new location for helipad (Sibley diagram)**
- E. Other nearby medical office buildings (map)**
- F. Area Medical Office Buildings (chart)**
- G. Written expert testimony of Donald W. Velsey concerning MOB Parking**

ANC and Propo & business

E. W. B. & D.

	Sibley proposed square footage	ANC proposed square footage	Sibley proposed height	ANC proposed height	Notes
<b>Medical Office Building</b>					
Basement					Mechanical
Ground floor (underground)	25,957	25,957	NA		Outpatient/surgery center
First	21,947	21,947	15.0	15.0	Outpatient services / Imaging / Ancillary diagnosis / Specialty Care / Practices / Admin
Second	19,065	19,065	12.5	12.5	MOB
Third	19,065	19,065	12.5	12.5	MOB
Fourth	19,065	19,065	12.5	12.5	MOB
Fifth	19,065	ELIMINATE	12.5	ELIMINATE	MOB
Sixth	19,065	ELIMINATE	12.5	ELIMINATE	MOB
Seventh	8,907	8,907	12.5	13	Meeting / Conf / Mechanical
Eighth - Mechanical	4,315	4,315	NA	NA	Mechanical
Ninth - Mechanical	260	260	NA	NA	Mechanical
<b>Total square footage for application</b>	<b>130,764</b>	<b>92,624</b>	<b>90</b>	<b>65</b>	
<b>Total square footage inclu ground floor</b>	<b>152,136</b>	<b>114,006</b>			
<b>Total for 5 floors of offices (2-6)</b>	<b>104,232</b>	<b>66,102</b>			
<b>Net rentable for offices (85%)</b>	<b>88,697</b>	<b>56,187</b>			
# of doctors	95	60			
# of offices (1200 sq ft per)	74	47			
# of doctors per office	1.3	1.3			

<b>Parking Garage</b>	Sibley proposed	ANC proposed	Sibley proposed	ANC proposed
<b>Parking spaces needed for MOB</b>				
MOB square footage	130,754	92,624		
Spaces needed (6 per 1,000 sq ft)	785	556		
<b>Available un-used spaces (out of 1,464)</b>				
Current un-used parking inventory	360	360		
Displaced construction (subtract)	(329)	(329)		
Net un-used spaces post-construction	31	31		
<b>New spaces needed in proposed garage</b>				
[Spaces needed minus net unused spaces post-construction]	754	525		
<b>Proposed actual spaces in garage</b>	<b>760</b>	<b>626</b>		
<b>Square footage proposed for garage</b>				
[Square footage per space]	345	345		
<b>Garage square footage</b>				
Ground	51,676	45,217	10.6	10.6
First	51,676	45,217	10.6	10.6
Second	51,676	45,217	10.6	10.6
Third	51,676	45,217	10.6	10.6
Fourth	51,676		10.6	
<b>Total garage height</b>			<b>63</b>	<b>42</b>

Exhibit -

**SIBLEY MEMORIAL HOSPITAL PROPOSED MOB (05-42)  
TRAFFIC AND MITIGATION SUMMARY AND STATUS  
September 15, 2006 ANC 3D Meeting with DDOT**

**A. Average Daily Traffic**

ADT based on ITE model (Code 720)	5,129
10% public transportation reduction	- 513
Further "synergies" reduction	- 590
<u>Estimated shuttle bus use by employees</u>	<u>- 100</u>
Total Sibley figure for mitigation purposes	3,926

Public transit reduction: Sibley states in its application that the 10% transit debit should apply to employees but not to patients. In fact it is applied across the board. Since a majority of new trips will be patient trips, we would like to see this error corrected.

Synergies reduction: Our expectation is that doctors will travel as often as they do today, to see patients at other facilities, and that this is not going to add up to much. Also, Sibley will presumably use space freed up in Hayes Hall.

Proposed Shuttle Bus: This is very good, but we don't yet know what route it will take and the operating hours appear to be daytime only. We would like to see this available at *all shift changes*.

While a Sibley commuter study shows high interest in this service among employees, they have set the expectations for its use exceedingly low (100 trips). We would like some real targets and a requirement for strong promotion among employees *and patients* (for instance on the website and in the newspaper). Sibley should provide quarterly reports to DDOT/ANC that track use of this service.

Taxicab service: We expressed the concern back in January that taxi service is fairly poor in the Palisades area. This is another reason to strongly promote the shuttle bus.

National Geospatial Intelligence Agency: BRAC closure of NGA is not a factor in this proceeding, meaning that the building will continue as a federal use long-term and traffic is likely to remain unchanged (Thompson memo dated September 6).

**B. Individual intersections LOS, safety issues**

Little Falls Road and Dalecarlia Parkway (eastbound exiting Little Falls Road): We are very concerned about the safety of this intersection and have no information which to evaluate. We're not sure where the exit will be at this point. We have no lane markings,

and no diagram of a proposed deceleration lane on Dalecarlia approaching the hospital from the north.

We have no information on how many ambulances enter or exit the hospital on an average day, or their direction of approach. We are concerned about safety and congestion at Little Falls entrance.

For LOS, this is currently a B in both a.m. and p.m. In the future it would be a C in the morning and an E in the evening.

Dalecarlia Parkway and Rockwood (westbound): This is an unsignalized intersection and we have no LOS. We are very concerned about the safety particularly (but not exclusively) of southbound turns from Rockwood onto Dalecarlia. Concerns about cut-through traffic on this street are addressed in a later section.

Dalecarlia Parkway and Loughboro Road (Southbound from Dalecarlia) is current an F in the a.m. peak hour and a C in the p.m. peak hour. No mitigation measures are proposed. It's unclear what could be done to improve this without a traffic signal.

Dalecarlia Parkway and Loughboro Road (eastbound from Loughboro): Gorove Slade made a calculation on LOS for this left-hand turn. We know DDOT has concerns about an uphill unsignalized left-hand turn here. We have concerns about LOS too.

Loughboro Road/Norton Street and MacArthur Boulevard (southbound) is currently an E in the a.m. peak hour and a D in the p.m. peak hour. The intersection as a whole is a D. Future conditions with the MOB will result in an F southbound in the a.m. peak hour, and E in the peak p.m. hour, and an E overall. The proposed mitigation is a re-timing of lights. Will DDOT recommend implementation of this measure?

**C. Removal of bus stop on residential side of 5200 block of Loughboro Road**

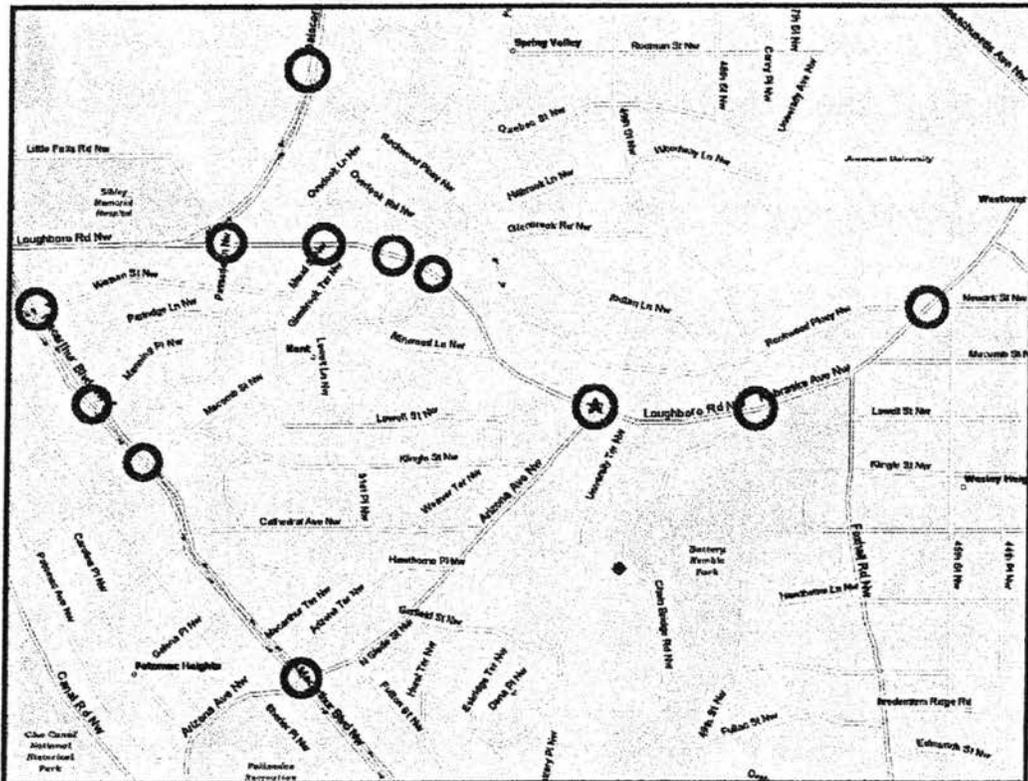
After a meeting of all stakeholders in August, the remaining barriers to changing the bus route appear to be DDOT policy and the presence of the helipad on Little Falls Road.

Attached is the map provided by Sibley Hospital at one of our spring ANC meetings which appears to indicate they believe it is feasible to relocate the helipad at this time. Any reduction of parking inventory for Sibley should be compensated by the current 300ish unused spaces plus new capacity.

At the August meeting, Washington Aqueduct general manager Tom Jacobus was clear that in the event the hospital relocates Little Falls Road, the Corps will step in and fund the additional upgrades needed for the Corps' 20-ton trucks. Our sense at the meeting is that this would also satisfy the requirements for WMATA buses, but we need an opinion from engineers.

We are unclear what is now blocking this long-sought change. Meantime DDOT Mass Transit (Catondra Noye) offered to conduct a rider survey on the D-6 this month to determine whether a change would be disruptive to riders.

Language committing all parties to seek a solution has been incorporated into both a BZA order (Order and Decision for Application No. 16654) and a city council vote to approve use of public bonds for Sibley construction (document available).



**Sibley proposal**  
Intersections with cut-through traffic and lane separation issues

1. Rockwood Parkway and Dalecarlia Parkway: The cut-through problem is well-documented here and despite police patrols is likely to increase. Making a left-hand turn off of Rockwood onto Dalecarlia is unsafe now – several accidents have occurred – and is likely to become more dangerous as traffic increases on Dalecarlia Parkway. With the intersection at the bottom of Dalecarlia (making a left-hand turn onto Loughboro) now at Level F, any increase in traffic is likely to result in more cars looking to avoid delay by taking a left-hand turn onto Rockwood (and from there onto Overlook, a very quiet street without sidewalks).
2. Arizona Avenue and Loughboro Road: This is a major through-route for commuters using Chain Bridge in both AM and PM. The southbound lane of Loughboro begins as

two lanes at the intersection of Foxhall Road. However it then narrows to a single lane with striped parking on the right, causing vehicles making a left-hand turn onto Arizona to back up as far as Chain Bridge Road. Local traffic wishing to go straight through the intersection swings to the right as the hill descends to the stop sign at Arizona in order to avoid being held up behind commuter traffic. Traffic going straight should not have to wait behind commuter traffic, but without a second lane on the right – and with vehicles permitted to park along Loughboro during rush hours – this becomes unsafe.

3. Dalecarlia Parkway and Loughboro Road: This has been the site of at least one major accident in the last two years in which a vehicle traveling down Dalecarlia Parkway failed to stop at the intersection and plowed straight into the house across the street (5218 Loughboro Road, owned by Amit Sashdev and Carrie Gavora).

4. Palisade Lane and Loughboro Road: Palisade Lane is a left turn off of Loughboro Road less than 50 feet above Dalecarlia Parkway and ties into Watson and Manning. Watson Street and Palisade Lane residents have complained of cut-through traffic, and Watson Street residents have petitioned DDOT for a traffic calming study. Residents of both Watson Street and Palisade Lane complain that cut-through traffic includes trucks that travel uphill to the top of Palisade Lane and then jog left and right to get onto Dalecarlia Parkway.

5. Macomb Street and Loughboro Road: Macomb Street is a left turn off of Loughboro in and also receives traffic coming down Glenbrook. See above for neighbors' concerns and likely impact.

6. Maud Street and Loughboro Road: Maud Street is a left turn off of Loughboro and ties into both Manning and Macomb Streets. See above for neighbors' concerns and likely impact.

7. Glenbrook Road and Loughboro: Glenbrook Road has both left and right turns off of Loughboro. To the right, Glenbrook ties into Overlook Lane and Rockwood Parkway, which tie into Dalecarlia Parkway. Residents already complain about cut-through traffic and there is a sign prohibiting left turns off of Rockwood Parkway onto Dalecarlia Parkway which, despite patrolling, many people ignore.

Glenbrook turns left off of Loughboro and merges into Macomb Street, which ties into MacArthur Boulevard. Macomb Street residents complain of cut-through traffic and have petitioned DDOT for a traffic calming study. Cut-through traffic turning both right and left from Loughboro Road is likely to increase.

8. Rockwood and Nebraska: This street is likely to see increased cut-through traffic for vehicles seeking to avoid intersection of Loughboro and Arizona where PM commuter traffic turning left onto Arizona backs up as far as Indian Lane and Chain Bridge Road.

9. Indian Lane and Chain Bridge Road at Loughboro: Chain Bridge Road has significant cut-through traffic for vehicles seeking an alternative route to Arizona Avenue/Chain

Bridge. Indian Lane suffers cut-through traffic by vehicles headed for the foot of Rockwood Parkway that either make an illegal left turn (a majority) or a legal right turn. With more traffic headed to Sibley, cut-through traffic on Indian Lane and Rockwood Parkway by vehicles headed to Dalecarlia Parkway is likely to increase.

10. Several intersections along MacArthur Boulevard: Cut-through traffic occurs and can be expected to increase where traffic from each of the above intersections bottoms out. These intersections are: Watson, Manning, Macomb and Chain Bridge Road.

11. Arizona Avenue and MacArthur Boulevard: It has become extremely difficult for cars traveling either east or west (up or down) on Arizona Avenue to make a left-hand turn onto MacArthur. The ANC, with neighbors' support, has asked DDOT to test use of left-turn arrows at this intersection.

## **Previous ANC 3D Votes on Sibley Memorial Hospital**

### **2004 - Variance**

**Application No. 17238 of Sibley Memorial Hospital (Grand Oaks)**, pursuant to 11 DCMR § 3104.1, for a special exception to add 36 independent living units to an existing community residence facility under section 358, and pursuant to 11 DCMR § 3103.2, a variance from the building height and number of stories limitations under section 400, and a variance from the rear yard requirement under section 404, to allow the expansion of the residence's dining facilities in the R-5-A District at premises 5255 Loughboro Road, N.W. (Square 1448N, Lot 26).

**“ANC 3D submitted a letter in support of the application.”**

### **2000 - Variance**

**Application No. 16654 of the Lucy Webb Hayes Training School for Deaconesses and Missionaries d/b/a Sibley Memorial Hospital**, pursuant to 11 DCMR § 3103.2 for variances from the maximum floor area requirements in subsection 402.4 and the requirements of subsection 404.1 relating to minimum depth of rear yard, to permit the construction of a proposed additional to an existing hospital in an R-5-A District at premises 5255 Loughboro Road, N.W. (Square N-1448, Lot 25).

**“ANC 3D voted 5-0-0 to support the variance to allow for the modernization of the existing radiation oncology unit.”**

From Page 3 of the Decision and Order (ANC Report):

“ANC Commissioner John W. Finney presented the report. The ANC states that is support is in recognition of the applicant’s commitment to address community concerns, expressed in an attached memorandum entitled ‘Sibley Responses re: Residential Quality Impact Issues.’ In the memorandum, the applicant agrees to (1) continue discussions with the community and the appropriate authorities regarding the relocation of bus boarding and layover bays to the hospital grounds and, if the Little Falls Road roadbed proves suitable, to support the community’s request for their location; (2) support the relocation of the Loughboro Road bus stop to the hospital’s Community Services building; (3) support elimination of the bus stop on the residential side of the 5200 block of Loughboro Road; (4) work with the community to address local traffic issues of mutual concern; (5) install, after community consultation, additional landscaping in front of the skilled nursing care facility; (6) attempt to identify ways to ameliorate site and parking lot lighting at the skilled nursing care facility; (7) require all construction traffic for the proposed addition to enter and exit the construction site from Little Falls Road or Dalecarlia Parkway; (8) require all dump trucks to enter and exit from Dalecarlia Parkway; and (9) provide onsite parking for construction workers. ANC 3D recommends that the applicant’s commitments

numbered seven through nine be included in the building permits for the addition. The Board has included all nine commitments as conditions of this order.”

### **1998 – Special Exception and Variance**

**Application No. 16312 of Sibley Memorial Hospital**, pursuant to 11 DCMR 3108.1 and 3107.2, for a special exception under Section 358 to establish a community residence facility with 124 residents and 47 staff; a special exception under Section 359 to establish a health facility with 96 beds and 64 staff; a variance from the number of stories limitation (Subsection 400.1) and a variance from the floor area ratio limitation (Subsection 402.4) for an addition to an existing hospital building and construction of a new facility for use as a community residence facility in an R-5-A District at premises 5255 Loughboro Road, N.W. (Square N-1448, Lot 25).

“ANC 3D, which is automatically a party to this application, filed a written statement in support of the application.”

### **1995 – Special Exception**

**School for Deaconesses and Missionaries**, pursuant to 11 DCMR 3108.1, for a special exception under Section 359 for a health care facility to increase patient beds from 15 to 18 and six staff in a skilled nursing home on part of the fourth floor of the Sibley Memorial Hospital in an R-5-A District at premises 5255 Loughboro Road, N.W. (Square 1448-N, Lot 25).

“ANC 3D, which is automatically a party to the application, submitted a written statement of issues and concerns in support of the application.”

# Exhibit C

To: ANC  
From: Laura Phinizy  
Date: June 7, 2006  
RE: Remarks made at PCA meeting June 6

Note: I spoke from notes, not a fully outlined text. I have transcribed my notes into sentences whose intent should be the same as delivered June 6, except where additional information offered after my statement required a revision.

---

As Traffic Chair, I'm going to talk first about our community, then about the traffic impacts of the proposed medical office building, then give my recommendations.

Most of us chose to live in the Palisades for its convenience, to/from neighborhood amenities, and to/from other places in the Metro area, and for its community, sense of neighborhood, and green space.

This sense of community and neighborhood is dependent upon a safe and pleasant environment for pedestrians going from place to place, so whenever we have a proposal that would increase traffic, it is incumbent upon us to look at the costs in traffic vs. the benefits gained by the neighborhood.

Let's look at some of the amenities and the traffic they generate (these are drawn from Trip Generation, 7<sup>th</sup> ed, published by the Institute of Transportation Engineers).

- Palisades Library - under 400 trips a day
- Wachovia + its 24-hr ATM -400 trips/day
- MacArthur Safeway -1500-2000 trips/day

In contrast, Sibley would generate an estimated 4000-4600 car trips PER WEEKDAY.

For specific streets in the Palisades, this means:

- 1200-1300 more car trips/day on MacArthur Boulevard in DC (about 1 every 30-40 secs)
- 400-460 more car trips/day on Loughboro
- 1250-1360 more car trips/day on Dalecarlia Parkway
- 1275-1450 more car trips/day on the Maryland side of MacArthur down to Sibley.
- More traffic on side streets as drivers attempt to avoid congestion on main roads

DDOT estimates an average ambient growth rate, that is, the growth rate in traffic without any other major developments or changes, at about 1/2% (.5%) per year. Without Sibley's building, the Palisades is not projected to carry this level of traffic for another 14 years.

It is also relevant to talk about the origin of traffic. Only 1/4 of Sibley's staff and 1/2 of their patients live in DC. When we have analyzed traffic enforcement in our area, whether hand-ticketed or photo radar, we find that about 25% of the tickets go to DC residents, about 40% of the tickets to MD residents, and about 35% to VA residents. Out-of-state cars speed more through our neighborhood

than DC cars do, and Sibley's traffic would be 50% out of state for patients, and 75% out of state for staff.

Before the PCA meeting of June 6, Spence Spencer, our President, met with Sibley to share concerns from the neighborhood and offer some examples of traffic mitigation. At that meeting, Sibley rejected both the idea of a shuttlebus to the Metro and support for additional automated speed enforcement. At the June 6 meeting, Sibley offered to run a shuttle, but did not endorse additional automated speed enforcement. Until such time as the PCA can see the shuttlebus plan, and verify that the timing of buses is sufficiently close together to make people take advantage of it, I cannot consider Sibley to have offered significant mitigation options.

Please note that this is not an attack on Sibley itself. I have had several procedures at Sibley and have been very happy with the care they provided. But just as I am a teacher, and have to grade each student's paper as it comes in, we have to evaluate each project in our neighborhood on its own merits. The PCA did not object to Sibley's plans for assisted living/Grand Oaks because the impact on our neighborhood was minimal. However, this project is different and does not deserve our endorsement.

To summarize:

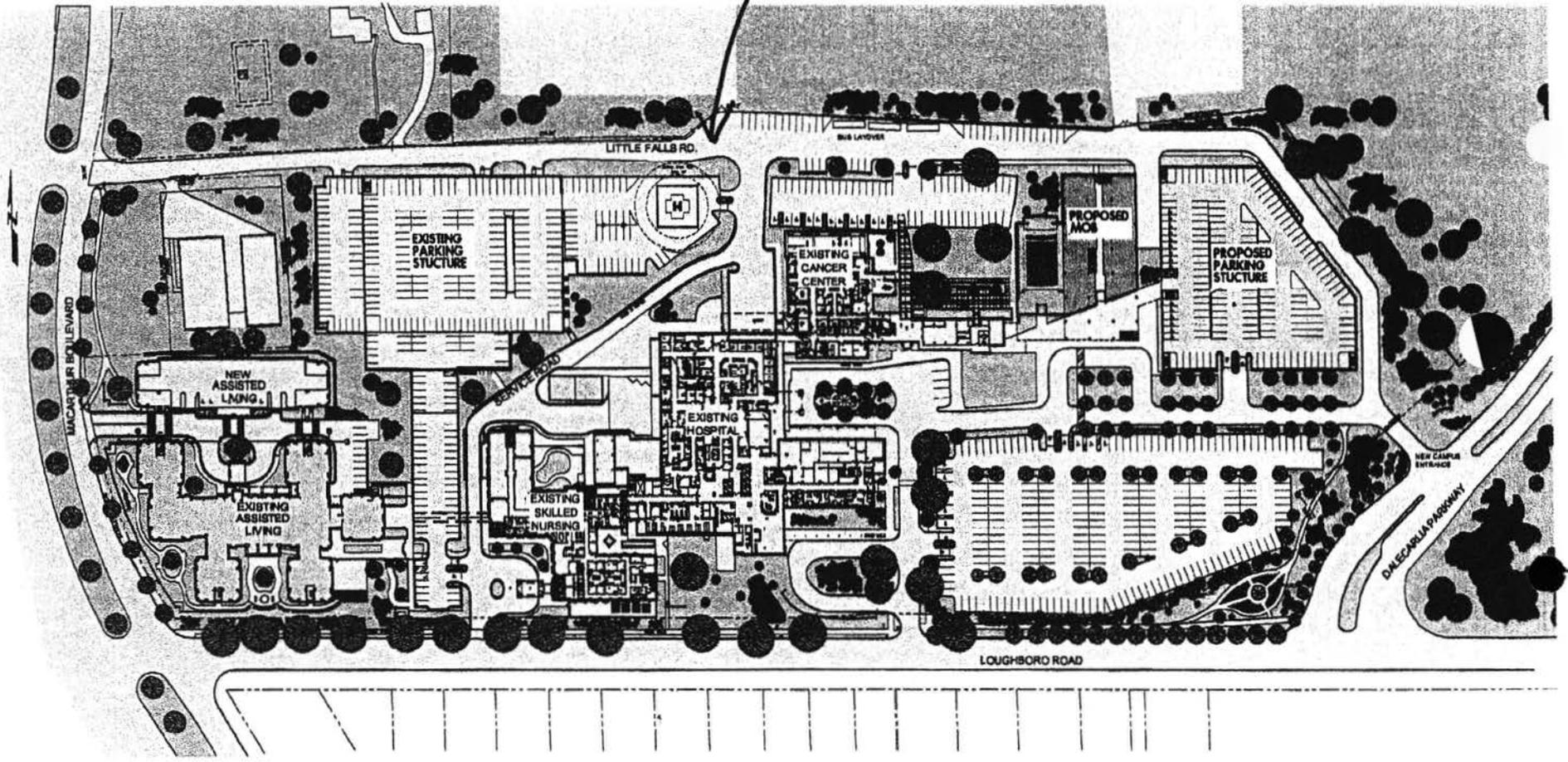
- This Medical Office Building (MOB) project would generate a tremendous amount of traffic that we would otherwise not see for 14 years.
- Much of the traffic would be from out-of-state, which statistically shows up as 75% of our speeders.
- The Palisades will also start to get truck traffic from the Dalecarlia Dewatering Facility at the same time that Sibley's office building is completed.
- Sibley thus far has not introduced any substantial measures to offset the traffic they would generate.

At this time, I see that the benefits are far outweighed by the costs to our neighborhood, and recommend against the Medical Office Building plan as it currently stands.

EXHIBIT D

EXHIBIT D

New  
helipad  
location



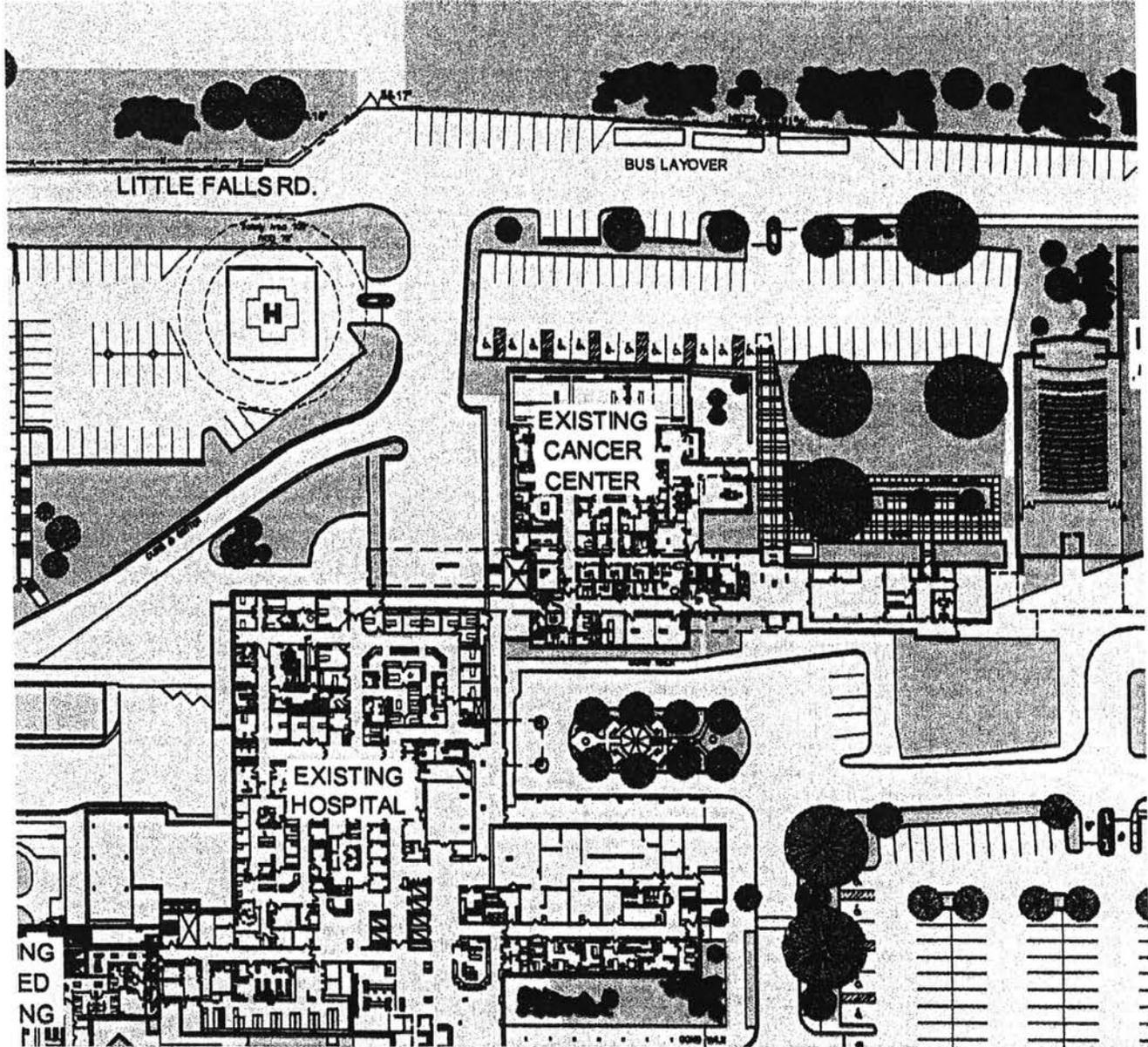
SITE PLAN FOR ENTIRE CAMPUS



# SIBLEY MEMORIAL HOSPITAL

WILMOT SANZ  
ARCHITECTURE  
PLANNING





EXHIBIT

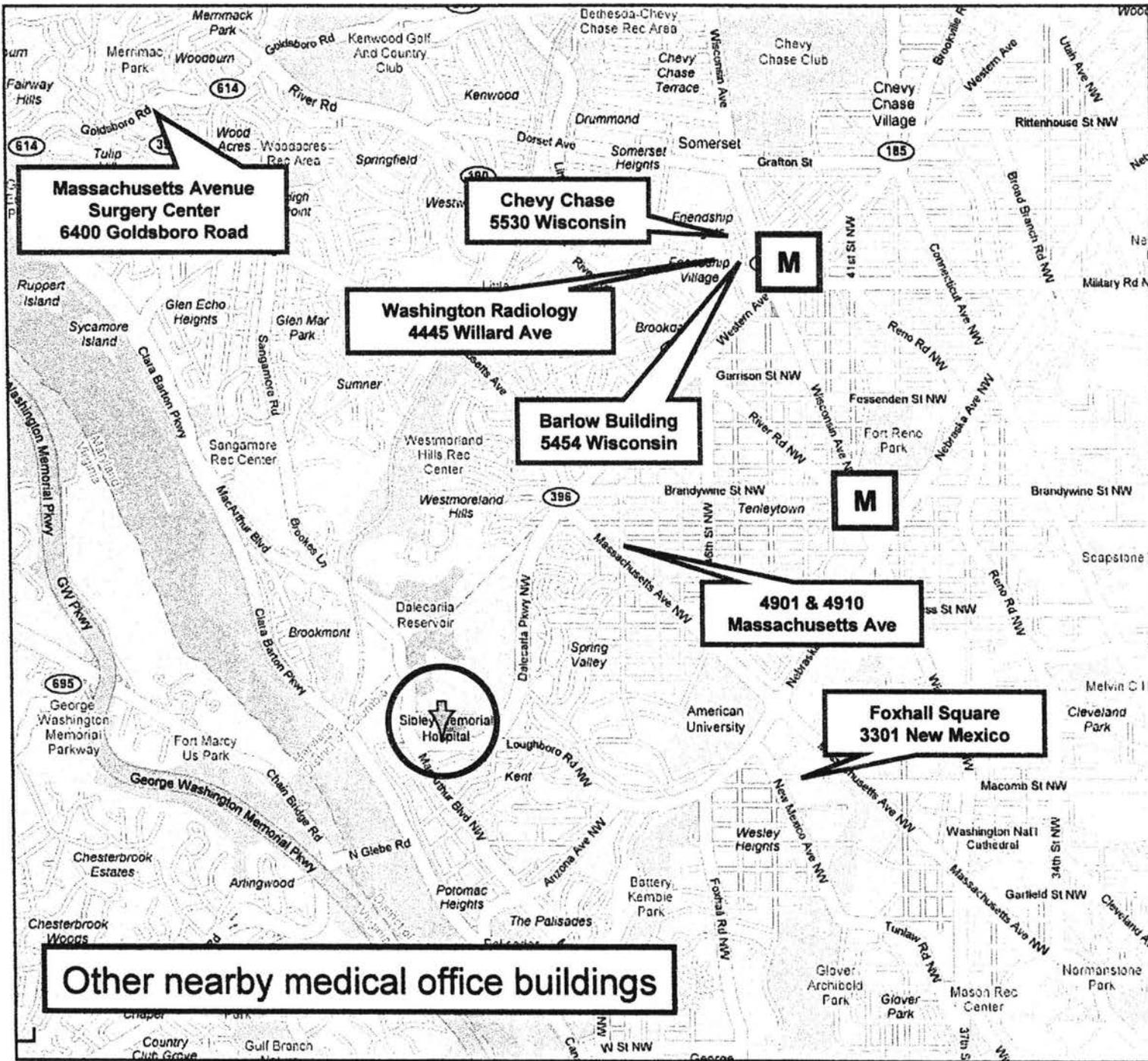


EXHIBIT E

Facility	Location	Miles to hospital	# of floors	MOB Sq ft	Owner	Website Address
<b>WASHINGTON, D.C.</b>						
<b>[Population shrank by 6.7% 1990-2000]</b>						
<u>George Washington University</u> GWU Medical Faculty Assocs - 22d & Eye	Washington, D.C.			316,000	Non-profit - Teaching	<a href="http://www.gwhospital.com/">http://www.gwhospital.com/</a>
<u>Georgetown University Hospital</u> Pasquerilla Healthcare Center	Washington, D.C.			145,900	Medstar Health - Teaching	<a href="http://www.georgetownuniversityhospital.org/">http://www.georgetownuniversityhospital.org/</a>
<u>Greater Southeast Community Hospital</u>	Washington, D.C.					<a href="http://www.greatersoutheast.org/">http://www.greatersoutheast.org/</a>
<u>Howard University Hospital</u>	Washington, D.C.				Howard Univ - Teaching	<a href="http://www.huhoep.org/">http://www.huhoep.org/</a>
<u>Providence Hospital - 1150 Varnum St.NE</u>	Washington, D.C.					<a href="http://www.provhosp.org/">http://www.provhosp.org/</a>
<u>Sibley Memorial Hospital</u>	Washington, D.C.					<a href="http://www.sibley.org/">http://www.sibley.org/</a>
Foxhall Square - 3301 New Mexico Ave NW	Washington, D.C.	1.4 miles		100,000	Bernstein Management	
4901 and 4910 Massachusetts	Washington, D.C.	1.5 miles		80,000	W.C. & A.N. Miller	
Barlow Building - 5454 Wisconsin	Chevy Chase, MD	2.5 miles		270,562	Barlow Corp (JP Morgan/Columbia)	
Washington Radiology Associates -4445 Willard	Chevy Chase, MD	2.5 miles				<a href="http://www.washingtonradiology.com/">http://www.washingtonradiology.com/</a>
Chevy Chase Building - 5530 Wisconsin	Chevy Chase, MD	2.6 miles		250,000	Polinger Shannon & Luchs	
Massachusetts Ave Surgery Center - 6400 Goldsboro	Bethesda, MD	3.5 miles				<a href="http://www.fasa.org/MassAve.pdf">www.fasa.org/MassAve.pdf</a>
<u>Washington Hospital Center - Campus</u> Washington Hospital Center National Rehabilitation Hospital Children's National Medical Center						<a href="http://www.whcenter.org/">www.whcenter.org/</a> <a href="http://www.nrhrhab.org">www.nrhrhab.org</a> <a href="http://www.cnmc.org">www.cnmc.org</a>
<b>MARYLAND</b>						
<b>[Montgomery Cty: Pop. grew 14.6% 1990-2000]</b>						
<u>Holy Cross (Montgomery Cty)</u> Holy Cross Medical Building	Silver Spring, MD		6	60,000	Managed by Foulger-Pratt	<a href="http://www.holycrosshealth.org/">http://www.holycrosshealth.org/</a>
<u>Montgomery General (Montgomery Cty)</u> One in planning (March 2006 WBJ) Montgomery General Physicians Office Building	Olney, MD		3-4	64,000	Managed by Foulger-Pratt Managed by Foulger-Pratt	<a href="http://www.montgomerygeneral.com/">http://www.montgomerygeneral.com/</a>
<u>Suburban Hospital (Montgomery Cty)</u> Camaller/Champlain Campus (Rockledge Dr)	Bethesda, MD	2.6 miles		90,000		<a href="http://www.suburbanhospital.org/welcome/map_lege">http://www.suburbanhospital.org/welcome/map_lege</a>
<u>Adventist Healthcare - Shady Grove (Montgomery Cty)</u> Shady Grove Medical Building Shady Grove Professional Center Shady Grove Professional Center II Shady Grove Medical Village II - Rockville	1-270 Rockville, MD Rockville, MD Rockville, MD Rockville, MD	1/4 mile 1/4 mile 1/4 mile 1/4 mile	3 4 4 4	38,367 51,172 52,319 66,000	WRIT (Washington REIT) WRIT (Washington REIT) WRIT (Washington REIT) WRIT (Washington REIT)	<a href="http://www.adventisthealthcare.com/SGAH/">http://www.adventisthealthcare.com/SGAH/</a>
<u>Washington Adventist (Planning to move)</u> 1 on campus	Takoma Park, MD				Professional - not owned by hospital	

Facility	Location	Miles to hospital	# of floors	MOB Sq ft	Owner	Website Address
1 in planning stages	Arliss & Flower Sts.	1.3		55,800		FAR is 1.5 and height is 40 feet (with exception from overlay)
<b>Other Maryland Counties</b>						
<b>Anne Arundel Medical Center (Anne Arundel Cty)</b>	Annapolis, MD					<a href="http://www.aahs.org/">http://www.aahs.org/</a>
1- Info unavailable						
2- Info unavailable						
<b>Carroll Hospital Center (Carroll Cty)</b>	Westminster, MD					<a href="http://www.carrollhospitalcenter.org/">http://www.carrollhospitalcenter.org/</a>
1- Info unavailable				120,000		
<b>Howard County General (Howard Cty)</b>	Columbia, MD					<a href="http://www.hcgh.org/">http://www.hcgh.org/</a>
1- Info unavailable				60,000		
<b>Prince George's Hospital Center (PG Cty)</b>	Cheverly, MD					<a href="http://www.montgomerygeneral.com/">http://www.montgomerygeneral.com/</a>
<b>VIRGINIA</b>						
<b>[Fairfax Cty: Pop. grew 18.5% 1990-2000]</b>						
<b>INOVA Fair Oaks (Fairfax Cty)</b>	Fairfax, VA					<a href="http://www.inova.com/Inovapublic.srt/foh/index.jsp">http://www.inova.com/Inovapublic.srt/foh/index.jsp</a>
Fair Oaks Medical Office Building I						
Fair Oaks Medical Office Building II						
Fair Oaks Medical Office Building III				90,000		<a href="http://www.lillibridge.com">http://www.lillibridge.com</a>
<b>Inova Fairfax (Fairfax Cty)</b>	I-495, I-66 and Rte. 50					<a href="http://www.inova.com/Inovapublic.srt/iff/index.jsp">http://www.inova.com/Inovapublic.srt/iff/index.jsp</a>
Woodburn Medical Park I	Annandale, VA	Walking	4	72,000	WRIT (Washington REIT)	
Woodburn Medical Park II	Annandale, VA	Walking	4	96,000	WRIT (Washington REIT)	
Prosperity Medical Center - 8505 Arlington Blvd	Fairfax, VA	1/2 mile	4	75,000	WRIT (Washington REIT)	
8301 Arlington Boulevard	Fairfax, VA	1/2 mile	5	49,744	WRIT (Washington REIT)	
Prosperity Medical Center - 8503 Arlington Blvd	Merrifield, VA	1/2 mile	4	88,000	WRIT (Washington REIT)	
Prosperity Medical Center - 8501 Arlington Blvd	Merrifield, VA	1/2 mile	5	92,000	WRIT (Washington REIT)	
<b>INOVA - Mount Vernon (Fairfax Cty)</b>	Mt. Vernon, VA				Inova Health	<a href="http://www.inova.org/Inovapublic.srt/mvh/index.jsp">www.inova.org/Inovapublic.srt/mvh/index.jsp</a>
<b>Reston Hospital Center (Fairfax Cty)</b>	Reston, VA					<a href="http://restonhospital.com/">http://restonhospital.com/</a>
1- Info unavailable						
<b>Other Virginia Counties</b>						
<b>Inova - Alexandria (Arlington Cty)</b>	I-395					<a href="http://www.inova.com/Inovapublic.srt/iah/index.jsp">www.inova.com/Inovapublic.srt/iah/index.jsp</a>
Alexandria Professional Center	Alexandria, VA		12	113,048	WRIT (Washington REIT)	
<b>Virginia Hospital Center (Arlington Cty)</b>	Arlington, VA					<a href="http://www.virginiahospitalcenter.com">www.virginiahospitalcenter.com</a>
1635 George Mason Drive						
1715 George Mason Drive						
<b>INOVA - Loudoun County (Loudoun Cty)</b>	Leesburg, VA					<a href="http://www.loudounhospital.org">www.loudounhospital.org</a>
Loudon Medical Office Building			3	66,000	Managed by Foulger-Pratt	
Loudon Medical Office Building II			5	110,500	Managed by Foulger-Pratt	
<b>Potomac Hospital (Prince William Cty)</b>	Woodbridge, VA					<a href="http://www.potomachospital.com">www.potomachospital.com</a>
Century Medical Building			3	82,000		<a href="http://www.klmkgroup.com">www.klmkgroup.com</a>

Exhibit G

**DONALD W VELSEY ARCHITECT AIA  
1423 FOXHALL ROAD NW WASHINGTON DISTRICT OF COLUMBIA  
20007**

Ms Rachel Thompson  
5835 Sherrier Place NW  
Washington DC 20016

Dear Rachel,

To respond to your question about the appropriate number of garage parking spaces for the Sibley project : If the project is reduced in scope per the ANC recommendation ,( but also includes the below grade level for a total area of 114,008 gross square feet), there would be a need for 684 spaces.

I base this calculation on these assumptions of population per 1000 gross square feet of building area: 1 MD, 2 Staff, 1 patient waiting, 1 patient being seen, and 1 patient checking out/leaving. Total 6. The population of 6 per 1000 gross square feet could reasonably be assumed to extend to other parts of the building besides the MD office suites.

Since they are planning to provide a 750 space garage, that would more than satisfy the need for 684 spaces per the reduced- size building proposed by the ANC.

If the Sibley project stays at its current proposed size of 152,136 gross square feet, including the below grade level, and this recommendation of 6 spaces per 1000 gross square feet is to be used to calculate spaces, then the new building would generate the need for 913 spaces.

I am an architect, with 47 years of experience planning health care projects, currently working on a number of projects for Ellerbe Becket's DC office. I am, however, not a traffic or parking consultant. I know that many zoning codes (and the accepted wisdom), require 5 spaces per 1000 gross square feet for a medical office building. If this requirement were used, the proposed full-size building would require only 761 parking spaces, and the ANC-proposed reduced building would require only 570 spaces.

The 6 per 1000 gross square foot rule-of-thumb cited above is one which Ellerbe Becket has used in planning recent similar projects. A parking consultant might be able to derive somewhat different space requirements, given specific local history on matters such as 1) the percentage of patients and staff who use public transport, 2) the amount of space in the new building that simply replaces in new construction functions that are currently in existing construction, thereby not increasing visits to the site, 3) an accurate study of existing parking needs on the entire site, hour by hour, to determine any

existing over or under-capacity and 4) possibly other factors, like the projected population of areas in the new building that are not MD offices

I hope this helps in your deliberations.

Best Regards,

A handwritten signature in black ink, appearing to read "Don Velsey". The signature is written in a cursive, somewhat stylized font with a long, sweeping tail on the final letter.

Don Velsey AIA

**DONALD W. VELSEY**

1423 Foxhall Road, N.W.  
Washington, D.C. 20007  
202/338-3784

**EDUCATION:**      Yale College              Bachelor of Arts              1956  
                         Yale University          Bachelor of Architecture      1958  
                         Yale University          Master of Architecture        1959

**REGISTRATION:**    Architect, District of Columbia

**LANGUAGES:**        French

**MEMBERSHIPS:**     American Institute of Architects  
                         Forum for Health Care Planning

**EXPERIENCE:**        Since 1959 involved in the programming, planning and design of Health Care Facilities.

1963-1992            With private firms in Florida, New York and the District of Columbia and as a consultant in planning and design of health care facilities. Experience has included:

- Demographic evaluation
- Medical functional programming
- Medical functional planning
- Coordination of design consultants
- Site Evaluation studies
- Master Planning

1963-1992            Teaching experience parallels professional experience and includes:

- Visiting Critic

Hospital Planning and Design, Catholic University, Washington, D.C.

Medical Clinic Planning for Trinidad, Howard University, Washington, D.C.

- Faculty Member

American Hospital Association Design Institute in programming and design of Community Hospitals, Chicago, IL.

American Hospital Association Design Institute in programming of Ambulatory Care Facilities, Harvard University, Cambridge, MA.

1963-1992            Consulting experience in programming, planning and design includes work in Africa, Asia and Latin America for government and private institutions.

1959-1962            Active duty with the Medical Facilities Division of the Office of the Surgeon General, United States Air Force. Chief Architect for this Division in 1962.

**PROJECTS, USA:**

1989-1992            A.O. Fox Hospital, Oneonta, NY. Programming, planning and design. Additions and renovations including expansion of outpatient, surgery, and LDR areas.

1991                    Carthage Area Hospital, Carthage, NY. Updated Master Plan and site analysis.

**DONALD W. VELSEY**

1423 Foxhall Road NW  
Washington DC 20007

202/338-3784

**ADDENDUM 1993-2001**

- MEMBERSHIPS:** Society of Critical Care Medicine  
Design Committee, member awards juries
- PUBLICATIONS:** Architectural Graphic Standards, AIA Press  
Health Care Design Section, 1994 Edition
- TEACHING:** New York University 1995  
Lecturer in Health Care Design
- PROJECTS, USA:** 1993 New York Psychiatric Institute, New York NY  
Planning for replacement facility
- 1993 Texas Children's Hospital, Houston TX  
Planning and design, hematology/oncology clinic
- 1994 Franke Home, Mt Pleasant SC  
Planning and programming for Lutheran Homes
- 1995 Kings County Hospital Center, Brooklyn NY  
Planning and programming Emergency, Cancer  
Center, Outpatient Clinics
- 1996 University of Virginia, University Hospital  
Childrens' Medical Center  
Planning and design pediatrics bone marrow unit
- 1996 Delaware County Memorial, Drexel Hill PA  
Master planning, plus design of Maternity, Cancer  
Center and Public Access projects
- 1997 University of Virginia, University Hospital  
Digestive Health Center, Emergency Department  
Programming, planning and design

1997-1999 Holy Spirit Hospital, Camp Hill PA  
Programming and planning for Emergency  
Department, Outpatient Surgery, Maternity,  
Radiology

1998 Crozer Chester Medical Center, Uplands PA  
Cancer Center. Programming, planning, design

1998-2001 Medical University of South Carolina,  
Charleston SC  
Clinical Sciences Building, Heart Center, Central  
Sterile Supply. Programming and planning studies

1998-2001 Wake Forest University Baptist Medical Ctr  
Winston Salem NC  
Planning, Cancer Center

1999-2000 Northwest Medical Center,  
Randallstown MD

2000 University of Virginia, University Hospital  
Childrens' Medical Center  
Planning studies, Newborn Intensive Care Unit

2001 Delaware County Memorial Hospital  
Drexel Hill PA  
Emergency and Critical Care Units Replacement

2001 Crozer Chester Medical Center  
Emergency Trauma Center Replacement

2001 Consultant for New York City Health and  
Hospitals Corporation

#### PROJECTS SPECIFIC TO MEDICAL OFFICE BUILDING PLANNING:

1976 Montgomery General Hospital MOB  
Olney MD

1990 Dulles Corridor Physician's Group  
Loudoun County VA  
Analysis of existing buildings for conversion  
to a "hospital without beds"

2000 Crozer Keystone Medical System  
Springfield PA  
Master Plan for conversion of facilities for  
ambulatory surgery

**DONALD W. VELSEY**

**PAGE 2**

- 1987-1989 **Children's Medical Center, University of Virginia.** Planning, programming and design to add two floors to recently completed UVA Health Sciences Center.
- 1987-1988 **Maryland General Hospital, Baltimore, MD.** Master Planning for existing 220-bed hospital. Planning and design for renovations of existing nursing units.
- 1987 **Prince George's Hospital Center, Cheverly, MD.** Various planning projects, including a new LDRP unit.
- 1987-1989 **Loudoun Hospital Center, Leesburg, VA.** Master planning for an existing 220-bed hospital and design for new LDRP unit.
- 1986-1987 **St. Joseph's Hospital, Parkersburg, WV.** Master planning for an existing 220-bed hospital.
- 1983-1989 **University of Virginia, Charlottesville, VA.** Design Coordinator for 550-bed Replacement Hospital for UVA Health Sciences Center with primary responsibility for medical center planning.
- 1978-1981 **Intercultural Center, Georgetown University, Washington, D.C.** Member of the academic program team of the Intercultural Council of Deans. Programming, planning and design. This building was designed to accommodate one of the largest photovoltaic roofs in the United States.
- 1971-1981 **Medical Center of Delaware, Christiana Hospital, DE.** Programming, planning and architectural design of a 780-bed facility.
- 1976 **Delaware Division Emergency Care Addition, Wilmington, DE.** Addition of urgent and less-urgent care units to a 500-bed hospital. Programming, planning and design.
- 1976 **Concentrated Care Center, Georgetown University, Washington, D.C.** 160-bed addition to University teaching hospital. Planning and design.
- 1974 **Community Hospital of Brooklyn, NY.** Site selection and demographic analysis for replacement of 150-bed hospital.
- 1974 **Hamptons Hospital Center, Westhampton Beach, NY.** New 250-bed hospital. Programming, planning and design. Project not constructed.
- 1968-1992 **Montgomery General Hospital, Olney, MD.** New 150-bed hospital. Programming, planning and design. Involvement in updated programs and master planning for 24 years.
- 1967 **John A. Andrew Memorial Hospital, Tuskegee Institute, AL.** 120-bed addition to an existing hospital. Programming, planning and design.
- 1965 **Anne Arundel Hospital, Annapolis, MD.** 100-bed addition to an existing hospital. Planning and design.

**PROJECTS, FOREIGN**

- 1992            **Sierra Leone, Ministry of Health Projects. Appraisal mission for the African Development Bank for Health Sector feasibility studies including Connaught Hospital, Freetown.**
- 1987            **El Salvador, Department of Social Security. Selected to participate in evaluation of planning for a hospital to replace one destroyed in the earthquake of 1986. Mission has been delayed by civil war.**
- 1982-1983      **Haiti, Ministry of Health Projects. Member of three-person appraisal mission for projects for the Inter-American Development Bank.**
- 1981-1982      **Rwanda, Ministry of Health Projects. Member of three-person appraisal mission for projects for the African Development Bank. Mission involved site evaluation, programming and medical planning.**
- 1980            **Saudi Arabia, Jubail Hospital. Consultant in medical functional planning for an international team of German, USA and Canadian architects.**
- 1978-1980      **Saudi Arabia, Sheikh Hamad Ben Saedan Hospital, Riyadh. Programming and design for a 100-200-bed private hospital. Led a team of Egyptian physicians in the development of program requirements. Liaison with ministries of the Government of Saudi Arabia.**
- 1978            **Nigeria, University of Benin Medical School and Teaching Hospital, Benin City. Consultant in programming and planning.**
- 1977            **Egypt, Rural Clinical Program, Ministry of Health. Consultant in the development of programming documents.**
- 1975            **Tunisia, Teaching Hospital, Monastir. Consultant in programming and planning.**
- 1974            **Saudi Arabia, King Khalid Military City Hospital. Consultant in programming and planning.**
- 1967            **Turkey, US Air Force Base Hospital, Ankara. Consultant in programming and planning.**

**PROJECTS, FOREIGN:**

**1994-1996 Saudi Arabia**  
**King Fahd Children's Medical Center, Riyadh**  
**Planning for US-Saudi Universities Project**

**1998-2000 Russia**  
**Rostov Regional Foundation for Social**  
**Projects, Rostov-on-Don**  
**Architect/Medical Planner for World Bank**  
**Projects in Rostov Oblast**

**2000 Korea**  
**Samsung Hospital, Seoul**  
**Medical Planning Consultant**

**2000-2002 Lesotho**  
**Lesotho Health Project**  
**Medical Planning Consultant for country-wide**  
**health sector infrastructure project**

**2001-2002 United Arab Emirates**  
**American Hospital, Dubai**  
**Medical Planning, Programming for major**  
**additions, Ambulatory Care and Inpatient**  
**Tower**

**2004-2006 Madagascar**  
**Sante II Project**  
**Medical Planning Consultant for country-wide**  
**health sector project**

**2005 Chile**  
**Ministry of Health Projects**  
**Medical Planning Consultant for Salvador**  
**Infante and G.G. Benavente Hospitals**  
**Santiago, Concepcion**

- 2005      Nigeria  
Aramed Medical Centre  
Medical Programming and Planning for  
hospital architectural upgrade/commissioning  
Ibadan
- 2006      Qatar  
Specialty Teaching Hospital, Education City  
Medical Planner/Architect