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February 27, 2007
Case #05-42 (Sibley Hospital)

Dear Ms. Mitten,

I appreciated the opportunity to testify on behalf of the Sibley Neighbors for Responsible Growth. The text of my Viewpoint article from the February 14th Northwest Current, reproduced below, is submitted for the record. It presents another statement of our concerns.

Questionable Benefits to a Medical Office Building at Sibley

Last week's Viewpoint article on Sibley Hospital's request to rezone land for a medical office building failed to note that hospital officials were unable to respond to key questions asked by Zoning Commissioners, the ANC, and others at the initial zoning hearing. The questions raised go to the heart of the application – is there really a need for another medical office building in our community, will it be financially viable, will the projected benefits to the hospital outweigh the significant traffic, safety, noise and light impacts on the surrounding community?

That Sibley is a community asset and provides needed medial care goes without saying, but protecting that asset over the long term does not require a commercial office building with uncertain benefits and permanent adverse impacts on nearby residents. Sibley is located in a low density residential neighborhood – an area that enjoys many protections under existing zoning rules and the City's Ward 3 Comprehensive Plan. The proposed rezoning would introduce the first major commercial activity and have a lasting negative effect on this corner of Washington.

Is there really a need for this 77 foot high structure? Zoning Commissioners asked why some Sibley doctors have written to oppose the project, questioning Sibley's assertion that the MOB will attract doctors to Washington, DC. D. C. has high malpractice rates and an ample supply of nearby medical office space. There are 4 medical office buildings within a 2-1/2-mile radius of Sibley, several next to Metro train stops, competing for doctors. There is no indication that any of the facilities plan to convert to other uses or shut down. Sibley officials were unwilling to assure the Commission that they would not proceed with construction without tentative leasing agreements in place for a specified portion of the space. The last thing the hospital or any D.C. consumer needs is a half-occupied office building:

Discussion by Sibley and their architects acknowledged the mass of the building and potential for ambient light and noise impacts on surrounding homes. They described how

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these would be minimized – but not eliminated. Traffic studies by Sibley and DDOT focused entirely on major intersections and failed to address traffic cutting through narrow, hilly neighborhood streets. Only in cross-examination did the Sibley traffic consultant acknowledge their estimate of an additional 4,000 vehicle trips daily, including significant commercial traffic like delivery vans, maintenance crews, and trash trucks as well as doctors, staff and patients. Cars and other vehicles will come and go all day long at a rate of 400 trips per hour during business hours. This increase is the equivalent of 12 years in the projected growth in traffic volume in the area.

Acknowledging the increased safety hazards, Sibley has agreed, under pressure, to pay for the reconstruction of the intersection at Dalecarlia and Loughboro. However, DDOT and Sibley traffic planners agree that even after the reconstruction, traffic service will be unacceptable. In an effort to avoid backups at the hospital, drivers will inevitably take short cuts at high speed through residential streets. Fewer than half the patients and a quarter of the staff at Sibley are District residents, but District taxpayers will be responsible for the long-term costs associated with the hospital expansion. Costs for ongoing traffic mitigation and enforcement and the likely increase in accidents will continue for years to come.

Sibley has consistently failed to produce any structured comparison of costs and benefits to indicate the medical office building will produce a net public benefit. Repeatedly, the primary benefit stated by Sibley is the "convenience" to patients whose doctors may elect to move there. Although the hospital hopes to benefit financially from the building, it hardly seems necessary. The hospital has a healthy profit margin, a large on-campus assisted living facility that generates income from its non-insurance-based services, and a balance sheet of over \$400 million in cash or cash equivalents. The benefits of mere convenience do not compare favorably to the substantial and certain public costs of large scale commercial office activity, dense site development, and heavier traffic and traffic-related expenditures. If the hospital is to continue as a community asset, it would be far better for the hospital's management to pursue alternative plans that are more in harmony with the needs of the surrounding residential community.

The second zoning hearing on whether to approve the unprecedented zoning changes needed to allow for the construction of a new commercial medical office tower is scheduled for February 21st at 6:30. The public is welcome.

Thank you for your consideration.



Sincerely,
Adele Harrell

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