

August 18, 2006

Ms. Carol Mitten
Chairman, Zoning Commission
Office of Zoning
Government of the District of Columbia
One Judiciary Square
441 4th Street NW
Suite 210S
Washington, DC 20001

RECEIVED
D.C. OFFICE OF ZONING
2006 AUG 18 PM 1:32

Dear Chairman Mitten,

I wish to submit the following documents (attached) into the record for Zoning Commission Case #05-42 – PUD and Zoning Map Amendment (Sibley Hospital).

1. Diary of Meetings for Sibley Project
2. Sibley Hospital Plans Major Expansion – September 2005 mailing to 250 residents including reprint of August 2005 Washington Business Journal article, “Sibley to open up expansion plans to community.” *by Rachel Thompson*
3. Sibley Expansion Includes Office Tower – October 2005 article in Palisades Citizens Association newsletter
4. Postcard mailing to 250 residents concerning Sibley presentations set for meetings of the Palisades Citizens Association and ANC 3D *by Rachel Thompson*
5. ANC 3D Working Group Comments and Questions Regarding Initial Traffic and Parking Study, January 15, 2006 (meeting with Sibley)
6. E-Mail from Sibley COO Jerry Price to Rachel Thompson following initial verbal presentation by ANC 3D Working Group concerning “Palisades Village” concept for community benefits *(February 16, 2006)*.
7. Letter / proposal to Mr. Price dated February 22, 2006, “Proposed Community Benefits re: Sibley PUD Application, First Discussion Draft from ANC Working Group.”
8. E-mail from Mr. Price dated March 10, 2006, response to Palisades Village proposal.
9. “Sibley moves forward on \$300M expansion plans,” Washington Business Journal article dated March 24-30, 2006.

ZONING COMMISSION
District of Columbia

CASE NO. 05-42
EXHIBIT NO. 51
ZONING COMMISSION
District of Columbia
CASE NO. 05-42
EXHIBIT NO. 51

10. Memorandum from Gorove Slade dated April 7, 2006, "ADT of Proposed Sibley Hospital MOB."
11. Letter from Sibley president Robert Sloan to ANC 3D chair Jill Stern dated April 10, 2006 terminating future meetings with ANC 3D Working Group.
12. Letter response from ANC 3D chair Jill Stern to Sibley president Robert Sloan dated April 18, 2006 expressing regret and addressing next steps.
13. Letter response from Sibley president Robert Sloan to ANC 3D chair Jill Stern dated April 20, 2006 regarding next steps.
14. Article in Northwest Current dated April 26, 2006, "Sibley plan advances despite new friction."
15. Letter to the editor of the Northwest Current from Rachel Thompson dated May 10, 2006, "Sibley project merits attention."
16. Flyer distributed to neighborhood concerning upcoming Sibley presentation at May 3 meeting of ANC 3D.
17. Article in Northwest Current dated June 14, 2006, "Neighbors air worries about Sibley."

Please do not hesitate to contact me if there are any questions concerning these items.

Sincerely,



Rachel W. Thompson
ANC 3D 04 (Palisades)
5835 Sherier Place, N.W.
Washington, D.C. 20016
(202) 364-1384
E-mail: RachelWT@aol.com

Cc: ANC 3D chairman Alma Gates, ANC 3D commissioners

①

DIARY OF MEETINGS FOR SIBLEY PROJECT

2005

January 2005

Sibley holds two meetings for neighbors to present concept drawings for full expansion.

September 2005

ANC 3D establishes working group

- Alma Gates, ANC 3D chair
- Rachel Thompson, ANC 3D 04 (Sibley's district)
- Don Velsey, Professional hospital architect and Foxhall resident
- Mary Baluss, Professional healthcare consultant/attorney and Palisades resident**
- Robert Herzstein, International trade attorney and Spring Valley resident

September 22

Hospital 1st meeting

- Introductions
- Received outline of week by week work plan for Sibley with ZC
- Received initial briefing on full campus project

October 5

Community Meeting – ANC

- Initial presentation by Jerry Price of proposed full campus expansion

October 17

Hospital 2d meeting

- Sibley presentation on charity care (Catholic Charities, prosthetics, seniors)
- General context for expansion: Reimbursements going down
- Discussion of SP zone (what it is)
- Timing for construction of Grand Oaks addition already approved

October 24

Meeting with DDOT and WMATA

- Meeting to review status of discussion and planning around shifting WMATA bus layover to behind Sibley

October 28

Hospital Filing

- Notice of intent to file in place with OP as of 10/28

* Mary Baluss joined the working group in approximately February 2006.

November 1

Community Meeting - PCA

- Initial presentation by Jerry Price and Christine Stuppy of proposed full campus expansion

November 3

Hospital 3d meeting

- Discussing revised scope of project – PUD vs. SP-1 and boundaries of proposal
- Community feedback is project too big; Sibley agrees to stick to MOB/garage
- Where doctors will come from to lease offices in new MOB
- Presentation from doctor about moving breast cancer practice to MOB

November 8

Commission Update

- Rachel update to commissioners by e-mail memorializing agreements reached in 11/3 meeting with hospital on scope of project

November 9

Meeting with Office of Planning

- Initial meeting to discuss anticipated hospital proposal and ground rules (Jennifer Steingasser, Karen Thomas, Melissa Bird)

November 22

Hospital 4th meeting

- Presentation of revised boundaries for project and more detail on MOB/garage
- Recalculation of FAR, discussion of parking etc.

November 30

Community Meeting - Rachel

- Met with neighborhood residents on 11/30 (Sandy Spector, Andy Diem, Mr./Mrs. Rubio, Judy Riggs) to review scope of project, identify key concerns, discuss mitigation and community benefits

December 22

Hospital Filing

- Application filed with Zoning Commission on 12/22

2006

January 16

Hospital 5th meeting

- Quickly review basics of application (130k sq ft vs. 152k sq ft).
- Intensive discussion of preliminary parking/traffic study
- Presentation by Sibley of charitable care figures and senior program
- Concluded with Bob on thinking re community benefits
- Next step is to reconvene when Gorove Slade has solid traffic study
- Sibley aiming for set-down hearing in February (second Monday of the month, in this case February 13).

February 7

Community Meeting – PCA

- Sibley presented revised proposal for MOB
- Presentation of elements of traffic study
- “Straw vote” in favor of project

February 16

Hospital 6th meeting

- Focus on community benefits
- ANC presents Palisades Village concept

February 22

ANC community benefits proposal

- ANC sends 3-page written proposal to Sibley on February 22
- Proposal includes details on details and benefits of hospital participation

March 1

Community Meeting – ANC

- Sibley presented revised proposal for MOB
- Presentation of elements of traffic study, no hand-outs
- Request by ANC for Sibley to bring model

March 10

Sibley response to ANC community benefits proposal

- Sibley responds to ANC with letter dated February 27
- Sibley offers counter-proposal

March 30

Zoning Commission reviews Sibley application for setdown

April 3

Hospital 7th meeting

- To focus on traffic, per Sibley request
- Sibley presents list of items it will address at May meeting
- Rachel presents total trips figure (ITE model shows 5,000) to Gorove Slade

April 5

ANC Update

- Rachel and Alma update ANC on Zoning Commission schedule and recent working group meetings

April 7

- Gorove Slade provides memorandum to ANC on Average Daily Traffic which confirms ADT of approximately 5,000 trips for 130,000 sq ft facility based on ITE model

April 10

- Office of Planning sends report to Zoning Commission recommending set-down
- Hospital president sends letter to ANC terminating working group meetings

Rachel W. Thompson
ANC 3D 04 (Palisades)
E-Mail: RachelWT00@aol.com
(202) 364-1384

Rachel Thompson mailing to
250 Residents in WBSJ
article included.

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SIBLEY HOSPITAL PLANS MAJOR EXPANSION

Dear Palisades Neighbor,

I'm writing to you to alert you to Sibley Memorial Hospital's plans for expansion and to invite you to join a contact list for community meetings related to this proceeding.

Hospital neighbors and the ANC have for some time been asking the hospital to share with the community all of its future plans. Absent any context for various construction projects we have had to evaluate on a one-by-one basis the impacts associated with Grand Oaks, the approved Grand Oaks addition, the cancer treatment center and a parking garage. The proposal the hospital is now developing will have far greater impact than any of these earlier buildings.

Sibley will be developing this fall, with community input, an application with the Zoning Commission to re-zone the hospital from its current R-5-A (residential) zoning to what's called a "planned unit development" or PUD. The benefit of PUD status for the hospital is that it enables them to negotiate for greater density, height and parking than they could seek "by right" with their current R-5-A zoning. Sibley will explain how its plan responds to changing area demographics and the need for new and expanded services.

Neighborhoods surrounding the hospital will have multiple opportunities to review and comment on the plan as Sibley begins a series of meetings and presentations. From a community perspective the guidelines for evaluation of a PUD proposal include mitigation of adverse impacts; neighborhood amenities; and overall community benefits.

Please plan to attend one of the upcoming preliminary presentations by the hospital:

Advisory Neighborhood Commission
Wednesday, October 6, 2005
Sibley Hospital Auditorium
7:00 p.m. (note this is earlier than usual)
Short (15-minute) briefing with limited Q&A

Palisades Citizens Association
Tuesday, November 8, 2005
Palisades Recreation Center
7:30 p.m. meeting start time

I am looking for a core group of area residents to help review and comment on elements of the hospital's plans within the framework of the city's zoning laws. These will include an overall Master Campus plan and detailed plans for the first phase of construction, traffic impacts and safety, landscaping and storm water management, integration of Metro bus service, mitigation of adverse impacts and community amenities and benefits.

This proceeding will gain momentum throughout the fall and include extensive hearings before the city's Zoning Commission starting in the spring. Because it is so far-reaching it will allow for greater than usual input from the community, require a good deal of analysis and give and take, and take upwards of a year to complete.

Please let me know by phone, e-mail or regular mail if you wish to remain on this contact list to receive updates and information about future hospital-related meetings. This will probably be the only time I'll send regular U.S. mail as e-mail costs less and is quicker. Please include address and contact information when you write or call.

Rachel Thompson
(202) 364-1384
E-mail: RachelWT00@aol.com

Sibley to open up expansion plans to community

MOVING SLOWLY: Hospital CEO Bob Sloan says neighborhood input will be key to Sibley's plans.



FILE PHOTO JOANNE S. LAWTON

By Neil Adler
Staff Reporter

Sibley Memorial Hospital has begun to prep for a \$250 million to \$300 million expansion that may include a medical office building, outpatient surgery center, expanded emergency department and patient tower.

Armed with a rough sketch, hospital CEO Bob Sloan and other Sibley leaders expect to take their plans to community groups early in the year. Leaders of two groups — Advisory Neighborhood Commission 3D and the Palisades Citizens' Association — were scheduled to meet with hospital execs the week of Jan. 3.

Sibley's expansion will take 10 to 12 years to complete and occur in three phases. First up is a medical office building, which 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.

Preliminary designs for the medical office could be ready in the second half of 2005. Sloan says he'd like to schedule a zoning hearing for

this year, but with community talks just starting it's too early to take that step.

"We will expand to meet the needs of the community," Sloan says.

Stu Ross, president of the Palisades association, says hospital officials "have been good ... citizens over the years, having sought our input anytime they were proposing to put a shovel in the ground."

ANC Chairwoman Alma Gates says the hospital "has made a tremendous effort to work with the community."

After the medical office building, Sibley (www.sibley.org) wants to move forward on other aspects of the expansion. A patient tower will include new private rooms. A larger emergency room would add capacity for equipment and staff. A surgical center would accommodate soaring demand for outpatient services. Outpatient surgeries provide a critical revenue stream for Sibley, Sloan says.

Financing will come from three sources: long-term investments, bond issues and fund raising.

No part of the existing hospital, licensed for 328 beds, would be torn down, Sloan says.

New facilities will be built on 8.5 acres adjacent to the hospital that Sibley bought in April 2002.

Sibley recently completed a \$5 million, 650-space parking garage. An expansion of the hospital's 104-unit assisted-living facility, Grand Oaks, will begin this summer. The hospital has invested \$250 million over the past 15 years to upgrade its infrastructure.

Sibley isn't the only local health care provider gearing up for an expansion or major renovation. Many facilities in the region are run-down and in need of an upgrade.

Washington Hospital Center, for one, will begin looking for money this year — \$500 million to \$1 billion — to fund future projects such as a new emergency room and cancer center.

Georgetown University Hospital also has begun early-stage discussions for a possible campus makeover. In Maryland, Adventist HealthCare hopes to expand emergency departments at its hospitals in Rockville and Takoma Park.

During the past few months, Virginia Hospital Center opened a \$150 million facility in Arlington, and Inova Health System unveiled its new heart and vascular institute, at a cost of \$152 million, in Falls Church.

Much attention has focused on talks between D.C. officials and Howard University about a new hospital called the National Capital Medical Center that the university would run and the city would help finance. Late in 2004, Howard University leaders gave city officials financial projections for the 200- to 300-bed facility, but neither side has made those figures available to the public.

Sibley's Sloan says it makes sense that D.C. hospitals are thinking to the future: "The city needs to have a strong base of business."

■ E-MAIL: NADLER@BIZJOURNALS.COM PHONE: 703/816-0332

Sibley Expansion Includes Office Tower, More Parking,

As anticipated, Sibley Memorial Hospital has notified the ANC and the PCA of its plans to come forth this fall with a massive, integrated long-term plan for the expansion of its facilities and operations.

Hospital neighbors and the ANC have for some time been asking the hospital to share with the community the full scope of its future plans. Absent any context for various construction projects, they have had to evaluate on a one-by-one basis the impacts of these additions on views, traffic, lighting and noise.

In recent years we have seen addition of the Grand Oaks assisted living facility (a private facility operated by Sunrise Assisted Living, Inc.) including 104 apartments. Also the Renaissance skilled nursing unit, a state-of-the-art breast cancer treatment facility and a multi-story parking garage on Little Falls Road. Sibley has approval for, but has not yet constructed, additional Grand Oaks apartments.

Clearly Sibley is growing and will continue to grow, as it must respond to competitive changes in the hospital landscape and continue to serve surrounding communities. The only real question is how they go about it and what approach will give us maximum notice and opportunity to be heard in the process.

While the hospital shared with the ANC, PCA and a handful of neighbors in January its "concepts" for the expansion, we have not as yet received revised and detailed plans. But based on their concepts we expect their proposed first phase will include relocating a portion of Little Falls Road, a new office tower for doctors and another multi-story parking garage (there are now about 1400 parking spaces in place).

Phase Two may entail removal of the existing auditorium and administrative offices — once used as housing for nurses — and construction of new patient housing. Patient beds may be increased 40 percent from the current 230 count to the hospital's fully-licensed capacity for 328 beds, all of them in single rooms.

In response to years of neighborhood complaints about noise, lighting and visual impacts, the hospital has said it will seek to relocate its new patient facility away from Loughboro Road and closer to Little Falls Road. The current patient facility would eventually be used for administration, and a new auditorium will be built.

In terms of transportation changes, the hospital may propose construction of a Metro bus stop in a central location on the hospital grounds to gather all Metro buses into a single pick-up, drop-off and turnaround pad including layover. They will likely ask for a new traffic light at a newly-established main entrance at

Little Falls Road and Dalecarlia Parkway.

Collectively the proposed changes will have a tremendous impact on the surrounding neighborhoods of Palisades and Spring Valley, with a significant ripple effect on traffic back up through Westmoreland and Ward Circles and down along MacArthur Boulevard.

Neighborhoods surrounding the hospital will have multiple opportunities to review and comment on the plan as Sibley begins a series of presentations to the community, including the PCA's general membership meeting on November 1. Sibley will explain how its plan responds to changing area demographics and the need for new and expanded services.

Again, what's here is based on concept presentations in January. Revised plans are forthcoming this month. Sibley will preview these plans at the ANC's October 5 meeting and we urge you to attend and listen.

This proceeding will gain momentum throughout the fall and include extensive hearings before the city's Zoning Commission. It will be complex, require a great deal of input from the community, and take upwards of one year to complete.

To move ahead, Sibley will need to first obtain re-zoning from its current R-5-A zoning to what's called a "planned unit development," or PUD. Under PUD rules Sibley will seek approval for a Master Plan which will establish parameters for the site including building placement, density, height, parking needs and all future uses — not unlike a campus plan. The hospital will then bring forward detailed plans, likely in multiple phases over a several-year period, for review, approval and construction.

The benefit of PUD status for the hospital is that it enables them to negotiate for greater density, height and parking than they could seek "by right" with their current R-5-A zoning. PUD zoning is generally associated with construction of housing developments (Foxhall Crescents is a PUD). From our perspective the guidelines for evaluation of a PUD proposal include mitigation of adverse effects, neighborhood amenities and overall community benefits.

The hospital will need to obtain, through a separate public proceeding, a Certificate of Need from the Department of Health for each element of its proposed plan. The purpose of the Certificate of Need process is to ensure that taken as a whole, hospitals are meeting — but not exceeding — the overall need for patient beds and various services across the city and metropolitan area. Should hospitals not be competitive this would adversely affect their viability; should they overbuild the result could be

More Patient Beds

Increased service costs and reduced access for some to the health care they need.

We look forward to participating fully and effectively in Sibley's PUD proceeding and have assembled an expert volunteer team from within the community to assist us. We will need to raise funds from within Palisades and surrounding areas in order to engage an expert zoning attorney. We look forward to forming a core group of residents interested and willing to participate in ongoing

meetings to assist review.

Finally we are very concerned, as you know, about the prospect of construction of the U.S. Army Corps' Washington Aqueduct dewatering facility behind the hospital on Little Falls Road, and their plan to run twenty-ton trucks alongside hospital traffic in and out of Little Falls Road (see page 1).

In our meetings with Sibley COO Jerry Price we have repeatedly stated that

we want to enter into the zoning proceeding with them "unencumbered" by issues related to the Corps. However it's increasingly looking like this may be impossible. If the Corps is permitted to move ahead with its plan we will need to do our best to work with the community to mitigate the combined traffic and traffic safety, environmental and noise impacts.

—Rachel Thompson, ANC3D

July 4, 2005 Parade & Picnic Business Sponsors

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 678-2697
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 Sibley Hospital, 537-4000
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Contact Spence Spencer or Anne Ourand
 for July 4, 2005 sponsorship opportunities.

Rachel Thompson Meeting to LSC Residents

Reminder

November meeting of the Palisades Citizens Association

Presentation by Sibley Memorial Hospital of its proposed expansion plans including doctors' office tower and new parking garage

Date: November 1, 2005

Time: 7:30 p.m.

Place: Palisades Rec Center

Join the Palisades Listserv to keep up with what's happening in your neighborhood. Almost 400 people have already signed up. Find out more at <http://groups.yahoo.com/group/Palisades>



To continue to receive mail on Sibley's community meetings, please send your contact information to ANC 3D Rep Rachel Thompson at RachelWToo@aol.com or call (202) 364-1384.

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**Sibley Working Group
Comments and Questions Regarding Initial Traffic and Parking Study
January 15, 2006**

STUDY AREA AND VARIOUS

- Double-check error in traffic study: New MOB is 130,000 square feet, not 152,000 square feet.
- What happens to the existing auditorium?
- Study conducted November 17 (Thursday) from 6 am to 9 am and 4 pm to 7 pm.
- Peak hours found to be 7 – 8 am and 6 – 7 pm.
- Sibley shift changes are at:
- Need detail on intersection of Dalecarlia and Loughboro that shows all roadways currently and as proposed with project.
- Need diagram of which land around intersection belongs to Sibley and which to DDOT.

Figure 1 (page 4) – Study area.

Possible additional intersections for observation/traffic counts:

- Loughboro and Arizona: Deduce from existing data or gather new to get an idea of new southbound trips through this intersection with Sibley destination. Reason for this is confusion about whether intersection is one lane or two as southbound traffic reaches stop sign at Arizona. This results in turn-taking and lane confusion that could be exacerbated at rush hours to the point of becoming dangerous.
- Loughboro Road and Palisade Lane: Residents in this area and on streets that flow off of Palisade Lane report people park their cars on the street and walk to the hospital. It is important to have a baseline to address this concern with neighbors and in the event this concern grows in the future.

PROPOSED NEW PARKING SUPPLY

Parking Supply (page 8) shows a net increase of 233 spaces onsite. Please provide additional information to justify the statement: “These parking provisions will be adequate to serve the practical needs of the public and employees and will ensure that the new MOB doesn’t cause parking encroachment on neighboring streets.”

- 367 existing surface parking spaces may be lost. What is the location of those spaces and what will replace them?
- What assumptions have been made about Metrobus circulation and layover?
- Assume 30 spaces for new doctors (guess 2/3 of 90 already have assigned spaces)
- 133 spaces for employees (based on 2 employees per doctor, 90% drivers, 10% average absence and 1.1 riders per car).

- 30 + 133 = 163
- This leaves 70 net new spaces for all other requirements.
- What number of additional staff will be required for the 2 floors of outpatient surgery, diagnostics facilities, and retail space?
- What is the anticipated usage of the new conference facility? What is the seating for this facility and what is the associated parking requirement?
- What category of use under the zoning regulations has GS applied for its finding that only 167 new spaces are required?
- In Velsey's experience a realistic rule of thumb is 3-5 spaces per 1,000 sq. ft of physician office building space which would yield a need for 390 to 650 new spaces (minus those doctors who already have assigned spaces).
- Please explain difference with Foxhall medical center. That facility has equivalent square footage and 300 parking spaces. Parking there is grossly insufficient with result that they need to operate valet services. Cars are parked several deep which impedes convenience and safety.

EXISTING CONDITIONS

- How many employees does Sibley currently have? What is the breakdown by function?
- What is the on-campus headcount for each shift?
- Survey of existing employees' travel patterns by shift, number of drivers versus bus riders, and origin by state (payroll address).
- What is the current average of riders per car?
- How many spaces are reserved? For whom are they reserved and which lot(s) are they in?
- How many spaces are available for public use; what is their location and what is their rate of use by time of day?
- How many spaces are routinely used for free parking through senior program?
- What is the current total trip average?

Table 1 (page 2) – Bus ridership analysis

Ninety-three percent of bus riders in the morning peak are headed for the hospital. In the evening it's 81 percent.

- What percentage of pick-ups in the morning and evening are of hospital staff or patients versus non-hospital/residents?
- What incentive does Sibley now offer, or plan to offer, employees to take the bus?
- If programs are in place, are they working? Is there follow-up or monitoring?

Figure 2 (page 5) – Existing peak hour volumes

- Current trips average 529 in the AM rush hour and 363 in the PM.

Figure 3 (page 6) – Existing lane use and traffic controls

Looks accurate. Contains no data.

FUTURE CONDITIONS

Table 2 (page 9) – Site Trip Generation

The MOB would add 339 trips in the AM and 419 in the PM.

- Why has GS elected to present a “conservative estimate of the number of trips that will be generated” by the new MOB?
- What is the total daily trip count broken down by employees (doctors/staff) and patients? (Area residents are affected by all trips, not just rush hour trips.
- An average of Table 2 AM/PM total trip generation yields 379 trips per hour. Multiplying by 10, assuming 8 a.m. to 6 p.m. operation, yields a total added trip count of 3,790 cars per day. What is the actual current figure?
- The MOB will cause a 65 increase in peak AM trips and more than double the peak PM trips (215%).
- New traffic from the MOB will constitute 6% and 9% respectively of the overall AM and PM peak traffic (page 9). What are these percentages when all of Sibley trips – current and MOB – are added together?
- Why is one so much heavier in the morning and the other so much heavier in the evening?
- 126 out of 466 peak PM trips are for people coming into the MOB. Why would so many people come to the MOB between 6 – 7 pm if it’s closed?

Figure 7 (page 15) – Total Future Peak Hour Volumes

- If this is an overlay of Site Trip Generation on an estimate of future background conditions, what is the source of the future conditions data?

ENTRANCES AND MAJOR INTERSECTIONS

Figure 4 (page 7) – Existing LOS Capacity Analysis Results

- How are LOS ratings determined? How often are they updated?
- We need an LOS analysis for the Dalecarlia Parkway – Loughboro intersection even though there’s no light. With the new Dalecarlia entrance the eastbound traffic on Loughboro is likely to back up further for the left turn onto Dalecarlia and from there onto Little Falls Road.

Figure 5 (page 10) – Architectural Site Plan

Need layout of internal roads, especially between Loughboro and Dalecarlia entrances

Figure 6 (page 12) – Site-Generated Trips and Directions of Approach

Is Figure 6 based on current or future data? Assuming future:

- Why with the new entrance would only 12% of traffic go there?
- How can use of Little Falls Road / MacArthur entrance be increased? (21%)
- Plan for reducing use of Loughboro Road entrance.

Figure 8 (page 16) – Future LOS Capacity Analysis Results

No written comments at this time.

METROBUS/WMATA RE-ROUTING AND OTHER NON-AUTO ISSUES

- Overlay WMATA previous planning on re-routing and layover of buses to rear of Sibley
- Engage WMATA as necessary early on to develop plan and assess impacts on parking
- The AM/PM peaks were reduced by 10 percent based on an assumption of bus ridership or “other modes of transportation” (presumably taxis). Does that mirror current patterns?
- Need to add into trip count the Metrobus entrance/exits?
- Taxi availability: Non-auto departures average 21 during AM/PM rush hours, or 210 over a ten-hour day. If a third of those are by cab, that’s a need for 70 additional taxis per day. Are neighborhood taxi services up to the job? What are the current wait times for taxis?

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Reminder: AOL will never ask you for your password or billing information.

Subject: RE: Community benefit

Date: 2/16/2006 10:17:46 A.M. Eastern Standard Time

From: JPrice@sibley.org

To: RachelWToo@aol.com

Sent from the Internet (Details)

Rachel, just wanted you to know that I think your group is really on to something with the "Palisades Village" idea. This fits very well with our strategic plan. I think we can get excited about this.....looking forward to your proposal. Good job.

jp

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**Proposed Community Benefits re: Sibley PUD Application
First Discussion Draft from ANC Working Group**

February 22, 2006

Mr. Jerry Price
Chief Operating Officer
Sibley Memorial Hospital
5255 Loughboro Road, NW
Washington, D.C. 20016

Dear Jerry:

Within Title 11 Zoning Code, Section 2403 PUD Evaluation sets forth the criteria by which a planned unit development application shall be judged and places the burden on the applicant to justify the granting of the project. Here one finds the following among other considerations:

Section 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.

In the case of Sibley’s proposed Medical Office Building, such a building could not be built at all under matter-of-right provisions. The requested map amendment will open the way for construction of a commercial building in an area where as of now the closest commercial establishment is about a half mile away. A medical office building will result in traffic of much greater intensity than most commercial office buildings. When one adds in the visual and noise impacts it becomes clear that Sibley’s proposed plans will alter once and for all this bucolic corner of the Palisades.

Given this change of use and the rise in intensity of activity, the ANC proposes that the community surrounding the hospital be partly compensated by Sibley’s assistance to fund, program and sustain an independent community-based non-profit similar in scope and services to Beacon Hill Village (www.beaconhillvillage.org). Per that organization’s website:

“Beacon Hill Village helps persons age 50 and older who live on Beacon Hill and in its adjacent neighborhoods enjoy safer, healthier and more independent lives in their own homes—well connected to a familiar and attentive community.”

Beacon Hill Village fulfills its mission by providing a link for its members to established health resources which it augments through a network of volunteers:

“By partnering with proven providers of services, Beacon Hill Village is able to offer its members preferred access to social and cultural activities, exercise opportunities and household and home maintenance services, as well as medical care and assisted living at home.”

Beacon Hill Village is in its third year of operation and awaits adaptation and replication by other communities around the country. In response to intense interest in the project it will in March publish its first "how to" guide. We believe Palisades may be an excellent location for developing our own variation of this model which, for purposes of this discussion, we will call "Palisades Village."

Palisades Village should be established as a new, independent non-profit organization to work closely with existing health and home services providers to help coordinate care and services, including assistance with a variety of everyday tasks, for seniors (using the AARP 50 yrs. + definition) or others with emergent health needs. In order to be effective as a community-based membership organization it must be governed by the community. This will engender a spirit of volunteerism and help ensure ongoing responsiveness to community needs.

According to a Palisades resident and expert on Alzheimer's and in-home hospice care, seniors have huge difficulty organizing their options for health care and need help to do research and make choices. Many are quite active and looking to socialize around fitness or cultural activities. Others may need rides to appointments or help with shopping, a run to the library or even help with e-mail. Most aren't aware of the full range of programs and services available to them.

How would Palisades Village get started, and what would ensure its success? Already more than a dozen people have written in response to an AARP newsletter piece about Beacon Hill Village posted on the Palisades listserv. One Palisades resident wrote, "My husband and I are very interested in this prospect. We have begun to think seriously about how we want to live in the next twenty years. Have lived on Arizona Terrace for over 30 years, raised our children and treasured the ability to have both community and city. We are interested in a new model."

Getting started would entail putting together a study team to develop a fairly detailed concept plan based on the experience of Beacon Hill Village that can be taken out for discussions with the community. Also, some bottom-up fact-gathering in relation to the community's needs and an inventory of programs and services that Palisades Village could call upon within the community.

This would require full-time staff including, from the start, an executive director and a health programs/health marketing expert. An organization would need to be formed with a proper charter and governance structure. A business plan would need to be written; marketing materials prepared and sent out to potential members; and an initial group of volunteers organized.

All of this would take a minimum of one year to achieve assuming necessary start-up funding. Once underway the organization would begin to generate membership fees which would presumably be needed for additional administrative expenses.

How does Sibley stand to benefit by lending its support to such an effort, and how exactly would it participate?

Through its support of such a program Sibley can a) become a learner and leader in assisting creation of new community-based models for senior living; b) strengthen its community relations and gain fuller utilization of its existing programs for seniors; c) better target its charity care to the community's needs; and d) more fully realize the hospital's core mission to "provide quality health services and facilities for the community ... at the highest value for all concerned."

The ANC would expect Sibley to provide ongoing financial and programmatic support:

1. Hire a full-time community outreach specialist to work with Palisades Village and other community groups to promote Sibley's existing community programs, develop new programs that respond to community needs, and report on Sibley's charitable activities and services.
2. Contribute a percentage (5 percent) of annual gross revenues from the sale, lease and/or rental of space in the new Medical Office Building.
3. Working in partnership with Palisades Village develop, market and assist delivery of health and medical offerings that address in-home health and retirement needs.
4. "Contribute" existing facilities, programs and services for inclusion in Palisades Village.
5. Establish goal for charitable care expenditures within immediate community including both in-patient and out-patient services and/or products, and establish a referral mechanism for such services in partnership with Palisades Village.
6. Enlarge charity services committee to include Palisades Village seat.

I look forward to our arranging a meeting date to discuss this proposal along with our continued discussion of other elements of Sibley's Zoning Commission application.

Best regards,



Rachel W. Thompson
ANC 3D 04 (Palisades)
RachelWToo@aol.com
(202) 364-1384

cc: Alma Gates
Robert Herzstein
Don Velsey
Mary Baluss

Forwarded Message:

Subj: Next steps
Date: 3/8/2006 8:03:48 P.M. Eastern Standard Time
From: RacheWToo
To: JPrice@sibley.org
CC: JStern5000, AHG71139, RacheWToo

Hi Jerry,

It's been two weeks since we sent you the formal proposal, at your request, for the Palisades Village idea. Please let me know when I should look for a response.

I have not had an opportunity to write up issues related to the traffic study. I think it would be better for us to go over the study in a meeting with you. In fact I have as a next step, following our last meeting (Jan. 16th) that we would reconvene to go over the study once it was complete (at that time we discussed only the preliminary study contained in your application).

We were both expecting a set-down hearing this Monday the 13th. Since that hearing will now be delayed until April 10th, I've asked for Sibley to be removed from the ANC's agenda for April 5th.

I would like to use the time between now and then to continue working on traffic issues; to review your architectural, stormwater and landscape plans; and to meet with some of your staff to more fully develop the Palisades Village concept. I hope you agree that we want to make substantial progress in all of these areas before you come again before the ANC.

It's our understanding that you have not yet requested a meeting with the Department of Transportation to review your proposed plan. If our information isn't up to date, please let me know. At our meeting last week, in addition to trip counts I think you heard especial concern about the Dalecarlia approach to the new entrance. I assume the land adjacent to Dalecarlia belongs to the District; again, we will want to hear what DDOT has to say about this approach and other traffic and safety factors before considering the full proposal.

We appreciate the addition of new parking spaces in response to our shared concern about parking adequacy. I do think we've made a lot of progress, but we have a lot of work still to do. Sibley is an outstanding institution, we agree about important goals in the hospital's relationship with the community, and we look forward to moving ahead with good results.

Best
Rachel Thompson

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Forwarded Message:

Subj: Sibley Update
Date: 3/10/2006 10:48:41 A.M. Eastern Standard Time
From: JPrice@sibley.org
To: RachelWToo@aol.com
CC: Jstern5000@aol.com, AHG71139@aol.com, paul.tummonds@pillsburylaw.com,
dif@wilmot.com, louis.slade@goroveslade.com, CStuppy@sibley.org

Sent from the Internet (Details)

March 10, 2006

Rachel:

Thank you for the follow up. Attached to this email is our response to your "Palisades Village" proposal. As soon as you are ready, I would like to assemble a new working group to assist you to develop this idea.

We are available to meet with you to discuss the traffic study as well as the issues related to the Dalecarlia and Little Falls intersection. I believe we have identified the other outstanding "Gorove Slade" issues. Let me know some times that are good for your group to meet. I would also suggest that we try to address some of the other issues you mentioned in your letter.

I will keep you informed of our contact with the Department of Transportation. There is nothing to report at this time.

I have no problem with deferring our next ANC presentation. However, we need to keep on schedule with our ultimate Zoning Commission hearing. Therefore, we will ask the ANC to vote on our proposal regardless of whether every issue has been 100% settled. So we plan to present and ask for a vote on our project no later than the June meeting. We have an excellent reputation for working with the community and we will continue to do so long after the ANC votes on this project. Thank you for your interest. We look forward to continuing to work with you and your group.

Sincerely,

Jerry Price

Jerry Price
Executive Vice President and Chief Operating Officer
Sibley Memorial Hospital
5255 Loughboro Road, N.W.
Washington, D.C. 20016
W. 202.537.4680
F. 202.537.4683
E. jprice@sibley.org

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February 27, 2006

Ms. Rachel Thompson
5835 Sherier Place, N.W.
Washington, D.C. 20016

Dear Rachel:

I am responding to your recent proposal concerning Palisades Village. As I indicated, we are favorably inclined toward this idea. We believe this is a project where it is possible for the hospital to work cooperatively with the community. We think you will be pleased with how our existing Sibley Senior Services will complement your vision. To develop this idea, I recommend a working group identified by you and the other participants, as well as our Sibley Senior Services leadership. As we start, I want to establish realistic expectations so we can avoid any misunderstanding in the future. Sibley is willing to consider the following:

- Start up costs not to exceed \$120,000. This can be used to fund positions for an initial period if you wish.
- Assistance with reviewing initial grant proposals and recommendations concerning health oriented foundations.
- Linkage with existing Sibley Senior Services. This is a robust program that already provides many of the services advertised in the Beacon Hill program.
- Linkage with our Home Health Agency—Potomac Home Health Care and Potomac Home Support.

I want to be clear at the beginning and respond to several items in your proposal that are not acceptable.

- Permanent funding for Palisades Village. (The Hospital will not take this project on as a permanent obligation.)
- A percentage of revenue from the MOB or any other service of the Hospital for any endeavor of this nature.
- A specific goal of charity care for Palisades. We will provide charity care for anyone that qualifies. We serve a very broad community.

As we move forward, it is important to understand that any recommendation from the Management of the Hospital for the expenditure of funds in this project will require approval of the Executive of the Board of Trustees.

Sincerely,

Jerry Price
Executive Vice President and Chief Operating Officer

cc: Robert L. Sloan, President and Chief Executive Officer
Christine Stuppy, Director, Business Development & Strategic Planning
Barry Eisenberg, Vice President for Senior Services
Julie Potter, Coordinator Sibley Senior Association

HEALTH CARE

Sibley moves forward on \$300M expansion plans

By Neil Adler
Staff Reporter

Sibley Memorial Hospital plans to break ground next summer on the first part of a \$250 million to \$300 million expansion.

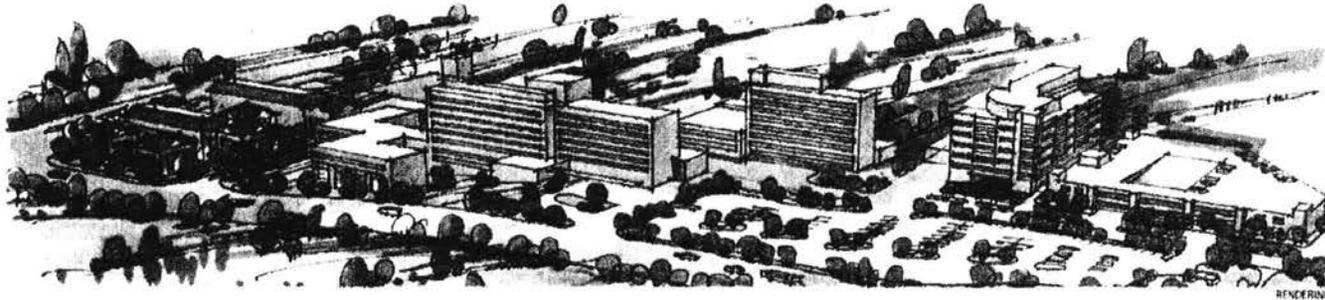
The first phase would include a roughly 120,000-square-foot medical office building, additional parking and an auditorium on the east side of the hospital's Northwest D.C. campus.

Sibley executives wouldn't say how much the expansion's first phase is expected to cost.

The hospital is going through the zoning process, which it hopes to have completed by year's end.

Before it can start construction, however, Sibley has to get a certificate of need from D.C. health regulators. The hospital plans to file for the certificate this summer, says President and CEO Bob Sloan.

Medical offices are needed to attract doctors to Sibley (www.sibley.org), which has



SUMMER PLANS: Sibley Memorial Hospital will seek a certificate of need this summer for an expansion slated to start next summer.

limited space on its campus for doctors to practice, Sloan says. The new building will have room for about 100 doctors and is likely to feature a surgery center, diagnostic imaging facilities, a pharmacy and other medical-related retail services.

This summer Sibley plans to send a written expression of interest to area doctors who may want to move to the Northwest hospital.

The first phase of Sibley's expansion will

be done in late 2009, Sloan says.

Over the long term, the hospital is considering a new patient tower, a larger emergency department and perhaps other outpatient services. It currently operates about 237 beds but is likely to increase bed capacity to 328 to meet the demand of baby boomers; "that's 10 years out," Sloan says.

Sibley leaders are meeting with civic associations to get their input on the hospital's

growth plans. Those groups asked Sibley to divide its expansion into three phases to more effectively review the project, Sloan says. "It's been a very collaborative, cooperative period working with the community."

In a separate project, Grand Oaks, the hospital's assisted-living facility, will wrap up an expansion by year's end that will add 36 apartments to the 104-unit complex.

■ E-MAIL: NADLER@BIZJOURNALS.COM PHONE: 703/816-0332

COMMUNITY DEVELOPMENT

Proposal: Pay up in Loudoun or lose your business license

By Joe Coombs
Staff Reporter

Loudoun County has proposed a measure that would prevent applicants from

having proof that they don't owe the taxman.

In 2005, the county listed \$5.9 million in delinquent personal property and business, professional and occupational-license tax

cover about 50 percent of the \$5.9 million if business licenses were withheld until taxes are paid.

The new penalty was first

lem," says Robert Wertz, Loudoun's revenue commissioner, "but this measure is another method of earning revenue for the county."

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MEMORANDUM

TO: Jerry Price, Sibley Hospital
Paul Tummonds, Shaw Pittman LLP
Rachel W. Thompson, ANC 3D 04 (Palisades)

FROM: Gorove/Slade Associates, Inc.
Louis Slade, P.E.
Leon F. Anderson.

DATE: April 7, 2006

SUBJECT: ADT of Proposed Sibley Hospital MOB

This memo presents the findings of an estimate of the proposed Sibley Hospital Medical Office Building on average daily traffic (ADT) volumes on the roads surrounding the hospital. These roads include MacArthur Boulevard, Dalecarlia Parkway, Loughboro Road, and Little Falls Road.

The number of trips generated by the proposed development was estimated based on the rates and equations published by the Institute of Transportation Engineers (ITE), *Trip Generation*, 7th edition. Estimates of the morning and afternoon peak hour traffic volumes and the average daily traffic (for weekdays) are shown in the trip generation table below. These AM and PM peaks represent the one-hour trip generation of the medical office building (MOB) coinciding with the peak hour of the adjacent street during the morning and afternoon commutes. The daily trips represent trips generated over a 24-hour period; however given the expected hours of operations of a typical medical office building, the traffic represents 6:00 AM to 7:00 PM operations, depending on the individual practices.

Land Use	ITE Code	Size	Trip Generation								
			AM Peak Hour			PM Peak Hour			Weekday		
			In	Out	Total	In	Out	Total	In	Out	Total
Medical Office Building	720	130,700 SF	256	68	324	110	296	406	2565	2565	5129
Transit Reduction		10%	-26	-7	-32	-11	-30	-41	256	256	513
Total Site Trip Generation			230	62	292	99	266	365	2308	2308	4616

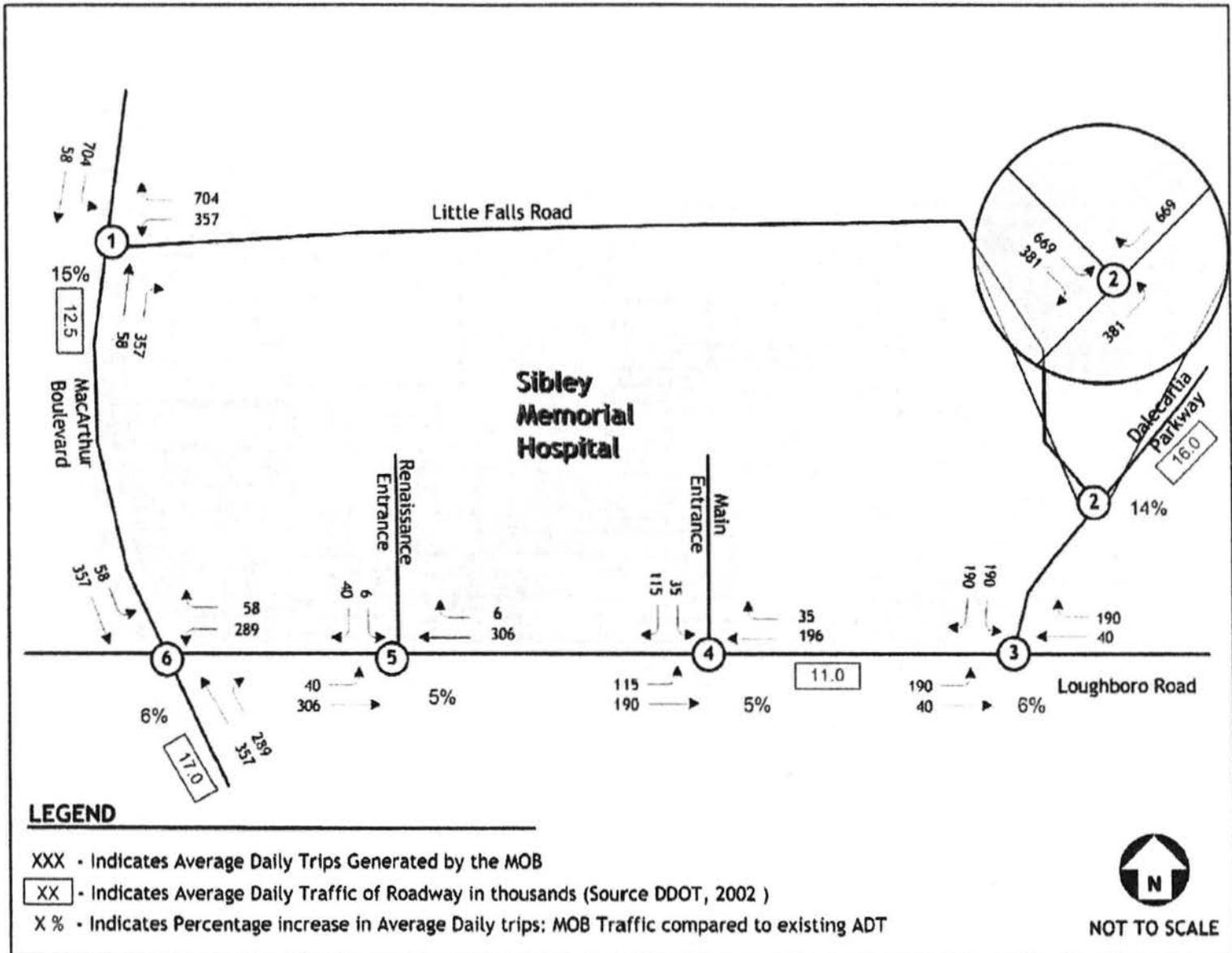
By definition, ITE's trip generation rates were derived from data collected from single-use developments where virtually all access to the development would be by private automobile (Source- *Trip Generation Handbook*, 2nd Edition, Appendix B). *Trip Generation* does not account for the potential effects of Transit Demand Management (TDM) programs, transit availability, and interaction between various on-site uses

(synergy), particularly when these uses are in walking distance of each other.

This directly relates to the Sibley Hospital and the proposed MOB; it is within the character of the uses that synergy will exist. It is expected that a high percentage of physicians practicing at the existing Sibley Hospital will have their offices in the new MOB. This will effectively reduce the number of doctors' vehicular trips on the roadways since (depending on the practice) many physicians will not have to make vehicular trips between the hospital and their otherwise remotely located medical offices. It is also expected that synergy would be realized when patients requiring various tests and treatment (such as x-rays) prescribed by physicians at the MOB use these services offered by the Hospital. For the purposes of this study, and in the interest of a conservatively high estimate of the traffic associated with the new MOB, synergy reductions were not applied.

A conservatively low transit reduction rate of 10% was applied to the trips based results found in a commuter survey prepared by Sibley in 2003. This reflects only the alternate mode choice of staff personnel; there is not transit reduction for physicians and visitors to the hospital. With this reduction applied, a total of 292 AM peak hour trips (230 in and 62 out), 365 PM peak hour trips (99 in and 266 out), and 4,616 daily trips are expected to be generated by this development. This represents approximately 6%, 9% and 8% of the total vehicular traffic on the surrounding roadway network, for the AM peak hour, PM peak hour and daily traffic, respectively.

The site-generated ADT volumes shown in the table were assigned to the roadway network based on existing travel patterns identified during data collection, GIS mapping of place of residence of the various user classes, and locations of parking facilities. The resulting trips were compared with the ADT on each major roadway to determine the impact of the new MOB traffic on each roadway. The figure shows that McArthur Boulevard would realize approximately 6% to 15% increase in average daily traffic; Dalecarlia would see approximately 14% increase at the Dalecarlia Parkway/Little Falls Road intersection and north of this point; while the increase on Loughboro Road will be approximately 5% to 6%.





Sibley

April 10, 2006

Jill Stern
Chair, ANC-3D
4846 Glenbrook Road, N.W.
Washington, DC 20016

Sibley Memorial Hospital
General Office
The Sibley Building
4846 Glenbrook Road
Washington, DC 20016
Telephone: 202-336-1000
Fax: 202-336-1000
www.sibley.org

Dear Ms. Stern:

Mr. Marty Janowiecki, a member of the Executive Committee of the Board of Trustees of Sibley Memorial Hospital, and myself were both in attendance at the April 5, 2006 meeting of Advisory Neighborhood Commission (ANC) 3D. We were unpleasantly surprised and disappointed in the report provided by Rachel Thompson on the status of her working group meetings with Sibley Memorial Hospital. Ms. Thompson's characterization of information received at these meetings as being unreliable, untruthful and not helpful are offensive and detrimental to the goal of achieving the best outcome for all concerned. The ANC working group meetings take a considerable amount of time for preparation and are expensive since we pay for the time of the attorney, architect and consultants. The Hospital has made every effort over the past seven months to be cooperative and to provide information in response to questions. There has never been an attempt to delay or mislead.

On February 7, 2006, Sibley Memorial Hospital and its consultants provided a briefing on our proposed project to the Palisades Citizens Association. Following discussion, there was a straw vote taken with unanimous support for the Sibley plan. Ms. Thompson has been dismissive of that meeting.

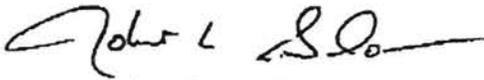
As the President and Chief Executive Officer of Sibley Memorial Hospital for the past 21 years, I have sought to establish a cooperative relationship with elected representatives of the community. Mr. Jerry Price, the Executive Vice President and Chief Operating Officer of Sibley Memorial Hospital for the past 21 years, has always had a good relationship with individual citizens, concerned neighbors and elected officials. We will not accept a characterization of our efforts as unreliable and untruthful. Therefore, I will no longer authorize representatives of Sibley Memorial Hospital to meet with Rachel Thompson and the ANC working group. We will provide whatever information that is requested at a meeting of the full Advisory Neighborhood Commission 3D.

With this letter, I am requesting that you provide me with a list of questions for Sibley Memorial Hospital to answer. We will respond to your questions and Mr. Price will be available to make a presentation to the Advisory Neighborhood Commission 3D.

*Letter to Ms. Jill Stern
April 10, 2006
Page 2*

Following our presentation, we will expect a vote on the proposed Medical Office Building, Parking Garage and new Auditorium on the campus of Sibley Memorial Hospital. We strongly believe that this project is in the best interest of Sibley Memorial Hospital, the community we serve and the citizens who reside within the boundaries of Advisory Neighborhood Commission 3D. We believe that we have overwhelming community support for this project. We will do our best to answer your questions with the hope that you will support our plan.

Sincerely,

A handwritten signature in black ink, appearing to read "Robert L. Sloan". The signature is fluid and cursive, with a long horizontal stroke at the end.

Robert L. Sloan
President and Chief Executive Officer

RLS:saj

Government of the District of Columbia
ADVISORY NEIGHBORHOOD COMMISSION 3-D
P.O. Box 40846
Palisades Station
Washington, D.C. 20016

April 18, 2006

Mr. Robert L. Sloan
President and Chief Executive Officer
Sibley Hospital
5255 Loughtoro Road, NW
Washington, D.C. 20016

Dear Mr. Sloan:

This responds to your letter of April 10, 2006 regarding the ANC 3D process as it relates to the Planned Unit Development (PUD) and Zoning Map Amendment process that is now underway in connection with Sibley's proposed medical office building, parking garage and auditorium.

I am sure you are aware that consideration of a PUD and Zoning Map Amendment is a significant matter. ANC 3D would be remiss in its duties to the various communities comprising ANC 3D (and, indeed, in fulfilling the mission imposed by law) if the Commission did not seek to elicit reliable information about the project, and evaluate the project and its potential impact upon the community. Sibley is regarded as a valuable community resource, and ANC 3D commends Sibley for its stewardship of the hospital to date. It is not inconsistent with this premise, however, for the community to have a meaningful opportunity to review a major development project and assess its impacts upon the community. While you are to be commended for disseminating information about your project at the Palisades Citizens Association meeting in February, the "straw" vote during that meeting without appropriate notice did not represent the official views of the community, or of other communities surrounding the hospital, and ANC 3D must make its own evaluation of the project pursuant to its legal mandate

As I understand your letter, you have raised three points: (1) your disagreement with the report by Commissioner Thompson at the April 5 meeting on the status of the working group meetings; (2) your desire to terminate further meetings with the working group and to meet solely with the full Commission; and (3) the format and timing of further ANC proceedings. I address each of your points below.

Commissioner Thompson's Report.

Although your letter takes issue with Commissioner Thompson's report at the April 5 meeting, I note that you were in the audience during the meeting for this agenda item and did not seek to address Commissioner Thompson's statements or to offer your own report on the working group process. In fact, Commissioner Thompson was asked to report on the status of the Sibley matter so that the full Commission could gain a better

understanding of the outstanding issues and the potential timing of the Zoning Commission proceeding. In this regard, Commissioner Thompson's presentation was extremely helpful to the other Commissioners, and highlighted some issues, for example, the difficulty the group has experienced in obtaining accurate and complete traffic information from Sibley and its consultants. Traffic issues are a major concern, not just for Palisades, but also for Spring Valley and Wesley Heights, and accurate information is critical for the affected communities to evaluate the traffic impact.

Although the working group has been seeking complete traffic information for the medical office building since January, particularly information on the total daily trip count for employees and patients, this information was not provided by your traffic consultant, Lou Slade of Gorove Slade, at his traffic study presentation at the Commission's March meeting. Additional traffic information was made available by Mr. Slade after the April Commission meeting which indicates that the total trip counts generated by a 130,000 square foot medical office building--- over a 13-hour daily period --- will be significantly greater than initially suggested by Sibley's estimate of AM and PM peak hour traffic (i.e., 657 v. 4616 total site trips). Given this discrepancy, you cannot fault the Commission for questioning the accuracy and completeness of information received to date about the Sibley project, or for seeking to clarify critical factual issues.

Sibley's Desire to Terminate the Working Group Meetings

Pursuant to the Advisory Neighborhood Commission Act, and the Commission's bylaws, the Commission may establish committees to assist the Commission in meeting its responsibilities. The Commission is fortunate that dedicated people, including Commissioners Thompson and Gates, attorney Robert Herzstein, hospital architect Don Velsey and health analyst/attorney Mary Baluss, have made their time available over the past months to review the details of the Sibley project as they have become available. We have found the process to have been extremely helpful in identifying and narrowing the relevant issues. In addition, it appears that concrete public benefits strongly endorsed by the hospital, such as the Palisades Village concept, have emerged from the working group process. Given this progress, we are disappointed, and surprised, at Sibley's abrupt termination of the working group discussions. We would strongly encourage you to continue the working group discussions, as evidence of Sibley's good faith desire to work with the community.

The Format and Timing of Further ANC Proceedings.

Based on our understanding from the Office of Planning, the case will not go before the Zoning Commission until the fall. In light of that, and given your decision not to participate in the working group, we plan to proceed as follows.

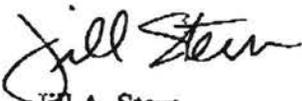
- Sibley will present its model of the proposed new buildings at the May Commission meeting. This model was requested by the Commission at the last meeting, and we understand it is now available. The Commission will allocate 10 minutes at the May meeting for Sibley's presentation of the model, and an additional 10 minutes for questions about the model by Commission members and the audience.
- In preparation for the June meeting, the Commission will send Sibley a list of specific questions and issues to be addressed at that meeting.
- Following the June meeting, we will assess where the Commission stands in relation to the information we need to review prior to a vote. In that regard we note that the Office of Planning has asked for the following documents which at a minimum we will also ask to review:

A completed amenities package
A completed Traffic Study with DDOT's analysis
Calculation of the percentage of pervious to impervious areas of the campus
Proposed stormwater management controls

- Assuming we receive the necessary information, we will be prepared to adopt our recommendations on the project in a timely fashion, but I cannot commit the commission to a decision date at this time. We are required to take a vote no later than seven days prior to the Zoning Commission hearing.

In conclusion, I would like to reiterate my disappointment with Sibley's decision to break off meetings of the working group, which was formed not only to bring forth the concerns and questions of the Commission and the community but to facilitate informed and thorough review. I hope you will reconsider.

Sincerely,



Jill A. Stern
Chair
Advisory Neighborhood Commission 3-D

cc: ANC 3D



April 20, 2006

Jill A. Stern
Chair, Advisory Neighborhood Commission 3-D
4846 Glenbrook Road, N.W.
Washington, D.C. 20016

Dear Ms. Stern:

Thank you for your thoughtful and professional letter dated April 18, 2006. You are correct in stating that consideration of a PUD and Zoning Map Amendment is a significant matter and that ANC 3-D has a responsibility to elicit reliable information and evaluate the project on its potential impact upon the community.

While I was in attendance at the April 5, 2006 meeting of ANC 3-D, I did not consider it appropriate to challenge the comments of Commissioner Thompson at that time. As I stated in my earlier letter, Commissioner Thompson's characterization of Sibley's efforts to date as untruthful, unhelpful and unreliable are offensive and a clear indication that, in her opinion, we are not making progress with the working group. Therefore, I made the decision to withdraw Sibley representatives from the working group and that decision will not change.

I understand the need that ANC 3-D has for additional information concerning traffic. We will address the subject of traffic with our consultant and provide you with a full and complete report. The format and timing of further ANC proceedings as outlined in your letter are acceptable. We will be prepared to present our "massing" model of the campus including the proposed new buildings at the May Commission meeting. We will respond to a list of specific questions and issues that you will prepare prior to the June meeting of the Commission. We will provide you, at a minimum, with the following documents:

- A completed amenities package
- A completed traffic study with DDOT's analysis
- Calculation of the percentage of pervious to impervious areas of the campus
- Proposed storm water management controls

We will respond to the best of our ability to all of your questions and concerns. Our desire is to work cooperatively with ANC 3-D and then trust your judgment on whether or not you can support our project.



Sibley Memorial Hospital
Grand Oaks
The Sibley Renaissance

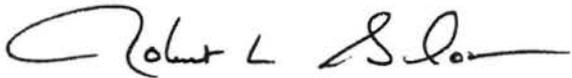
5255 Loughboro Road NW
Washington DC 20016-2695
Telephone 202.537.4680

Robert L. Sloan
President and
Chief Executive Officer

Letter to Jill A. Stern
April 20, 2006
Page 2

I understand your disappointment with my decision to break off meetings with the working group. However, after seven months of considerable effort, time and expense, I will not accept Commissioner Thompson's characterization of Sibley as untruthful, unhelpful and unreliable. We respect your position as Chair of the Advisory Neighborhood Commission 3-D and appreciate the professional manner in which you have communicated with Sibley. Our mission is to provide quality health services and facilities for the community, to promote wellness, relieve suffering and restore health as swiftly, safely and humanely as it can be done consistent with the best service we can give at the highest value for all concerned. We strongly believe that our plans for the future are in the best interest of this community. We hope that after due consideration, you will support our efforts.

Sincerely,

A handwritten signature in black ink, appearing to read "Robert L. Sloan". The signature is fluid and cursive, with a long horizontal stroke at the end.

Robert L. Sloan
President and Chief Executive Officer

RLS:saj

THE NORTHWEST CURRENT

LETTERS TO THE EDITOR

Sibley project merits community attention

I appreciate The Current's recent report on Sibley Memorial Hospital's application to the Zoning Commission to construct a 90-foot medical office building and parking garage on its Loughboro Road campus ["Sibley plan advances despite new friction," April 26]. I do wish to set the record straight on a couple of points.

Regarding Mr. Sloan's decision to terminate monthly meetings of his staff with the community, this action cannot have been based on my characterization of "information received at the meetings as being unreliable, untruthful and not helpful" as stated in his April 10 letter to Advisory Neighborhood Commission 3D chair Jill Stern. In my view, all of the information received at our meetings has been valuable.

As to the charge by Mr. Sloan further down in the story that I was critical of the character of the hospital or its executives, I simply was not.

In her response to Mr. Sloan's letter, the commission chair stated her disappointment with his decision to terminate the working group meetings. She also wrote, "ANC 3D would be remiss in its duties to the various communities

comprising ANC 3D (and, indeed, in fulfilling the mission imposed by law) if the Commission did not seek to elicit reliable information about the project, and evaluate the project and its potential impact upon the community."

My understanding is that this is the first time the commission has sought to engage so deeply on behalf of the community in a hospital matter. The working group has not only sought to evaluate visual and traffic impacts, but also brought forth a proposal — responding to neighborhood interest in at-home retirement programs — for the hospital to provide annual funding to a community-based "Palisades Village" as an amenity.

I believe a high level of community input is desirable given the size and impact of the proposed medical office building relative to previous projects, along with the anticipated follow-on expansion. Within this context I sincerely regret if Mr. Sloan has been offended by any of my actions.

Rachel Thompson
Commissioner, ANC 3D04

City's largest may be oak on Northampton

In The Current's May 3 article regarding the Casey Trees Endowment Fund's project to identify and protect the city's largest trees, an important Washington tree was not mentioned. The Northampton Oak, located on the

2800 block of Northampton Street, has got to be the oldest and perhaps largest tree in the city.

In 1991, The Washington Post Magazine included an item about this beautiful big tree. The article stated: "The great oak has been growing on the hill that is now the 2800 block of Northampton Street NW for more than 400 years, according to Hans Johannsen of the District Public Works tree maintenance division."

Just think: 400 years! That tree was here long before this was the District of Columbia or the United States of America. And, after I held my breath early last month, sure enough, the tree is now once more in full flower.

Robert Aaman
Chevy Chase

LETTERS TO THE EDITOR

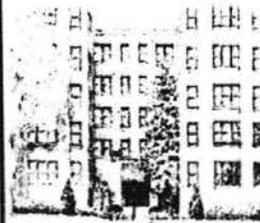
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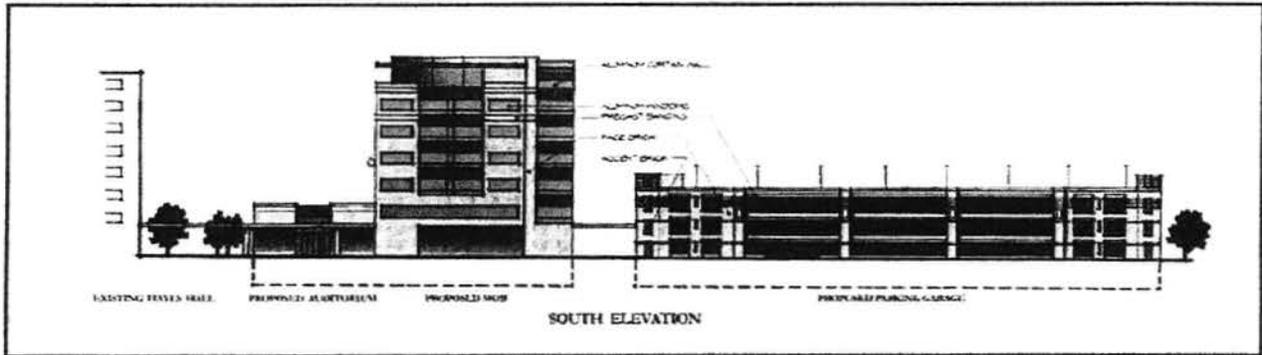
5034 Wisconsin Ave, NW • WDC 20016 • 202-326-1300 (C)

15

Wednesday, May 3rd, 6:30 p.m.

16

Unveiling of model of Sibley Memorial Hospital's proposed medical office building, auditorium and parking garage



Source: Sibley Zoning Commission application

Medical Office Building Description

130,000 square feet gross floor area
 Height: 90 feet plus +/- 18 feet mechanical
 7 stories above-ground, one below
 Hours: 6 a.m. to 7 p.m.

New entrance on Dalecarlia Parkway
 Offices for 100 doctors
 Outpatient surgery, diagnostic testing
 Deli, optometrist, other related retail

Medical Office Building Traffic Impacts

Traffic consultant: Estimated 4,600 trips, or 2,300 new cars weekdays

6-15% rise in traffic on MacArthur, 5-6% on Loughboro, 14% on Dalecarlia

Land Use	ITE Code	Size	Trip Generation								
			AM Peak Hour			PM Peak Hour			Weekday		
			In	Out	Total	In	Out	Total	In	Out	Total
Medical Office Building	720	130,700 SF	256	68	324	110	296	406	2565	2565	5129
Transit Reduction		10%	-26	-7	-32	-11	-30	-41	256	256	513
Total Site Trip Generation			230	62	292	99	266	365	2308	2308	4616

Source: Trip Generation Handbook, 2nd Edition, Appendix B
 As reported by Gorove/Slade Traffic Consultants

May Meeting of Advisory Neighborhood Commission 3D

Location: Sibley Hospital's Ernst Auditorium, 5255 Loughboro Road NW

Sibley will make a short presentation at approximately 7:30 during ANC 3D's May 3d Meeting. The hospital is scheduled to come before the commission for a more extensive presentation on Wednesday, June 7th. This is Zoning Commission case #05-42 / Application by Sibley Memorial Hospital for Consolidated Review and Approval of a Planned Unit Development and Zoning Map Amendment. For ANC information contact Rachel Thompson at (202) 364-1384 or e-mail: RachelWToo@aol.com.

NORTHWEST REAL E

SIBLEY

From Page 1

with some saying that improvements to the hospital would translate into better health care for the community, and others wondering whether the hospital's needs outweigh the added traffic that is sure to come with the new offices.

"We have all this pressure, and we're talking about smart growth. Shouldn't we have to demonstrate a strong need?" asked commissioner Rachel Thompson.

"My primary concern is that I have not seen any evidence that this is needed," said commission chair Alma Gates.

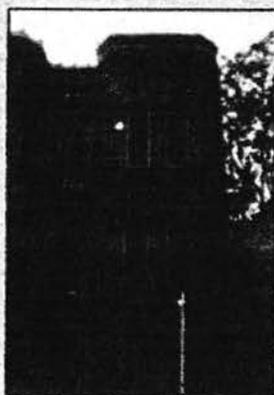
Sibley chief operating officer Jerry Price said that with rents rising

rapidly and the District's malpractice costs driving doctors to the suburbs, many are finding it increasingly difficult to practice in the area. "The Washington Clinic was torn down, and those doctors are scattered." Price said of the medical office building that once stood at the intersection of Military Road and Western Avenue. "If the doctors get squeezed out, we want a place for

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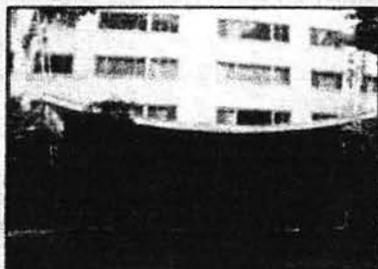


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ESTATE

ic- them to go."

ib- In addition, Price said, "a med-
ig- ical office building would provide a
za- revenue stream for the hospital."

rn But according to Gates, the com-
at- munity is deeply concerned about
al additional traffic in the area.

he Thompson added that the traffic
nd mitigation advanced by the hospital
et is not sufficient for the impact of the
or proposed medical office building.

In terms of mitigation, Price said,
the hospital plans to "reroute the
traffic off Loughboro Road to Little
Falls Road," create a deceleration
right-turn lane off Dalecarlia
Parkway to make it easier to turn
onto Little Falls Road, shift the
entrance to the hospital north by 100
feet on Dalecarlia Parkway to
improve sight lines, and sponsor a
shuttle bus from either Tenleytown
or Friendship Heights to service
employees and others who are will-
ing to take public transportation.

At Wednesday's advisory neigh-
borhood commission meeting, Lou
Slade of Gorove/Slade Associates
Inc., Sibley's traffic consultant, said
that peak-period traffic conditions
around the hospital are "good," and
that, during the hospital shift-
change hours (7 a.m., 3 p.m. and 11
p.m.) and off-peak hours, "traffic
conditions are excellent."

He acknowledged that creation
of the medical office building would
generate new traffic to and from the
hospital, but he said it would not be
as much as some might think
because the building would also
serve doctors, employees and
patients who already visit the hospi-
tal. In his presentation, Slade asserted
that the traffic impacts of the
medical office building would be
"negligible" and "fully mitigated."

But residents were not so sure.
Some complained that traffic
already produced by Sibley impacts
their quality of life.

Linda Shaughness complained
about noise from the hospital's heli-
port and said she has noticed a "siz-

able growth" in emergency visits of
late. "Are you really becoming a
trauma center?" she asked.

"No, we do not want to become
a trauma center and will not become
one," Price said, adding that the hos-
pital would not consider moving its
heliport.

Noting that the Army Corps of
Engineers will soon be constructing
a new dewatering facility nearby,
resident Blythe Lyons said, "This
medical office building and the
dewatering facility might be too
much for this area."

Resident Susan Elliot commended
Sibley "for being a wonderful
neighbor" and asked about the fate
of the D6 bus, which turns around
near the hospital entrance. Price said
Sibley would create a "formal lay-
over bay for the buses on the east
end of the campus."

Another resident, Kent
Slowinski, asked whether Sibley
would be willing to build a bigger
parking garage and not charge a fee
for using it. Price said the hospital
would not, noting that parking fees
are non-negotiable.

Some residents spoke passion-
ately in support of the hospital and
the new building. Dr. Bill Sadlack, a
surgeon who has been on staff at
Sibley for 25 years and lives in
Spring Valley, said, "I don't know
traffic patterns, OK? But I do know
medical care. Your very medical
care depends on Sibley being here."

Gates said she was pleased by
the discussion, except for the limited
scope of Slade's study. "Lou
Slade only looked at the street peak
hours, but that's not where the
growth is going to be. They're going
to be in and out of that office build-
ing all day long."

The Palisades Citizens
Association voted last week to sup-
port the project, Price said. Zoning
Commission hearings on the
planned-unit development and asso-
ciated zoning change — to SP-2 —
are expected to take place in the fall.