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05-42
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Advisory Neighborhood Commission 3D

Zoning Commission Case No. 05-42 Sibley Memorial Hospital

Consolidated PUD and Zoning Map Amendment

Additional Findings of Fact and Conclusions of Law

December 12, 2007

Earlier Documents

Attached, for reference only, are pages 1-5 of the ANC 3D Report dated October 5, 2006. Please note especially the Commission's Recommendation (page 2) concerning the number of doctors in the building:

Recommendation: The number of doctors to occupy the Medical Office Building shall be reduced from 90-100 to 60 ... 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."

and the square footage of the building:

"If Sibley recalculates its proposed above-grade square footage ... this recommendation shall be similarly adjusted so that the end result is elimination of two floors or roughly a 40,000-square-foot reduction."

Attached are ANC 3D Findings dated March 5, 2007 which address the following in relation to the initial proposal: Subject Property - The Proposed Zoning Map Amendment - Medical Office Building Use - Public Benefit versus Public Risk - Need for Proposed Building - Community Consultation and Support, Amenities - Future Reporting and Community Consultation.

Zoning Commission Consideration and Rejection of Proposal

At its March 12, 2007 meeting the Zoning Commission, without a formal vote, considered and rejected the Medical Office Building and Parking Garage as proposed. The Applicant was instructed to revise its proposal: to "make the box smaller" (Chairperson Mitten, page 62), "bring this building down" (Commissioner Jeffries, page 63), and to bring the proposed building more in line with "the ANC compromise" (Commissioner Hood, page 52).

ZONING COMMISSION
District of Columbia
CASE NO. 05-42
EXHIBIT NO. 218

Applicant's Supplemental Submission and Proposed Revisions dated October 22, 2007

The Applicant filed its Supplemental Submission and Proposed Revisions, which is the topic of this filing, on October 22, 2007. ANC 3D held a Special Meeting on October 25 at which it voted 5-0-0 to approve the overall revised proposal while noting where it continued to fall short of the Recommendations and Conditions in the Commission's October 5, 2006 Report.

Condition 2 --Number of doctors: Of critical importance for the ANC in giving its approval to the Supplemental Submission was the hospital's guarantee that no more than 62 doctors would practice in the hospital at any given time – not in a morning, or in an afternoon, but “at any given time” in a durable, ongoing sense.

The hospital's Supplemental Submission says the building “will now include a medical office building with office space for 62 physicians.” The clear implication is that there is space enough for 62 physicians total – on whatever schedules they may adopt -- and that this is key to bringing the project more in line with “the ANC compromise.”

Discussion was similarly clear at the ANC's October 25, 2007 meeting that it was not practices, or any combination of time-shared offices. Absent specific knowledge of the enforcement options the reference to the number of names in the office building directory represents the Commission's best effort to make this clear. The reference to “any 24-hour period” was not intended as an invitation, or in a permissive sense, but as part of a broader discussion intended to ensure strict limits.

The Commission's earlier October 5, 2006 Report is especially detailed on this point, also to avoid any confusion. It repeats, “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.”

Thus there can be no confusion on the hospital's part but that it has made the commitment, both in writing and before the ANC, that it will house no more than 62 physicians in its proposed medical office building over any durable period of time.

This was critical to the ANC's approval because, as the Commission notes in its October 29th Report (bottom of page 3), the hospital did not reduce “the size of the box” by the 40,000 square feet that the ANC had recommended. And as the Zoning Commission amply recognized, it is “the size of the box” and the “intensity of the activity” that results in the large traffic impacts that the neighborhood desperately seeks to avoid.

The Commission urges that the following requirement sought by the Sibley Neighbors for Responsible Growth also be incorporated in the Zoning Commission's final decision:

“Sibley shall not lease additional medical office space to physicians elsewhere on campus beyond any that may be leased currently. Sibley shall provide the Commission with a baseline census of the number of physicians using leased medical office space at the hospital at this time and shall update this annually, augmented by the number of physicians utilizing the new Medical Office Building.”

(Sibley Neighbors' Response to Applicant's Submission of October 22, 2007, page 8, condition 3).

Condition 4 -- One hour of free parking: The Commission included as a condition of its October 27, 2007 approval that the hospital give one hour of free parking to every vehicle visiting the hospital. Sibley Neighbors for Responsible Growth requested two hours of free parking.

Both the hospital and the Office of Planning opposed any condition on parking fees. The Office of Planning stated that any amount of free parking would conflict with the concept of getting people to use a free shuttle bus from Friendship Heights to travel to the hospital.

In its Report, the Commission noted that patients visiting the hospital for short appointments are likely to avoid even one hour of parking (\$3.00), and park instead on neighboring streets.

Sibley's own traffic consultants conceded earlier in the case that patients, many of whom are expected to be elderly, are unlikely to use public transportation to reach the hospital. The shuttle bus was proffered in significant measure for employees. Sick people, elderly people, pregnant women, patients visiting the hospital for tests or outpatient surgery: None are likely to use public transportation to get there and back.

Thus OP is incorrect when it states that the goal of providing free shuttle bus service is at odds with one hour of free parking. Rather these measures are complementary and both are part and parcel of a traffic mitigation plan. New shuttle buses for Iona House funded by the hospital are also unlikely to be used by those who have an option to go in their own vehicle.

As further evidence that older patients will use a shuttle bus only as a last resort, we can turn to a December 8, 2007 Washington Post article entitled, "Local Organizations Offer Older Residents Mobility." The article states:

"Many older people do not use mass transit, often because of real and perceived obstacles... The multitude of services can frustrate senior citizens – and others – who struggle with bus schedules and multiple transfers. Such obstacles help explain why nearly 90 percent of older residents use private vehicles. Even when an older person decides he can no longer drive, he slides over to the passenger seat, and studies show that older residents will walk before taking public transit."

In addition, Sibley's parking fees are not insubstantial. The current fees are \$3.00 for the first hour; \$6.00 for two hours; \$9.00 for three hours; and \$11.00 for four hours (Sibley Neighbors for Responsible Growth, Response to Applicant's Submission of October 22, 2007, page 8).

The Commission thus restates its belief that "this amenity should be available to all hospital visitors regardless of age, and would be an important mitigation for neighbors as well."

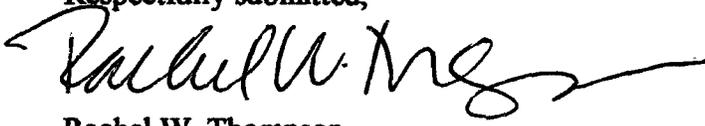
Condition 6 – ANC 3D to receive copies of all applications: The ANC asks that a condition be included in the final order which compels Sibley – not any third-party agencies – to

provide to the ANC “copies of all applications for all regulatory reviews, permits and approvals, for the duration of the medical office building project.”

The Commission recognizes that it cannot require agencies that are not a party to the Zoning Commission order to take specific actions, which is why it places the obligation in this case on the Applicant to provide copies of the applications described which it may submit for review and approval in the course of the project.

ANC 3D asks that the Zoning Commission’s final order incorporate all of the additional conditions outlined in its Reports of October 12, 2006 and October 27, 2007.

Respectfully submitted,

A handwritten signature in black ink, appearing to read "Rachel W. Thompson", with a long horizontal flourish extending to the right.

Rachel W. Thompson

Chair, ANC 3D

(202) 364-1384

For Reference

Pages 1-5

with Vote and

Conditions.

(full doc is already
in the record)

October 5, 2006

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

**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 20th 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 Shanpley 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 Spring Valley 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

Advisory Neighborhood Commission 3D
Findings of Fact and Conclusions of Law
Zoning Commission Case No. 05-42 Sibley Memorial Hospital
Consolidated PUD and Zoning Map Amendment

March 5, 2007

Subject Property

1. The subject property is located on a 20.48 acre parcel at 5255 Loughboro Road, N.W. known as Square N-1448, Lot 25.
2. Little Falls Road, until 2002 a public road, belongs to the subject property and serves as the driveway for the hospital. The U.S. Army Corps has an access easement for this road. This road provides the only access to the hospital's emergency room. The hospital has a helipad located in the middle of this road mostly for scheduled patient transport.
3. The subject lot is zoned R-5-A. The neighborhoods south of Loughboro Road, Palisades and Kent, are zoned R-1-B and primarily one-family residential in character. The areas east of Dalecarlia Parkway in Spring Valley are zoned R-1-A. The reservoir grounds to the north of Little Falls Road are federal property.
4. The subject property is currently extensively developed, with 70 percent coverage paved or built. The existing campus FAR is 0.76 and the permitted FAR is 0.9.
5. To the north of the subject property on Little Falls Road, the U.S. Army Corps will begin construction, in this calendar year, of a dewatering facility to be serviced by 20-ton trucks going in and out of Little Falls Road via the Dalecarlia entrance.
6. Since 1995 the Applicant has expanded or upgraded its facilities four times: 1) a skilled nursing facility in 1995; 2) a 124-bed assisted living facility, Grand Oaks, and a 96-bed Renaissance skilled nursing facility, in 1998; 3) a radiation oncology center in 2000; and 4) an additional 36 units in a second Grand Oaks building in 2004 which is now under construction. Each of these applications required some combination of Special Exceptions or Variances for height, density and setbacks.
7. In 2002 Applicant constructed a 250-space above-ground parking garage on then-federal land which required no local review.

The Proposed Zoning Map Amendment – Medical Office Building Use

1. The applicant proposes to re-zone a 2.86-acre portion of the site to SP-1 as a planned unit development to construct a) a 77-foot-high medical office building which it would lease to doctors that would not be on the hospital staff; and b) a 750-space above-ground parking garage.

2. No other site in Ward 3 is zoned as either SP-1 or SP-2. The applicant offers as a comparison the Washington Hospital Center, a medical campus with three hospitals – Washington Hospital Center, National Rehabilitation Hospital, and Children’s National Medical Center – zoned SP-2. The subject site is not at all comparable to the WHC site in terms of intensity of use or surrounding residential zoning.
3. 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.”
4. The subject site is not appropriate for zoning as an SP District due to the surrounding R-1-A and R-1-B zoning. The nearest commercial zoning is for C-1 (Neighborhood Shopping District) a half a mile away.
5. A medical office building would constitute a much more intensive use of the site than any of the existing hospital activities. Institute of Transportation Engineers standard traffic models show traffic twice as heavy for a medical office building as for a hospital (ITE Trip Generation, 7th ed., Uses 610 and 720). A hospital generates about 18 trips per hour per 1,000 square feet, while a medical office building generates an average of 36 trips per hour per 1,000 square feet.
6. Chapter 5 also states that the SP designation is intended to serve as a transition or buffer. In this case it is the proposed new building that would require buffering and it cannot therefore be the buffer.
7. Applicant’s current proposal is part of a 10-12-year plan to replace or rebuild large portions of its main hospital and patient housing.
8. With respect to building height, applicant points to the adjacent building, Hayes Hall, as comparable in height at 79 feet. However applicant also states Hayes Hall will be demolished in conjunction with construction of the new medical office building.
9. With respect to building height, applicant points to the main hospital building at 84 feet. However applicant’s Master Plan (See document #3 of ANC 3D October 5, 2006 documents submission) indicates the main hospital building will be replaced as part of 10-12-year master plan.
10. The proposed medical office building is at the top-most portion of the site. The height of a medical office building at this location will set a strong precedent in terms of visual impact of the proposed facility and all future facilities.
11. The proposed plan would increase the built area of the site from 27 percent to 35 percent, continuing the trend of converting the extensive paved areas on campus – now 42 percent – to more intensive use.
12. With this proposal the remaining FAR would be 0.89 with a permitted FAR of 0.9. The hospital in 2002 maximized the size of its site and thereby technically reduced its FAR to 0.79. The hospital with this proposal would again reach its maximum FAR and require additional variances for any future expansion.

Public Benefit versus Public Risk – Need for Proposed Building

1. There are 4 existing medical office buildings within a 2.5-mile radius of Sibley Hospital, including two served by Metro. There are 3 diagnostic/outpatient surgery facilities within a 2.5 mile radius of Sibley Hospital, two served by Metro. (see ANC testimony of February 21, 2007).
2. There is no unmet demand for new medical office space in the northwest quadrant of the District. No nearby medical office buildings are expected to undergo a change of use or to close. One office building near Foxhall Square recently opted not to convert to medical office buildings due to a lack of demand. (Letter from Columbia Realty Venture, LLC, February 21, 2007.)
3. Three current reports by the D.C. Hospital Association, “DCHA Financial Indicators Winter 2006,” “DCHA Utilization Indicators Calendar Year 2005,” and “DCHA Financial Indicators Fiscal Year 2004” all show that Sibley has a) a consistently healthier operating margin than other area hospitals; b) a consistent mix of patient payment mechanisms including under 1% reliance on Medicaid; c) both modest and manageable levels of direct charity care to indigent patients. (See ANC 3D documents filing dated October 5, 2006).
4. A majority of medical office buildings in the Washington metro region are a) privately-owned; b) smaller; c) in high-growth areas; and d) near major highways. (See ANC 3D testimony and Report). Therefore 1) private entities are accepting the risk of the venture, not the community the hospital is intended to serve; 2) there is a growing market, not a shrinking market, and a demonstrated need for additional medical services; 3) there is little use of neighborhood streets for accessing the medical office building and impacts are therefore much less severe.
5. Doctors relocating from Montgomery County to Sibley would experience a huge increase in medical malpractice rates, which raises strong questions about how many of the doctors who have expressed initial interest about the Sibley medical office building would actually move there.
6. The model of having a medical office building on a hospital campus may not be optimal, either for doctors or for patient care (Testimony of doctors, February 21, 2007). Having offices located on-campus provides modest additional convenience for doctors, but doctors in practice want to refer patients to the leading hospital for the specific procedure for the maximum benefit of the patient. Therefore having doctors located at Sibley may not ensure the highest level of care for patients, or guarantee that all patient procedures will be conducted at Sibley. Doctors who currently have offices in Chevy Chase or Foxhall Square further testified that they do not view as an inconvenience having to take a ten-minute drive to Sibley.

ANC Decision to Support Significantly Reduced Building

1. Advisory Neighborhood Commission 3D approved the proposed medical office building use assuming a two-floor reduction based on a direct correlation between the number of doctors practicing in the building and the number of daily doctor, staff and patient vehicle trips that will be generated.

2. ANC 3D's belief that proposed mitigation measures, specifically those concerning traffic, may be able to be successful is wholly and explicitly linked to the reduction in activity that will be brought about by the proposed reductions in building and garage size.
3. ANC 3D still has significant concerns about traffic safety at the hospital's proposed new entrance on Dalecarlia Road (See testimony of February 21, 2007). In addition, additional written testimony (Traffic control records) provided by PS205 Traffic Officer Anthony McElwee raises severe doubts about claims by the hospital's traffic consultants that existing traffic speeds on Dalecarlia Parkway are safe.
4. While the hospital has offered to institute a free shuttle service between Friendship Heights and the hospital campus, its estimates of the usefulness of this mitigation are very low at roughly 10 percent. The hospital has admitted that it expects no doctors and few patients to take advantage of the free shuttles. Further, a single shuttle bus may not be sufficiently reliable for employees of the medical office building, and will be of no use during later evening shift changes.
5. To grant the additional 15 doctors as suggested by the hospital would have a very significant impact on traffic volumes in an area with already failing levels of service.
6. Advisory Neighborhood Commission 3D approved the proposed medical office building use assuming a two-floor reduction specifically to comply with Comp Plan provision (§ 1409.1(f)) which specifically includes Sibley Hospital among noted institutions and states that "(t)he compatibility of these uses must be maintained, expansion carefully controlled, changes to neighborhood-related uses encouraged, and conversion to other nonconforming uses prevented."
7. To grant the additional 12.5 feet of height as suggested by the hospital would fail to address the goals of §1409.1 to encourage the hospital's expansion in the direction of greater conformity with neighborhood norms (e.g. height and mass, visual impacts and landscaping, height of recently-constructed campus buildings; potential future construction norms).
8. In conclusion, the applicant is absolutely incorrect when it states in its closing remarks that "(t)hese are not significant numbers." These numbers are critical to the ANC's willingness to compromise on the proposed use at all.

Community Consultation and Support, Amenities

1. Advisory Neighborhood Commission 3D formed an expert volunteer working group in August, 2005 to assist the ANC in analyzing and responding to the hospital's proposal. The working group met with the hospital on a monthly basis beginning in September 2006, regularly informing ANC 3D commissioners of its meetings with the hospital and other information it was collecting.
2. The Palisades Citizens Association (William Spencer, president, by e-mail) opted not to participate in the working group, which included a professional hospital architect, a Spring Valley attorney, a health care expert, and two ANC 3D advisory neighborhood commissioners (the chair and the single member representative for the hospital district).

3. The ANC regularly updated members of the community by mail and newsletter about meetings related to the hospital's proposal. (See documents #1-4, and 16, among ANC 3D documents submitted on August 18, 2006).
4. By memo dated January, 2006, the working group requested total daily traffic counts related to the proposed project. (See document #5 in ANC 3D documents submitted August 18, 2006). This information was not provided to the working group until April 7, 2006 (see document #10 in ANC 3D documents submitted August 18, 2006).
5. The working group came forth in February 2006 with an amenities proposal for the hospital to assist in formation of a new in-home retirement program geared toward the surrounding community needs. The hospital applauded the concept. (See documents #6-8 in ANC 3D documents submitted August 18, 2006).
6. Sibley Memorial Hospital president Robert Sloan by letter dated April 10 terminated all future meetings with the working group and forbade his staff from participating in any such meetings. (See documents #11-15 in ANC 3D documents submitted August 18, 2006). April 10 is also the date of the Office of Planning Report recommending set-down of the hospital's application.
7. The Zoning Commission and Advisory Neighborhood Commission 3D have received dozens of letters from long-time hospital supporters, and doctors, who oppose the medical office buildings from the standpoint of high impacts and a lack of observable or documented need.
8. Advisory Neighborhood Commission 3D held a half-dozen public meetings on the Sibley proposal. With the exception of the final special meeting of September 20th scheduled for the purposes of taking a vote, members of the public were invited to speak at length either in favor or in opposition to the project.
9. The Palisades Citizens Association, which has about a thousand individual and household members, voted 38-16 on June 6 to support the hospital's application – three days before the hospital filed its substantive pre-hearing statement. (Letter from Bill Snape, resident). The association's vote came despite opposing analysis and testimony by the association's traffic chair (see Attachment C of the ANC's October 5, 2006 Report).
10. The Spring Valley West Homes Corporation, which supports the proposal, is not a membership organization.
11. The Spring Valley – Wesley Heights Citizens Association, whose members live east of the hospital, received no briefing and took no position on the application.
12. The Foxhall Community Citizens Association, with 250 members, received no briefing and took no position on the application.
13. The Applicant failed to consult the nearby community regarding amenities and two out of three of its proposed amenities are opposed or viewed as mitigation by the community. (Testimony of Sibley Neighbors concerning park proposed for intersection of Dalecarlia and Loughboro, attached e-mail from DDOT bike trails coordinator Chris Holben canceling Dalecarlia bicycle trail). The value of the proposed amenities to the immediately-affected households will be minimal.

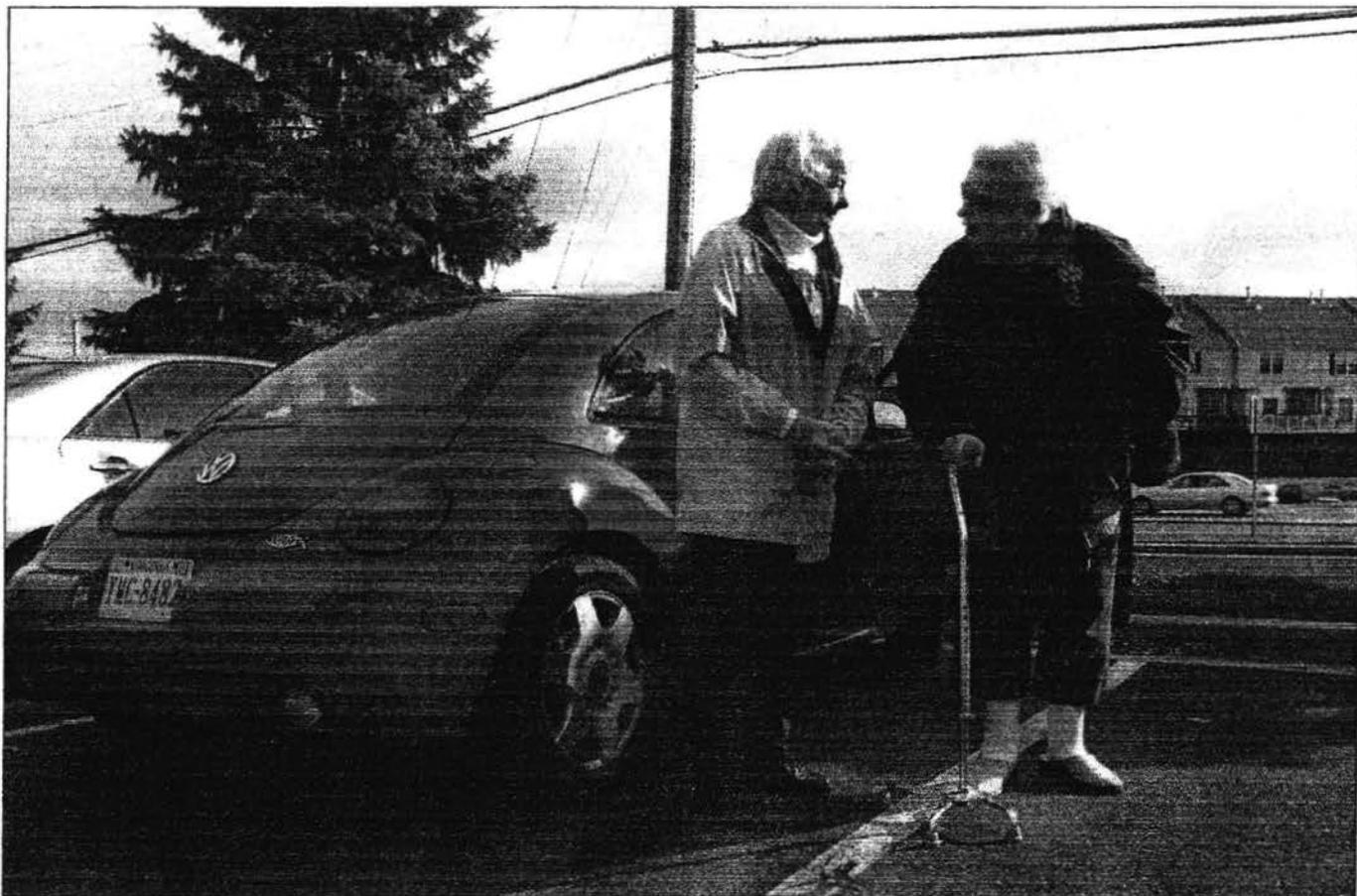
14. By contrast, an October 27, 2006 article in the Washington Business Journal "Inova Alexandria starts second part of \$78M expansion" states: "Inova officials have been talking with people in the neighborhood for the past five years ... visited 47 civic groups in three months, in some cases going door to door... By last year's planning commission meeting, most residents who gave testimony also gave their support." (See copy of article attached to ANC Report-Testimony dated February 21, 2007).
15. In conclusion, the hospital's community consultation process cannot be said to have been successful.
16. In September 2006, following the ANC 3D vote, a group calling itself Sibley Neighbors for Responsible Growth was organized to oppose the hospital's application entirely. This group includes more than 100 households which are uniquely affected by the hospital's activities.
17. The ANC's vote was 4-2-0 in favor of approving a reduced-size building. By letter, ANC commissioner Ann Haas who was absent with illness on the night of the vote stated that had she been present she would have joined the majority. (Letter from Ann Haas dated October 11, 2006 in Zoning Commission file and also ANC 3D written testimony of February 21, 2007).
18. A last-minute "protest letter" submitted to the Zoning Commission by newly-seated ANC 3D Commissioner Thomas Smith states that had he been seated at the time of the vote he would have opposed the majority vote. Commissioner Smith's district was previously represented by Commissioner Sarah Shapley who already voted to oppose.

Future Reporting and Community Consultation

1. Reports promised by applicant concerning traffic volumes, number of practicing doctors, number of vehicles entering and exiting each hospital entrance must be required in such a way that their results are actionable at an enforcement level.
2. The hospital should be required to promote its free shuttle bus service not only in pamphlets in doctors' offices but also on its website and in the local newspaper. It should be required to set targets for use of shuttle bus and employee passes and report on these numbers along with other traffic figures.
3. The hospital must hold quarterly meetings with the surrounding community that are well-promoted including on the hospital's website, on local listservs and in the Northwest Current.
4. The hospital has failed to adhere to earlier commitments to make its best effort to work with the community to effect a re-routing of WMATA buses behind the hospital using Little Falls Road in such a way as to eliminate their uphill climb from MacArthur Boulevard along the south side of Loughboro Road. The hospital should be required to immediately relocate its helipad from Little Falls Road onto an adjacent parking lot indicated in the hospital's diagrams (see ANC testimony).

MIETRO

SATURDAY, DECEMBER 8, 2007



BY CAROL GUZY — THE WASHINGTON POST

Betty Lee Thatcher, 80, left, volunteers through the Annandale Christian Community for Action to drive Patricia LaRue, 60, to the doctor.

Drive to Keep Going

On Any Given Day, Millions of U.S. Residents Over 65 Stay Home Because They Don't Have Transportation. The Race Is on to Change That.

By FREDRICK KUNKLE
Washington Post Staff Writer

The ride in Betty Lee Thatcher's snazzy red Volkswagen Beetle was short and uneventful. But it meant everything to Patricia LaRue.

getting around Northern Virginia.

"I just haven't gotten up the nerve to get on the bus," LaRue, 60, said. "I feel like one of those little wobbly dolls."

LaRue has to rely on friends or volunteers for door-to-door transportation, so she signed up for a ride with the Annandale

around nearly 40 years, is running out of drivers because so many volunteers are too old to drive. Thatcher, who drove LaRue to a doctor's office Tuesday, is 80. LaRue's driver for a follow-up visit is 87.

"I'd say the average age is 89 and rising," said Nancy Hall, president of the group.

When Seniors Stop Driving

600,000 people ages 70 and older stop driving every year and become dependent on other means of transp

More than **20 percent** of Americans 56 and older do not drive.

3.6 million nondrivers older than 65 stay at home on any given day because they have no other option.

Older nondrivers are likely to make **15 percent** fewer trips to the doctor; **59 percent** fewer trips to stores

SOURCES: National Institute on Aging, AARP

Local Organizations Offer Older Residents Mobility

DRIVE, From B1

not as charitably minded. There are people who say that, but I don't agree with that."

With the Jack Kerouac generation well on the road toward retirement, demographers and experts on aging are urging policymakers to invest in new public transportation options. The shortage of suitable transportation for older residents will become especially acute in the suburbs, not only because transportation there revolves around the automobile, but also because boomers who grew up in the suburbs appear to be staying there.

The number of senior citizens is expected to double by 2030. As that population swells, experts said, so will the need for new ways to get around as more people live well beyond the age when they quit

driving. A 2002 study by the National Institute on Aging found that about 600,000 people 70 or older stop driving every year and become dependent on other forms of transportation. The study found that men who stopped driving would rely on public or other means of transportation for an average of seven years. Women would need public transportation for 10 years.

A substantial number of older Americans already have difficulty getting where they need to go because they no longer drive. This is true even in areas with a host of transportation options, experts said.

"We have data that show people are stranded," said Elinor Ginzler, AARP's director for livable communities.

More than 20 percent of Americans age 65 or older do not drive. Of those, more than half — about

3.6 million people — stay home on any given day because they have no transportation, AARP says. The problem is more pronounced for those who are frail or poor and those who live in rural areas.

Those who cannot get around become isolated, and isolation can have serious consequences on a person's mental and physical well-being. For example, AARP says those who are unable to find transportation make 15 percent fewer trips to the doctor.

Many older people do not use mass transit, often because of real and perceived obstacles, Ginzler said. The multitude of services can frustrate senior citizens — and others — who struggle with bus schedules and multiple transfers. Such obstacles help explain why nearly 90 percent of older residents use private vehicles. Even when an older person decides he can no longer drive, he slides over to the passenger seat, and studies show that older residents will walk before taking public transit, Ginzler said.

In Fairfax, for example, low-income seniors can sign up for Seniors-on-the-Go, which lets riders buy subsidized coupons to pay for taxi fares. Others might qualify for MetroAccess, a service sponsored by the Washington Metropolitan Area Transit Authority for disabled passengers, or FASTRAN, the county-run door-to-door service. The county also offers a volunteer driving service similar to the Annandale Christian Community for Action's. And there are senior citizen discount rates on almost all public transportation, including Metro and Metrobus.

Grace Starbird, director of Fairfax County's Area Agency on Ag-

rtation.

or restaurants; and **65 percent** fewer trips to social, family or religious gatherings.



PHOTOS BY CAROL GUZY — THE WASHINGTON POST

Betty Lee Thatcher drives Patricia LaRue to an appointment as part of a volunteer door-to-door transportation service. As boomers swell the ranks of senior citizens, governments and nonprofits are addressing the need for such options.

ing, said one of many initiatives undertaken by the county to enhance transportation for seniors is a proposal for a "one-stop shop" that would coordinate transit services for older residents.

Other governments and nonprofit organizations across the nation have explored strategies to help seniors get around, including implementing new approaches to volunteer driving services, re-vamping bus lines to make them more flexible and redesigning streets and highways to accommodate older motorists and pedestrians.

In Maine, for example, Katherine Freund, whose 3-year-old son Ryan was hit by an older driver nearly 20 years ago, started a nonprofit organization to help seniors get around. (Her son recovered and now attends the University of Oregon.)

Through Independent Transportation Network and ITNAmerica, which is working to replicate her model across the country, younger volunteer drivers can get credits to receive rides later or donate them to others. Residents who stop driving can donate their cars for credits, and merchants can help pay for rides for older customers.

A similar time-banking program operates in Annapolis, where the city's Transportation Department teamed with Partners in Care, a Pasadena-based nonprofit that helps seniors stay in their homes.

Partners in Care, which also operates in Frederick, administers a time-banking system so that a person who volunteers to transport an older resident will earn credits that could be used for home repairs.

"There are a whole host of seniors who need help getting out the

front door," said Barbara Huston, the organization's co-founder and president. "Our niche is to provide people with arm-to-arm, door-to-door transportation."

Partners in Care started with 125 enrollees; today, there are 4,800. The city promotes the service and pays for background checks of a volunteer's driving record.

Prince William County offers "flex-routing" on its OmniLink bus service, said Christine Rodrigo, spokeswoman for the Potomac and Rappahannock Transportation Commission.

The service allows any resident in Manassas, Manassas Park and some parts of the county to schedule a deviation from the regular route of up to $\frac{1}{4}$ of a mile. There is a \$1 extra charge for riders using the flexible service unless they are older than 60 or disabled.