

February 1, 2007 Hearing Testimony of Linda Graves Shaughness, Party in Opposition
Case No. 05-42 (Sibley Memorial Hospital)

Abstract: My remarks will focus particularly on the unique experience of neighbors in the 5200 block of Loughboro directly opposite the Sibley campus who bear the brunt of Sibley expansion, why mitigation measures are insufficient to offset Sibley impact based on our experience since 2000, and illustrate the aesthetic and streetscape character of Loughboro Rd that is being impacted.

Those of us who live on the 5200 block of Loughboro Rd have a unique and special relationship with Sibley Memorial Hospital.

We live across the street. More than anyone else, we bear the burden of the late night ambulance runs, the helicopters, and the constant traffic.

Obviously, we knew the hospital was there. We never agreed to an ongoing expansion—especially under an unprecedented non-residential zoning category.

Sibley is the only hospital in the District which exists in the midst of a neighborhood of single family homes.

If this expansion is permitted, the residential character of our neighborhood will be severely damaged.

Like most of my neighbors, our house is not set back 50 feet from the road.

We did not orient our house away from the street.

We did not build a house without windows on the front of the house. We are very exposed to the traffic and commotion generated by the Hospital.

We did not bargain for—and we should not be asked to suffer from—the noise, the traffic, the vibration and commotion which will be generated by the continued expansion of Sibley Hospital.

Aesthetics, streetscape and the impact of Sibley buses

All of Loughboro Rd is a residential or woodland streetscape until you approach the Sibley campus at the intersection with Dalecarlia Parkway.

The siting of Sibley Hospital is unique and is the basis for its R-5 zoning designation. It is the only major institutional site in Upper Northwest DC adjacent to properties zoned R-1. The adjacent Dalecarlia property does not serve as a buffer for Loughboro Road properties. There is no multi-family or institutional property to “shield” the R-1 properties. Any increase in traffic or zoning category necessarily has an adverse impact and represents an egregious form of “spot zoning”.

The predominant visual characteristic of Loughboro Rd is of a very hilly street with a beautiful street tree canopy that creates the effect of traveling down through a bower of magnificent willow oaks. *As a result, the approach to the Sibley campus represents a major visual jolt from significant areas of unscreened parking lot and break in the treescape, and buildings that are not in scale with the residential character of the Kent neighborhood. The proposed expansion only amplifies this jolt.*

In addition to being on a busy street, the 5200 block of Loughboro is the terminus for the Sibley destination bus routes D3, D6, and Ride-on #23, and provides two stops for the M4.

These bus stops exist primarily to service the hospital, not the residential neighborhood. Old copies of the newsletter for the Palisades Citizens Association newsletter report that prior to the Hospital's move to Loughboro in 1960, the predecessor to the D6 route had its terminus along MacArthur Boulevard.

The result is that today, there are nearly 230 daily bus trips back and forth in the 5200 block of Loughboro Road. No residential block in Upper Northwest DC has more bus traffic, using the biggest, heaviest, noisiest buses in the Metrobus/ Ride-On fleets. Coupled with the automobile traffic which already exists, any further consideration of this matter without requiring meaningful remedial action will be very destructive to our residential neighborhood.

While neighbors also use these bus routes, they are essential mass transit for Sibley employees, particularly shift workers. Consequently, the schedule must provide service for nearly all hours of the day and night.

No other residential block in Upper Northwest DC provides 21 ½ hours per day of bus service. This means that when the rest of Loughboro Rd settles down for the night and has very little vehicular traffic, residents in this block get no relief whatsoever except between approximately 2:30 AM and 5 AM Monday-Saturday, and between midnite and 6 AM Sunday.

The bus traffic on the residential side of the street is particularly burdensome in our block because of the noise of buses laboring up the hill from MacArthur Boulevard, substantial noise and vibration affecting our homes due to a narrow treebox and minimal setback from the street, three bus stops in a single block, additional de facto treebox and middle of intersection bus stops and the "bus terminus" effect. This "terminus" effect includes a lot of extra engine noise from buses starting and stopping, and sometimes illegally idling, extra noise and trash from passengers, and road congestion, including blocking residential driveways, and trampling of landscaping and soil compaction in the treebox.

Neighborhood experience with “mitigation” measures

Experience with Grand Oaks and Renaissance Center

As Sibley was completing construction of the first assisted living facility and skilled nursing center at the lower end of the block, it became apparent that there were many negative impacts of the project that needed to be addressed. I don't know what mitigation measures were required for these project approvals, but the inadequacy of necessary conditions or their implementation became apparent. The problems included severe night light pollution from excessive and undirected lighting from buildings and parking lots, need for more landscaping to shield parking lots and buildings located very close to the street, dangerous access/egress from the skilled nursing center, and increasing issues related to traffic and buses. In order to obtain necessary mitigation of these impacts, Sibley agreed to perform the mitigations in exchange for approval of their next expansion project, the oncology center.

Little Falls Road

The community's experience with Sibley's latest land acquisition from the U.S. government shows why, before any expansion is permitted, the Hospital should first make good on the community's expectation that it will reduce its impact on our neighborhood.

Sibley was allowed to purchase Little Falls Road in 2001 under the most favorable terms possible. Until Sibley purchased Little Falls Road, it was a road available to the public and owned by the U.S. government, shown on District road maps as a “permanent” highway as far back as 1895.

There was no competitive bidding, which reduced appraised fair market value. There was no public hearing. The hospital intervened with Congresswoman Norton and Congressman Bud Shuster on the last day of the legislative business in the 106th Congress to get the road.

To get the support of the community, Sibley promised the Palisades Citizens Association to try to make Little Falls Road available for a bus terminal and to “work with” the community. It then chose to site its helipad on the Road, which then became a reason to keep the buses on Loughboro. It also refused to strengthen the road it now owned for bus traffic, although heavier construction trucks already use the road for both Sibley and the proposed construction for the dewatering treatment plant.

Now we are told siting of the buses is a bargaining chip in allowing the Medical Office Building, so that the hospital offers up an expectation it should have satisfied six years ago.

First, buses should be re-routed onto Little Falls Road. Impacts would be reduced on the neighborhood, then we can consider if we can absorb additional impact to be caused by the Medical Office Building and re-zoning.

Experience with oncology center expansion project

The mitigation measures Sibley agreed to do for the community, which were negotiated with the community and then incorporated into the 2001 zoning order, included screening of parking lots and three very important bus and traffic conditions of approval. Some of these were covered in a petition signed by 25 neighbors and submitted at the hearing. (Sample attached.)

During the course of negotiations with the community, Sibley's architect developed a schematic of how buses could be routed behind the hospital, with bus stops convenient for direct access into the Sibley buildings by employees and with several bus layover bays. The only caveat was whether the roadbed could support the buses. It was understood that this bus re-routing could be done in a way that would still accommodate a helipad. When roadtests later showed that the roadbed would need to be strengthened to support the weight of buses, the issue became who would pay for this. DDOT determined it would cost approximately \$500,000, Sibley refused to pay for it, and discussions ensued with D.C. transportation officials regarding using city funds to pay for a privately owned road.

When funding didn't immediately materialize, Sibley sabotaged the project by relocating its helipad directly in the Little Falls Road active lane of traffic. And they did this at a time when they could have easily incorporated a helipad into their parking garage construction. Since special rules associated with helicopter landing require lengthy delays of other traffic before and after helicopter landings, this became an excuse why buses could not be re-routed to Little Falls Road. Other transportation conditions required Sibley to take measures to encourage use of mass transit and to work with the community on resolving traffic issues.

Experience with \$40M tax exempt bond

In 2002 Sibley sought a \$40M tax exempt bond from the District of Columbia. *The benefit to Sibley was approximately \$8-9M.* There were still outstanding issues of noncompliance with the oncology center zoning order, and I testified before the City Council that Sibley should be required to comply with all mitigation measures from its previous expansion projects before being granted such a significant financial benefit that would be used for more projects. After David Catania questioned granting the bond, Sibley promised him that it would fully comply, and Councilman Catania agreed that the bond could go forward. *And still Sibley has not been willing to pay for the road upgrade.* However, the issue of who pays is now moot, since the Army Corps of Engineers plans to exercise its easement rights to transport silt on Little Falls Road. Therefore, the Corp will pay for the road upgrade necessary for its heavy trucks, and the hospital can relocate the helipad. The roadbed will then also be suitable for buses.

Current expansion

There is now a pattern of Sibley obtaining approvals that require mitigation measures, and then not fully complying until their next application for more expansion rights. Subsequent applications then use new “commitments” to comply with former requirements as leverage and bargaining chips for the next expansion project. It is time for all the mitigation measures of one project to be accomplished before further expansion activities are allowed. Agreements with Sibley neighbors and compliance with conditions on previous Sibley expansion applications are still outstanding and should be met before this proposed application is considered, particularly those concerning re-routing of buses to Little Falls Road and traffic mitigation measures.

Conclusions

The MOB proposal is untimely until Sibley Hospital demonstrates its commitment to implement prior agreements with the community and local representatives, and mitigation measures required by previous expansion applications. These include actively proceeding with the steps necessary to re-route buses for better access by employees and reduce bus impact on residential neighbors and actively promoting use of mass transit. The community has been deprived of the benefit of these very significant mitigation measures for more than five years now. It is time for all the mitigation measures of one project to be accomplished before further expansion activities are allowed.

Full implementation of bus and traffic mitigation measures is also in the best interests of Sibley for obtaining more favorable consideration of expansion proposals in the future. Sibley has been its own worse enemy by not already demonstrating and putting in place mass transit and traffic control remedies that could greatly reduce congestion, cut through traffic, and provide a basis for assessing an appropriate number of parking spaces. Without this information and experience, neighbors concerned about parking in the neighborhood naturally seek a cushion of parking spaces that, unfortunately, also has the effect of discouraging use of mass transit and reduction in the number of vehicle trips that add to cut through traffic. Providing an excess number of parking spaces sets a baseline for further aggressive expansion of the Sibley campus. As long as Sibley has a surplus of parking spaces, it has no compelling reason to be proactive in creating viable mass transit that could reduce vehicular traffic.

When there has been a reasonable period of time with such measures in place, it would then be possible to assess the degree to which further hospital expansion would impact the immediate neighbors and surrounding neighborhoods that are concerned about traffic impacts. It would then be possible to “right-size” any future Sibley expansion to fit the facts.

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