

LETTER 1 February 2007
FROM: Sarah Stowell Shapley
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ZONING COMMISSION
District of Columbia

CASE NO. 05-42
EXHIBIT NO. 169

TO: DC Zoning Commission
Office of Zoning
441 4th Street, NW (Room 210) Washington, DC 20001

RE: Sibley Memorial Hospital Application for Medical Office Building
Case # 05-42 -- Hearing February 1, 2007

I offer these comments as ANC3D-02 commissioner at the time of the ANC3D vote on the proposed Sibley Hospital Medical Office Building at the end of 2006. I, and one other commissioner, opposed the resolution that passed and went on the record. We two thought that the resolution's demand for a 35% reduction in the project was tantamount to undercutting the project and vitiating the financial viability plan represented by the project. While I did not stand for another term on the ANC3D, I remain an active civic citizen of Spring Valley and Ward 3 and so am concerned to put on your record my points in advocacy for the new building.

FINANCIAL VIABILITY AND MEDICAL SERVICE IN DC

Over my two terms on ANC3D we reviewed the Grand Oaks additions and had seven sessions on this project. Sibley made the point that the cash flow from Grand Oaks was sustaining the hospital and that this project was needed to add to its available, reliable revenue. They noted, and I can corroborate, that there is great pressure on doctors now in DC to move elsewhere, reinforced by the failure of a reform law in the last City Council period. We all know how many hospitals in DC have closed in recent years. This is condition that should be given great weight by the Zoning Commission. Sibley's financial viability plan should not be chipped and chiseled away to suit relatively insignificant or marginal aspects of this project.

BUILDING HEIGHT AND MASS

What matters is whether the footprint and height are in line with what is already there. I use the original proposal for these comments. The current buildings (Patient Tower, Hayes Hall) are less than 10 feet lower than the proposed 90 ft height of the 9-story Medical Office Building. What matters is how this mass and height is seen from the public boundaries of the campus. It is 350 ft to the interior from Loughboro Road, where there are a dozen homes. The east boundary is Dalecarlia Parkway, a minor arterial road. The project includes much new tree and shrub plantation both at the edges and within this portion of the campus. So there is a net gain of green buffering. There is no significant change in the viewscape from the public boundaries.

The style is an articulated surface of different materials and hues to relate to the primary structural aspect of horizontal banding. It is in keeping with the existing buildings

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on that side of the campus. It is not in the brutalist, gray fortress style of architecture put up by so many developers in pre-fab, easy-to-stack office buildings. The Office of Planning memorandum delivered late last year made no such critique. It merely asserted that reduction seemed a good. It did not say How so or Why. I also note for the record that it was reported in ANC3D discussion that the OP had said that we should not worry about zoning classification but rather should focus on what we actually wanted to see put up. My own position is that the zoning change for this portion of the campus should be granted, because zoning should serve the civic function unless there is some overweening, out-of-bounds use of the new zoning. I repeat the OP made no such substantive finding or critique.

TRAFFIC

Much has been made of the increase in traffic by the opponents of this project. However, the increase in traffic, estimated at 7% or perhaps 5000 trips a day, means that the current load for the three arterial roads is some 70000 trips. This figure was never mentioned in the ANC3D meetings. I hold that the perception of the estimated increase is very subjective and does not take into account certain objective conditions. It confuses general commuter traffic, which we all experience in this area with its peak back-ups for about an hour every day morning and evening, with Sibley-destination traffic which is spread over the ten-hour day of staff and most visitors. Moreover, in the past four years residents in the western part of Spring Valley and those in Kent south of Loughboro Road have not petitioned the ANC or DDOT for the usual mitigation measures to deter cut-through commuter traffic. One must distinguish between Sibley-specific traffic and the general commuter traffic.

On the question of improving intersections and the new access entry road, I would point out that were it not for this project, everything would remain as is, both Level of Service/Acceptable. I know of no DDOT plan to reconfigure Level F intersections in the city. And DDOT was always going to have the final say in the reconfigurations proposed for Dalecarlia Parkway and Loughboro Road.

I conclude by saying that these aspects are not commensurable with the benefit to Sibley and to us, its patient community. The burden is on those who oppose, or effectively oppose by chipping away, to make a case based on objective, substantive grounds. In the month that my father lay dying at Sibley I visited every day at all times of day and night. I never saw the adverse impacts asserted for the current level that is the basis for an assumed overweening adverse impact from the estimated increases from this project.

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