



CAPITOL HILL RESTORATION SOCIETY

PO BOX 15264 • WASHINGTON, DC 20003-0264 • 202-543-0425

www.chrs.org • info@chrs.org

**TESTIMONY OF THE CAPITOL HILL RESTORATION SOCIETY
BEFORE THE
ZONING COMMISSION OF THE DISTRICT OF COLUMBIA
ON
CASE NO. 05-34: MEDLINK DOWNZONING**

MARCH 23, 2006

Thank you for the opportunity to be heard in this important matter. I am Richard N. Wolf, President of the Capitol Hill Restoration Society (CHRS). CHRS is one of the largest civic associations in the District of Columbia with nearly one thousand members. It has been active for more than 50 years in planning, zoning, and historic preservation issues on Capitol Hill and throughout the city. We are here in support of the down zoning of the Medlink properties which are the subject of this case. For many years CHRS and I personally have been involved in the affairs of what is now called MedLink, previously called Capitol Hill Hospital. I was the last chairman of the board of the hospital, having served on the board since 1980.

Capitol Hill Hospital was, until its closure in 1991, a vital but controversial part of the Capitol Hill community for many years. It was a remnant of the many small hospitals that were at one time woven into the fabric of many neighborhoods. It began as Eastern Dispensary, run by the Rogers family. It evolved into Casualty Hospital, then Rogers Memorial, and finally became Capitol Hill Hospital. It also changed from a proprietary hospital, owned by the Rogers family, into a typical non-profit community hospital.

By the time I moved to Capitol Hill in 1964 the hospital was changing even more. What had been a hospital focused on trauma cases--with doctors riding ambulances--was transitioning to a more general community hospital. At the same time, hospitals were merging and moving onto campus-type facilities and using inexpensive Hill-Burton bond funding to modernize facilities. Capitol Hill Hospital tried the same thing, without moving. The hospital purchased numerous properties around the facility--tearing down row houses and creating parking lots where there had been houses--all in anticipation of enlarging the facilities.

Capitol Hill Hospital's activities angered and provoked the neighbors. Capitol Hill was changing. New residents who were intent on restoring the neighborhood found the tear downs changing the landscape drastically--creating barren parking lots in the midst of dense row house development. In addition, there was no relationship between the hospital and its newer neighbors. The hospital was not considered a suitable health care

**ZONING COMMISSION
District of Columbia**

CASE NO. 05-34
EXHIBIT NO. 46

option. There were frequent stories in the papers of someone who had died or been injured while in the care of hospital personnel. The hospital operations also burdened the neighborhood with ambulance sirens at all hours of the day and night and there were three shifts a day of employees coming and going along with numerous visitors. Many considered these were burdens without compensating benefits.

In the midst of this discordant situation, the hospital began to modernize its facilities and consolidate its site. The hospital sought to achieve its objectives through substantial re-building, including the development of what is now called the north tower containing new patient rooms. This construction focused on building single-patient rooms; retaining few, if any, double rooms; and eliminating old fashioned wards. This necessitated the zoning change to R-5-C from R-4 and C-2-A. The focus was on creating a hospital everyone could feel comfortable using, and coming to terms with neighborhood concerns over land banking. The record of that 1973 zoning case 72-1 is filled with letters of concern and support. The land banking issues were resolved by an agreement between the hospital, CHRS, and the Stanton Park Neighborhood Association to stop such actions unless the neighborhood organizations were in support.

Subsequently, in the late 1970s, community residents were invited to serve on the board of the hospital. I was asked and did serve from 1980 to 1991. During that time extensive efforts were taken by the board to strengthen ties to the community and improve the provision of health care. By 1980 Capitol Hill Hospital was in the last stages of merging with the Washington Hospital Center to create one of the first health care holding companies in the area: Medlantic Healthcare, now called Medstar, currently the largest healthcare system in the DC/Maryland area. That merger and the closure of Doctor's Hospital in downtown Washington brought to Capitol Hill Hospital some well known practitioners in ophthalmology, orthopedics, and plastic surgery. The system supplied funding to physically upgrade the emergency room and we contracted with a highly skilled emergency room medical group. We installed an intensive care unit and hired a well-respected surgeon from Howard as the director of medical staff.

In addition to improving the medical delivery side of the hospital, we opened the hospital to the community. More residents were added to the board and residents were asked to serve on advisory committees. To address the needs of a younger, more athletic population, we started a sports medicine clinic and had our head of sports medicine and rehabilitation offer assistance to local high school coaches. We started a teen pregnancy program that was staffed by one of our obgyn groups and run by our social work department. The hospital meeting room facilities were made readily available to many community groups and AA held meetings there three or four times a day.

Despite all the effort and money expended to make Capitol Hospital a model community hospital, the increased tightening of medicare and insurance reimbursement and our patient mix—mainly the chronically sick and elderly—caused terrible financial strains. Finally, in late 1990 and early 1991, it became obvious that Capitol Hill Hospital's financial needs could break the system; our monthly losses were draining all the cash reserves. So like many similarly situated inner city hospitals throughout the country, we closed in 1991 and sold the hospital to Dr. Shin and his associates.

Since then MedLink has not operated as a community hospital. It does not serve local community health needs in any meaningful sense. It offers area-wide services for skilled nursing and a nursing home. It is not the hospital that requested and received an up-zoning to serve community health needs in 1973. That up-zoning was recognized by all concerned as an aberration to the existing patterns of planning and zoning for the area but needed for important public policy reasons.

Along with the cessation of community hospital services, there has come a cessation of the need for the aberrant zoning. The current situation has resulted in constant conflict between the owners of Medlink and the surrounding community. Good faith attempts to resolve the conflict through suitable residential development proposals has been frustrated by Dr. Shin's actions. Now is the time for the Zoning Commission to restore to the community at least a zoning context that will ensure a more suitable development future to the site and discourage Dr. Shin from any further land speculation fueled by a now-inappropriate zoning designation.

Thank you