

GOVERNMENT
OF
THE DISTRICT OF COLUMBIA

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ZONING COMMISSION

+ + + + +

PUBLIC HEARING

+ + + + +

IN THE MATTER OF:

Sibley Memorial Hospital -
Consolidated Planned Unit
Development & Related Zoning
Map Amendment

Case No. 05-42

Wednesday,
February 21, 2007

Hearing Room 220 South
441 4th Street, N.W.
Washington, D.C.

The Public Hearing of Case No. 05-42 by the District of Columbia Zoning Commission convened at 6:30 p.m. in the Office of Zoning Hearing Room at 441 4th Street, N.W., Washington, D.C., Carol J. Mitten, Chairperson, presiding.

ZONING COMMISSION MEMBERS PRESENT:

CAROL J. MITTEN	Chairperson
ANTHONY J. HOOD	Vice Chairperson
MICHAEL TURNBULL	Commissioner (AOC)
GREGORY JEFFRIES	Commissioner

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OFFICE OF ZONING STAFF PRESENT:

SHARON S. SCHELLIN	Secretary
DONNA HANOUSEK	Zoning Specialist
ESTHER BUSHMAN	General Counsel

OFFICE OF PLANNING STAFF PRESENT:

JENNIFER STEINGASSER
TRAVIS PARKER

This transcript constitutes the minutes from the Public Hearing held on February 21, 2007.

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1 P-R-O-C-E-E-D-I-N-G-S

2 7:07 p.m.

3 CHAIRPERSON MITTEN: Good evening,
4 ladies and gentlemen. This is a Public
5 Hearing of the Zoning Commission of the
6 District of Columbia for Wednesday, February
7 21, 2007. My name is Carol Mitten and joining
8 me this evening are Commissioners Mike
9 Turnbull and Greg Jeffries. And the subject
10 of this evening's hearing is Zoning Commission
11 Case No. 05-42 and this is a continuation of
12 our hearing that we started on February 1,
13 2007.

14 This is a request by Sibley
15 Hospital for approval of a Consolidated
16 Planned Unit Development and related Map
17 Amendment for property that is bounded by
18 Loughboro Road on the south, Macarthur
19 Boulevard on the west, Little Falls Road on
20 the north and Dalecarlia Parkway on the east
21 and it is known as Lot 26 and Square N-1448.

22 And I just want to apologize for

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1 the late start. As you can see, we struggled
2 to get a quorum this evening, but we're ready
3 to roll now.

4 Let me just skip ahead and say
5 that we just have a few things to do tonight
6 in terms of the remainder of the presentations
7 and we're going to start with ANC-3D. And
8 then we will have the party in opposition
9 provide their presentation, which is the
10 Sibley Neighbors for Responsible Growth and
11 then we will have persons and organizations in
12 opposition and the applicant's rebuttal and
13 closing statement.

14 And I just remind folks the party
15 will have 50 minutes for their presentation.
16 Organizations will have 5 minutes and
17 individuals will have 3 minutes and we intend
18 to adhere to this time limit as strictly as
19 possible in order to finish the case
20 presentation tonight.

21 Just to remind folks, if they plan
22 on testifying, we need you to fill out two of

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1 these witness cards and when you come forward
2 to speak to the Commission, give those cards
3 to the Reporter, who is sitting to our right.

4 I just remind you that this
5 proceeding is being recorded by the Court
6 Reporter and it is also being webcast live, so
7 we ask you to refrain from making any
8 disruptive noises during the hearing, because
9 they will get picked up in the transmission
10 and when you come forward to make the
11 presentation to the Commission, we would ask
12 you to turn on and speak into the microphone,
13 first stating your name and address, and then
14 we ask you to turn off the microphones when
15 you are done speaking, because they pick up
16 background noise.

17 I remind folks that the decision
18 of the Commission in this case must be based
19 exclusively on the public record and to avoid
20 any appearance to the contrary, the Commission
21 requests that persons present not engage the
22 Members of the Commission in conversation

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1 during a recess or at any other time. And
2 Mrs. Schellin will be here in case you have
3 any procedural questions as the hearing
4 proceeds.

5 Please, turn off all beepers and
6 cell phones so as not to disrupt the hearing.

7 And is there anyone who plans on testifying
8 this evening who wasn't sworn in at our first
9 session? Would you just stand now and Mrs.
10 Schellin will administer the oath. Raise your
11 right hand and Mrs. Schellin will administer
12 the oath.

13 (Whereupon, the witnesses were
14 sworn.)

15 MS. SCHELLIN: Thank you.

16 CHAIRPERSON MITTEN: Any
17 preliminary matters, Mrs. Schellin? Anybody
18 else have preliminary matters? Okay. Then we
19 can start with Commissioners Thompson and
20 Gates.

21 MS. THOMPSON: Okay. I think
22 that's going to work. I can't actually -- I

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1 don't have the slides on my screen. Okay.
2 Great. Thank you.

3 Good evening, Chairperson Mitten
4 and Members of the Commission. I'm Rachel
5 Thompson, Chair of Advisory Neighborhood
6 Commission 3D and Commissioner for ANC-3D04,
7 the Single Member District in which Sibley
8 Hospital is located. I'm joined tonight by
9 Alma Gates, our immediate past chair and now
10 the Vice Chair of ANC-3D and also Commissioner
11 for ANC-3D05, Palisades.

12 As noted in our report and letter
13 of October 5th, Sibley met with the ANC on six
14 different occasions to discuss review and
15 update their application. Following the
16 initial Zoning Commission hearing on October
17 12th, the hospital returned to the ANC in
18 January 2007 and gave an overview of their
19 revised proposal.

20 The ANC, which has two new
21 members, took no further action, thus, the
22 Commission's September 20th vote and October

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1 5th letter remain current, although we will
2 address some of the new information provided
3 by Sibley since October.

4 The Commission voted 4-0 to
5 approve Sibley's proposal for a medical office
6 building and garage, assuming the following
7 specific reductions in the size of the project
8 and those are outlined on the slide up there.

9 So technically, I suppose, we opposed -- are
10 technically in opposition. However, we
11 support the construction of the medical office
12 building and the garage at a reduced size.

13 Specifically, we reduced -- we
14 recommended that the building be reduced in
15 height from 90 feet to 65 feet, not including
16 the mechanical, that the number of floors be
17 reduced from seven above grade to five above
18 grade and Sibley has now revised its proposal
19 so that it has six floors above grade, that
20 the above grade square footage shall be
21 reduced from 130,000, approximately, to
22 92,000, approximately, a reduction of,

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1 approximately, 40,000 square feet.

2 And anyway, Sibley recalculated
3 the way it was looking at its footage, because
4 I think at one point they included some of the
5 building area that they weren't required to
6 calculate that we would similarly adjust our
7 recommendation, so that the outcome is
8 elimination of two floors.

9 We also tied our specific concern
10 being the impacts on the neighborhood and
11 traffic specifically among the chief impacts.

12 We want to reduce the overall activity in the
13 facility as well. So knowing that you may be
14 able to put more doctors in a certain amount
15 of space, we also specifically asked that the
16 number of doctors be capped to 60, reduced
17 from 9,100 to 60.

18 In correspondence or in relation
19 to the reduction of the doctors and patients
20 and the size of the facility, we believe that
21 the number of parking spaces in the proposed
22 new garage can be reduced from 750 to 525 in

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1 direct proportion to the reduction of a
2 medical office building's square footage.

3 And that would be working with a
4 6:1 ratio, which is consistent with our
5 discussions with Sibley during the course of
6 our working group sessions and is consistent
7 with the written testimony that you have as
8 part of our report from a member of our
9 working group with expensive experience in
10 designing medical office buildings, who
11 unfortunately can't be here, because he is
12 usually in Africa designing medical office
13 buildings.

14 So but I don't want our numbers to
15 be -- you know, the idea is we need to
16 substantially reduce the size of this building
17 and the activity around this building in order
18 for, we believe, any of the proposed
19 mitigation to have an opportunity to be
20 successful.

21 So specifically on the zoning, we
22 had advice from the Office of Planning not to,

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1 you know, get too caught up in all the
2 technicalities, but to state what we want. We
3 did say no to the SP-2 designation. At
4 maximum we believe the site should be rezoned
5 to SP-1.

6 Our vote was 4-2-0. We request
7 that our testimony tonight be given the great
8 weight to which the ANC is entitled. In
9 addition, we voted 5-0-1 to adopt 11
10 conditions, which I'm not going to read, but
11 which we'll refer tonight in our testimony,
12 which are included in our report.

13 One of our Commissioners,
14 Commissioner Haas was absent with illness on
15 the evening of our September 20th vote, while
16 her viewpoint therefore has no official
17 status, it's worth noting that Commissioner
18 Haas submitted a letter to the Zoning
19 Commission dated October 11th and in your file
20 tonight in which she endorsed the Commission's
21 vote.

22 So I just want to move ahead and

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1 explain to you why we took the action that we
2 did and what some of our concerns are. This
3 is a slide that shows Sibley today and I just
4 want to say that neighborhood concerns about
5 the proposed building fall into two broad
6 categories. One, concerns about excessive
7 traffic entering and exiting the facility,
8 both at rush hour and throughout the day. And
9 two, the environmental visual noise and other
10 quality of life impacts associated with such a
11 large facility.

12 By reducing all of these elements
13 and providing the recommendation that we do,
14 we want to achieve the following goals. We
15 want to reduce the traffic and the traffic
16 impacts making the proposed mitigation more
17 workable, reduce somewhat the potential safety
18 impacts. We hope to reduce the noise and
19 light impacts by reducing the height of the
20 building.

21 We want to reduce the size of the
22 parking garage footprint resulting in slightly

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1 less impermeable surface coverage and we want
2 to establish a reasonable standard for
3 building heights on the site as we know Sibley
4 is moving forward to expand or replace
5 existing buildings in the future and I'll talk
6 just a little bit more about that.

7 So just to be very clear, only by
8 first reducing the size of the building and
9 the amount of activity in the building do we
10 think we can bring about the conditions under
11 which the proposed mitigations may be
12 successful. Even then, we continue to have
13 strong reservations concerning the potential
14 effectiveness of traffic volumes mitigation
15 and traffic safety mitigation.

16 In contrast to the Sibley slide,
17 which I just showed you, where it shows that
18 the campus is now 70 percent impervious
19 surface, we look at the surrounding low
20 density areas. Specifically, we have
21 Palisades and Kent, which is R-1-B to the
22 south and Spring Valley to the east, which is

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1 R-1-A.

2 Behind the hospital to the north,
3 you see the U.S. Army Corps Reservoir facility
4 and then the line between the two, the
5 important line that we'll be talking about
6 today among others is this Little Falls Road
7 right here, and I'm sorry my hand is shaking
8 like crazy. In any event, there is Little
9 Falls Road, there is Dalecarlia Parkway and
10 there is Loughboro.

11 This only permits low height and
12 density and there are about 20 homes directly
13 across the street and then below to the south
14 you see a dense network of residential
15 streets, likewise lined with two and three
16 story homes and the area, as we know, is a
17 kind of a major commuter route. Certainly,
18 Macarthur Boulevard is.

19 As noted in Exhibit B of our
20 report, our ANC previously supported four
21 special exception applications by Sibley and I
22 won't list them again right now. This is the

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1 Grand Oaks addition, which is currently under
2 construction. All the Grand Oaks buildings
3 have been given special exceptions for 46 foot
4 heights.

5 This is the non-insurance based
6 assisted living that the hospital referred to
7 in its presentation last week and that little
8 box is from the website which advertises, I
9 think it is, 100 more apartments, 100 or more
10 and there are 35 or more being added now.

11 So you see that construction and
12 you see that it is dense visually. This faces
13 Macarthur Boulevard. But what it doesn't do
14 is it doesn't generate traffic. From a
15 traffic standpoint, it's extremely minimal,
16 much less traffic than the hospital. And it's
17 also more consistent with the Comprehensive
18 Plan, which called for further housing for
19 seniors, and this answers that need.

20 So from the community's
21 perspective, this was a desirable thing. It
22 was an acceptable thing. And this again is in

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1 the style of what has been being built
2 somewhat recently.

3 This is where this whole
4 proceeding started, from my perspective. In
5 early 2005, Sibley brought together a group of
6 neighbors of the adjoining area and provided
7 them a concept presentation for their whole
8 master plan expansion. And this article,
9 which documents that, came out in the
10 Washington Business Journal in, I believe it
11 says, August of 2005. I can't read it.

12 And it talks about Sibley's
13 expansion in general terms. 10 to 12 years to
14 complete. First being a medical office
15 building, which is about 90,000 square feet
16 for 60 to 70 doctors. It's a convenience for
17 patients and enticement to doctors. This is
18 exactly what we recommend be permitted to be
19 built. Approximately, a 90,000 foot facility
20 with 60 doctors.

21 Here is the concept for the master
22 plan which Sibley went on to present to our

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1 working group and the ANC in the fall and to
2 the community and as Mr. Price noted last
3 week, most of the reaction of the community
4 was whoa Nelly, can we, please, slow down?
5 This is really big.

6 But I want to show it to you now,
7 because one of the issues in this proceeding
8 is building height. And so I think we need to
9 be mindful of two things. One, Sibley is
10 absolutely going to be expanding and replacing
11 some of its buildings. We know they are going
12 to be tearing down Hayes' Hall. They may need
13 to replace or update. We're not sure what
14 would go on with other core parts of the
15 hospital, but clearly there is something very
16 large that is going to integrate a lot of new
17 functions that is going kind of in that center
18 piece, partly where Hayes' Hall stands now.

19 Just to the right you see down the
20 auditorium and then just to the right of that
21 we see the proposed medical office building.
22 And this is right at the very start of all the

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1 discussion with the neighborhood.

2 Very quickly here, it just gives
3 you another glimpse of what that is going to
4 be. Even though that is not in front of us
5 today, I thought it would be valuable.
6 Starting on the top right you see it says
7 capture the medical office space market,
8 maximize health care development potentially
9 utilizing the back of the site, Sibley was
10 moving to -- move its activity toward the rear
11 of the site in consideration of neighbors.

12 And then other issues. Single
13 rooms in all of the hospital rooms. And there
14 is talk about expanding also to the hospital's
15 full license capability of 328 beds. It is
16 now operating about 238 beds and my
17 understanding is it would need an updated
18 certificate. It would need to actually --
19 it's a kind of a use or lose it. They were
20 initially licensed when the hospital was
21 opened a long time ago for 300 and some odd
22 beds, but they haven't actually used those.

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1 So we don't really know where this
2 is going to go, but we know we're not looking
3 at it today. Here is another change though
4 that I want to point out to you that has a lot
5 of impact on what we're talking about today.
6 Until 2002, Sibley had about 12 acres on the
7 south side of Little Falls Road, which is
8 where that hatched line is more or less.

9 At least another 8.5 acres on the
10 same side of the road from the U.S. Army Corps
11 and you see that is Lot 801 right there on
12 which it received permission to build a 250
13 car parking garage. It didn't need any local
14 approval for that, because this was on federal
15 land. It was reviewed by the National Capital
16 Planning Commission.

17 In 2002, Sibley then acquired this
18 land with the assistance of a \$40 million
19 public bond offering and with this transaction
20 Sibley also acquired ownership of the historic
21 Little Falls Road, which will serve as the
22 main entrance and exit to the hospital via

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1 Dalecarlia Parkway and Macarthur Boulevard.
2 So both ends of this Little Falls Road.

3 And this is part of the reason why
4 you see, I think, DDOT backing away from
5 talking about some of the issues related to
6 this road. They do not have jurisdiction over
7 this road. They cannot fund the upgrade of
8 this road. This is a private road and there
9 is a permanent easement agreement between the
10 hospital and the Army Corps where the Army
11 Corps may upgrade the road, but it is Sibley's
12 road.

13 The near doubling of Sibley's lot
14 size also means that the building density
15 figures alone don't tell the whole story. The
16 additional land resulted in an automatic
17 reduction of floor area ratio on the campus
18 from 1.09 in 2000 to .7 in the 2004
19 application for the Grand Oaks addition.
20 Without it, the hospital would not have been
21 able to request the currently proposed
22 rezoning without exceeding their permissible

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1 .9 density over the remaining portions of the
2 site.

3 Should today's proposal for
4 rezoning be approved, Sibley will again be at
5 the top of its permissible FAR on the balance
6 of the site. When practical result of this
7 increase in lot size is to distract an
8 ordinary reader from the hospital's nearly
9 continuous growth since the mid 1990s. But
10 what the neighbors experience are more the
11 facts on the ground, if you will, including
12 this one.

13 We have a 20 acre site in the
14 middle of our low density residential
15 neighborhood of which 5.5 acres are now
16 covered with buildings or 27 percent. More
17 than 8.5 additional acres are paved or 42
18 percent and a little over 6 acres remains as
19 open space. That's very intensive development
20 in terms of the visual, environmental and
21 light impacts even before we start to look at
22 today's proposal.

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1 And the chart that I created there
2 is taken from data in Sibley's application and
3 what it shows you is, essentially, we're not
4 going to lose any open space here. What we
5 are going to see is we're going to see paved
6 area become built area. And this is a very,
7 you know, important thing to observe,
8 obviously, because we experience paved area
9 very differently from the way we experience
10 built area visually.

11 The property north across Little
12 Falls Road is owned by the Corps as I
13 mentioned. And there Washington Aqueduct will
14 construct a dewatering facility per an EPA
15 order with construction starting roughly a
16 year now -- a year from now.

17 Okay. This shows some of the
18 traffic patterns that do not relate -- well,
19 they do relate to Sibley. Obviously,
20 emergency vehicles, which are existing
21 activity which use -- of course, come in from
22 any direction and they end up on the back of

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1 the hospital and where you see that red cross
2 is where the helipad is currently located in
3 the middle of Little Falls Road.

4 The yellow line is the new traffic
5 we can expect from the 20 ton trucks going in
6 and out of the dewatering facility which was
7 recently blessed by the National Capital
8 Planning Commission and you see there is quite
9 a lot of landscape that's going around that.
10 It's actually not totally up to date.

11 In any event, those trucks that
12 will probably go in to use Dalecarlia mostly.

13 Some of them, they are going to go down
14 Macarthur Boulevard and end up down going
15 across Key Bridge or Chain Bridge, but
16 certainly we know that Council Member
17 Schwartz's preference when she heard this
18 matter is that those trucks go up Dalecarlia.

19 So they're going to come in, they
20 are going to wait, they are going to circle
21 around. We have been assured that they will
22 not come and go during rush hour. But as we

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1 know with a medical office building, there is
2 no such thing as rush hour. Every hour is
3 rush hour. So this is other traffic that is
4 going to be on this road that we need to be
5 mindful of.

6 Just to talk about this Special
7 Purpose District, the SP District per Chapter
8 500.3 is designed to preserve and protect
9 areas adjacent to Commercial Districts that
10 contain a mix of row houses, apartments,
11 offices and institutions at a medium to high
12 density, including buildings of historic and
13 architectural merit.

14 There is no commercial building
15 anywhere in that first slide that I showed
16 you, the residents. The closest Commercial
17 Zone is there is the Boat House, it's a little
18 restaurant and a salon and a deli that's about
19 a half a mile down Macarthur Boulevard,
20 otherwise, there is nothing around here that
21 is zoned as commercial or used as commercial.

22 This strict reading of Chapter 5

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1 clearly shows that the site is not appropriate
2 for zoning as an SP District due to the
3 surrounding R-1-A and R-1-B zoning. A medical
4 office building would constitute a much more
5 intensive use of the site than any of the
6 existing hospital activities.

7 Grand Oaks, as I mentioned,
8 generates very little traffic. I'll show you
9 a slide later on that according to ITE,
10 standard ITE models, a medical office building
11 generates twice as much traffic, exactly twice
12 as much traffic on a per thousand square foot
13 basis on a weekday as a hospital. And I think
14 we agreed last week that this is the most
15 intensive use on the site. So it cannot serve
16 as a buffer. And the only commercial zoning,
17 as I mentioned, is a half a mile away.

18 When we began discussions with the
19 hospital, they said that they intended to use
20 the Washington Medical Center as a parallel or
21 as a, you know, comparable in this discussion.

22 So, of course, we went to look and see what

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1 that was. The ANC rejected this and you can
2 see the site and I'm sure you can understand
3 why.

4 The Washington Hospital Center is
5 comprised of three hospitals and a leading
6 trauma facility and located in a much more
7 densely populated part of the city. It has
8 roads north and south. It is thoroughly
9 buffered by roads and has some, I believe,
10 townhouses to the east.

11 Sibley in contrast is chartered as
12 a community hospital and relies on these other
13 large hospitals as transfer sites for serious
14 emergencies. In fact, Sibley frequently uses
15 its helipad for the MedStar Helicopter which
16 will come in from Washington Hospital Center
17 and pick up a patient and transfer them back.

18 For these reasons, the ANC voted to reject
19 the SP-2 designation.

20 In considering SP-1, we looked for
21 other medical office buildings in the city and
22 surrounding counties that are (A) as big, (B)

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1 located in low density neighborhoods and (C)
2 located in areas with limited public
3 transportation and I'll show you some of what
4 we found and there is more of this that's
5 included as a part of our report.

6 Most medical office buildings is
7 occurring in rapidly growing counties such as
8 Fairfax and Montgomery where hospitals are
9 located within minutes of major highways. And
10 we see here, for instance, Montgomery County
11 where the population growth over the 10 year
12 last census period was almost 15 percent.

13 In contrast the population in the
14 District sank by almost 6 percent. A majority
15 of the medical office buildings are located on
16 non-hospital owned land and operate on a for-
17 profit basis. This means that an entity other
18 than the hospital is assuming all of the
19 financial risk.

20 And the reason I was able to find
21 this is because there is a huge company called
22 Washington Real Estate Investment Trust that's

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1 publicly traded and has every little bit of
2 this on its website and it owns virtually all
3 of the new or is buying up virtually all of
4 the doctors' offices around here. And I
5 called their leasing manager and I said do we
6 have medical office buildings that are closing
7 down in our area and he said we try to buy
8 them all and none of them are for sale. If
9 they were for sale, we would be buying them.

10 District hospitals with very large
11 medical office buildings include Georgetown
12 and GWU. Doctors in both teaching facilities
13 are on the staff of the hospital and we know
14 that these hospitals will not -- these doctors
15 will not be on the staff of Sibley. Thank
16 you. And at least two area hospitals,
17 Suburban and Takoma Park Adventist have or are
18 planning medical office buildings that are
19 located 2.5 and 1.5 miles, respectively, away
20 from the hospital.

21 The new Takoma Park facility is
22 slated for a retail super block, slated for

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1 redevelopment and is fully integrated with the
2 downtown retail area and well-served by local
3 buses. And I think then it's relevant to look
4 and see well, what are the medical office
5 buildings that are within 2.5 miles of Sibley
6 and that's what we found.

7 We found quite a lot. We found
8 six and here they are. Six medical office
9 buildings within a 2.5 mile radius and you can
10 see they are labeled. The last three meaning
11 those Chevy Chase, Washington Radiology, the
12 Barlow Building are located on top of Metro
13 Transit. Therefore, in terms of Smart Growth,
14 they are a lot smarter. And these other areas
15 where there are medical office buildings are
16 very well-established commercial areas, they
17 are very intensively commercial areas already.

18 We found no evidence and the
19 applicant has presented none that any of the
20 nearby facilities is likely to move or close.

21 COMMISSIONER JEFFRIES: Excuse me
22 for one second. I'm sorry to interrupt you.

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1 MS. THOMPSON: Yes.

2 COMMISSIONER JEFFRIES: Is Foxhall
3 Square on there? I'm blind here.

4 MS. THOMPSON: Yes. Foxhall
5 Square is the lower -- let me see if I can
6 find it.

7 COMMISSIONER JEFFRIES: Okay.
8 Okay. I can see. Thank you.

9 MS. THOMPSON: Sorry, I'll get out
10 my little wand. It's right there. And so
11 this, of course, doesn't have Georgetown, GWU.
12 You know, this is just looking really in our
13 area again within that 2.5 mile radius. While
14 observing that many hospitals have nearby
15 medical office buildings, the ANC found the
16 proposed building not in harmony with the
17 structures on neighboring property in terms of
18 use, height, bulk and design.

19 Despite a generous setback from
20 Loughboro Road, there is no practical way to
21 buffer nearby residences from visual and light
22 impacts associated with an office building.

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1 We know that this building is on the highest
2 point of the site at 77 feet. It would be
3 similar in height to Hayes' Hall and the main
4 hospital, but this being on the -- on a higher
5 point of the site, of course, makes it larger
6 still.

7 Moreover, Sibley has stated its
8 intent to demolish Hayes' Hall and according
9 to its master plan, concept drawings would
10 also replace the main hospital wing. So this
11 is one of the pictures they included. This
12 was -- I don't think it's in this January 22
13 filing, but I believe it was included among
14 the October 12 drawings. And so this is one
15 of Sibley's photographs.

16 So I just labeled this. This was
17 with their six floors above grade and then
18 Hayes' Hall to be razed. And it seems to me
19 that Sibley can't have it both ways. They
20 can't on the one hand say well, we're going to
21 raze Hayes' Hall and there won't be any
22 additive activity, you know, on the site in

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1 that ground floor area of the new medical
2 office building, because that's all moving
3 over from Hayes' Hall.

4 And then oh, by the way, we should
5 be able to build a building that's as tall as
6 Hayes' Hall, you know. It's either going or
7 it's not going. So this is what I did. And I
8 said this is really the comparison. This is
9 really what we should be looking at, because
10 Hayes' Hall is going. We know that. And were
11 we to bring it down yet another floor, that's
12 what we might be looking at, which starts to
13 look very different.

14 And we don't again know what is
15 going to happen if Sibley doesn't rebuild the
16 whole main hospital wing. But if they engage
17 the community, it might be in the future that
18 we actually end up a building that has the
19 same or less or more square footage, but it
20 could conceivably look more like that.

21 So this is an opportunity to, as
22 the Ward 3 Plan calls for, the compatibility

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1 of these uses should be maintained, expansion
2 carefully controlled, changes to neighborhood-
3 related uses encouraged and conversion to
4 other nonconforming uses presented. This is
5 an opportunity to begin to remake this site in
6 a way that is in some ways, while totally
7 incompatible in terms of its commercial
8 nature, possibly somewhat more visually
9 compatible. So, you know, you can see that we
10 were in a funny place in terms of reaching our
11 vote.

12 The recently constructed Grand
13 Oaks Buildings at 46 feet are more consistent
14 with the provisions of the current
15 Comprehensive Plan. So my point is again,
16 these existing buildings should not be used to
17 justify an overly large nonconforming
18 structure, such as the proposed tower.

19 Taking all these things into
20 account, the ANC recommended rezoning to SP-1,
21 but with the two story reduction, sticking to
22 the SP-1 matter-of-right height of 60 feet.

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1 65 feet, I'm sorry. The goal was to reduce
2 the number of rentable floors for doctors from
3 5 to 3, while preserving the proposed retail
4 diagnostic and outpatient surgery facilities
5 on the ground and first floors.

6 I'm now going to turn the
7 presentation over to Commissioner Gates.

8 MS. GATES: Good evening, Chairman
9 Mitten and Members of the Commission. My name
10 is Alma Gates and I live at 4911 Ashby Street,
11 N.W. I am Vice Chair of ANC-3D and represent
12 the Central Palisades where I have lived my
13 entire life. I served as the Palisades
14 Traffic Chair, have been a member of the Ward
15 3 Transportation Task Force since 2001 and was
16 a member of the Mayor's Parking Task Force.

17 I am pleased to join my colleague,
18 Rachel Thompson, in discussion of the Sibley
19 application.

20 If we look at section 2403.9 under
21 the PUD rules, effective and safe vehicular
22 and pedestrian access, transportation

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1 management measures, connections to public
2 transit service and other measures to mitigate
3 adverse traffic impacts, we see that while the
4 project stated benefits are convenience for
5 doctors and patients along with added
6 financial benefits for the hospital, the
7 impacts on the surrounding community will be
8 huge. And the hospital has offered little in
9 the way of mitigation for the chief negative
10 impact, which will come from new traffic.

11 According to the Institute of
12 Traffic Engineering, Sibley's initially
13 proposed 130,000 square foot medical office
14 building would generate roughly 5,000 new
15 trips daily in and out of the facility.
16 Sibley estimated that 10 percent of staff, but
17 no patients or doctors, will use buses and a
18 hospital shuttle to get to the new building.

19 In its revised proposal, Sibley
20 has said it will reduce the medical office
21 building's square footage by one floor or
22 19,065 square feet and assuming a similar 10

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1 percent discount for public transportation
2 will reduce daily trips in and out of the
3 facility from 4,600 to about 4,000.

4 Even with further mitigation, the
5 addition of, approximately, 2,000 new vehicles
6 into area streets each day more than a decades
7 worth of ordinary growth for one building is
8 intolerable. Assuming the office building is
9 open from 8:00 a.m. to 6:00 p.m. each day, 10
10 hours, new hourly trips will average about
11 400.

12 With the medical office building's
13 morning and evening peak hours estimated to
14 generate 252 and 319 trips, respectively,
15 according to Gorove/Slade's revised estimates,
16 this suggests the ordinary rate of daytime
17 traffic in and out of the hospital -- office
18 building will actually be higher than during
19 the facility's rush hour. In other words,
20 Sibley will have a rush hour that continues
21 all day long.

22 Use of public transportation to

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1 Sibley has historically been low and will
2 remain low. Sibley has committed to providing
3 shuttle bus service between the hospital and
4 the Friendship Heights Metro Station between
5 the hours of 6:00 a.m. and 5:00 p.m., a
6 service provided by most area hospitals.

7 A Sibley employee survey showed
8 high interest in use of the shuttle. However,
9 both Sibley and DDOT have said they expect
10 most doctors and patients will drive to the
11 new medical office building. Taxicab service
12 to and from the hospital is currently poor.
13 Traffic forecasts for the new facility
14 indicate there would likely be as many as 70
15 new requests for taxis each day. And it is
16 unclear how this service would be provided.

17 Taxicabs also can contribute to
18 total number of daily vehicle trips. The
19 figures and comparisons stemming from the
20 initial proposal led to a conclusion by ANC-3D
21 that Palisades and Spring Valley will be
22 keenly aware of the level of additional

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1 traffic associated with the proposed office
2 building.

3 The ANC's conclusion which remains
4 unchanged with the proposed revision of the
5 facility by one floor is that the only way to
6 reduce traffic impacts from a new office
7 building is to reduce to a meaningful degree
8 the size of the building and the number of
9 doctors and patients that will drive there.

10 An article in Sunday's Post "City
11 Studies Ways to Manage Traffic and Pedestrian
12 Safety," was related to the two pedestrian
13 deaths earlier in the week. So far this year
14 there have been seven pedestrian fatalities or
15 on an average, about one a week.

16 In 2001, Sylvia Zimmerman, a
17 resident of Palisades, was struck by a hit and
18 run driver in a zebra striped crosswalk on
19 Macarthur Boulevard at Macomb Street at 3:00
20 in the afternoon. Her subsequent death was
21 one of the reasons the Metropolitan Police
22 Department has regularly placed speed

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1 enforcement cars on Macarthur Boulevard and on
2 Loughboro Road, a slight distance east of the
3 main entrance to the hospital.

4 Speed and cut-through traffic
5 continue to be a source of concern for
6 neighbors who live on streets surrounding
7 Sibley. The potential impact of 4,000
8 additional daily trips has residents seeking
9 ways to protect their quality of life.

10 Commission Members will recall
11 that the initial Sibley hearing was postponed
12 because DDOT found the applicant had not
13 provided sufficient traffic data or proposed
14 measures that allowed DDOT to recommend
15 approval for the traffic impact study. The
16 five subsequent reports submitted by Gorove/
17 Slade are intended to provide solutions and a
18 positive look at the means by which impacts
19 will be minimized.

20 However, they lack much of the
21 information DDOT needs to recommend approval
22 of the effects of a medical office building

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1 that a medical office building would have on
2 the surrounding low density residential
3 neighborhood.

4 The reports failed to consider
5 fully the traffic impacts of this proposal.
6 They failed to mention that a peak hour will
7 be created for the entire day with the
8 addition of 400 vehicles per hour. They
9 failed to take a serious look at the safety
10 impacts at the intersection of Little -- at
11 Dalecarlia Parkway and Loughboro Road and
12 their proposed Little Falls Road entrance to
13 the medical office building.

14 They failed to consider the
15 impacts of ambulances, 20 ton dump trucks an
16 the heliport on new vehicular traffic
17 accessing the proposed main entrance to the
18 medical office building on Little Falls Road.

19 And they failed to address the concerns of
20 neighbors who have repeatedly asked for relief
21 from cut-through traffic that will inevitably
22 result in drivers as drivers attempt to avoid

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1 the re-engineered intersection of Loughboro
2 Road and Dalecarlia Parkway with a failing
3 level of service.

4 To meet the provisions of section
5 2403.9(c), effective and safe vehicular and
6 pedestrian access, transportation management
7 measures, connections to public transit
8 service and other measure to mitigate adverse
9 traffic impacts, Gorove/Slade produced a
10 series of five reports.

11 No. 1 and 2, pedestrian level of
12 service analysis and pedestrian safety impacts
13 can be combined. The main focus of these
14 studies was to determine how folks who are on
15 the south side of Loughboro Road will get to
16 the north or hospital side of Loughboro Road
17 and whether or not they feel safe when doing
18 so.

19 The speed at which they get there
20 or pedestrian level of service is dependent on
21 how fast they move. Gorove/Slade acknowledges
22 that current pedestrians and vehicular

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1 conflicts occur when pedestrians cross
2 Loughboro Road and proposes to place zebra
3 crosswalks at the Dalecarlia/Loughboro
4 intersection as a solution.

5 Directing pedestrians who are
6 primarily bus patrons and visitors or
7 employees of the hospital to a crosswalk at an
8 unsignalized intersection somewhat removed
9 from the bus stop is at best a sure trip to
10 the emergency room.

11 The reality of the model used by
12 Gorove/Slade to objectively quantify
13 pedestrians perception of safety and comfort
14 in the pedestrian environment is pedestrians
15 would not be safe using the zebra crosswalks
16 that are being proposed. There is only one
17 safe place for pedestrians to cross Loughboro
18 Road and that is at the existing signalized
19 entrance to the hospital.

20 The third report or summary of
21 speeds survey analysis looked at noon day
22 speeds on one day at two locations on

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1 Dalecarlia Parkway north of the hospital for a
2 total of one half hour each. The traffic
3 observed was traveling away from the hospital
4 toward Westmoreland Circle rather than in the
5 direction of the hospital, the focus of the
6 study.

7 Gorove/Slade notes the speed limit
8 is 35 miles per hour when, in fact, the speed
9 limit on Dalecarlia Parkway is 40 miles per
10 hour and is the highest posted speed on any
11 street in Ward 3. I have provided you with
12 some fresh traffic figures that were passed
13 out on this accompanying sheet that give a
14 different snapshot than those provided by
15 Gorove/Slade. You will see the speeds are
16 more consistently high.

17 As noted earlier, there is
18 sufficient concern about speed on streets that
19 surround the hospital that the Metropolitan
20 Police post speed enforcement cars routinely
21 on Macarthur Boulevard and Loughboro Road
22 where the speed limit is 25 miles per hour.

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1 Given the posted speed limit of 40, it should
2 be evident that cars on Dalecarlia Parkway
3 travel at a higher rate of speed and will
4 likely approach the entrance of Little Falls
5 Road at a higher rate of speed.

6 This fact and the fact that only
7 half the traffic on Dalecarlia Parkway was
8 studied did not appear to be of concern to
9 DDOT.

10 The Loughboro Road/Dalecarlia
11 Parkway intersection redesign. In late June,
12 several ANC-3D Commissioners stood on
13 Dalecarlia Parkway at 5:00 p.m. with Lou
14 Slade, Jerry Price and Dwight Fincher at the
15 proposed Little Falls Road location. Our
16 immediate reaction to moving the location
17 further down Dalecarlia Parkway and away from
18 the hospital was this is an accident waiting
19 to happen.

20 Cars turning onto Dalecarlia
21 Parkway from Loughboro Road and heading north
22 gain significant speed as they travel the

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1 additional 100 feet to reach the site of the
2 proposed new exit/entrance to the hospital.
3 The proposed main entrance would place all
4 traffic, Metro buses, ambulances, dump trucks,
5 patient vehicles entering and exiting Little
6 Falls Road in direct conflict with through
7 traffic on Dalecarlia Parkway.

8 All traffic exiting the hospital
9 and heading north will have to cross two lanes
10 of traffic on Dalecarlia Parkway.

11 CHAIRPERSON MITTEN: Let me just
12 note for the record that Commissioner Hood has
13 joined us. So, please, continue. Thanks.

14 MS. GATES: Gorove/Slade did not
15 focus on the construction of the Army Corps of
16 Engineers' dewatering facility behind the
17 hospital on Little Falls Road. A number of 20
18 ton trucks, and depending on the turbidity of
19 the river may be in excess of 25 a day, will
20 haul residuals from the facility on a daily
21 basis.

22 The Corps Spring Valley Cleanup

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1 Team currently uses the location behind the
2 hospital and its trucks hall contaminated soil
3 from sights in Spring Valley via Dalecarlia
4 Parkway and Little Falls Road on a daily
5 basis. The impact of these vehicles on new
6 traffic generated by the medical office
7 building was not discussed in the report.

8 In reality, the Army Corps trucks
9 will join patient vehicles in the queue on
10 Little Falls Road to exit north onto
11 Dalecarlia where the median strip is 12 feet
12 wide. The SIM Traffic Model used by Gorove/
13 Slade to evaluate operations at the
14 intersection of Little Falls and Dalecarlia
15 does not present a true picture of traffic
16 flow and the likely impacts at this
17 intersection.

18 Trucks and Metro buses caught in
19 the narrow 12 foot wide median will extend out
20 into Dalecarlia Parkway and pose the potential
21 for accidents with through traffic traveling
22 in both directions. As a point of comparison,

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1 the medians on Macarthur Boulevard are 21 feet
2 wide, almost twice the width of those on
3 Dalecarlia Parkway.

4 DDOT must consider this potential
5 hazard from both an engineering perspective
6 and a safety perspective. The final report
7 provided by Gorove/Slade addressed questions,
8 comments and recommendations raised by DDOT in
9 its initial report to the Zoning Commission.
10 The ANC and members of the community have
11 repeatedly asked DDOT to have the applicant
12 address the potential for cut-through traffic
13 on neighborhood streets in relation to the
14 Loughboro Road/Dalecarlia Parkway intersection
15 redesign and its failing level of service
16 during the morning peak hour.

17 With the addition of 4,000 vehicle
18 trips per day, Rock Creek Parkway will likely
19 -- is likely to experience cut-through traffic
20 when cars back up at an intersection with the
21 failing level of service. Palisade Lane,
22 Watson, Maude and Macomb Streets are also

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1 obvious candidates for cut-through traffic.

2 Vehicles are not cutting through
3 to get to the hospital. Vehicles are cutting
4 through to avoid the intersection. The origin
5 and destination of through traffic on
6 Dalecarlia Parkway has not been considered.
7 DDOT has failed to address neighborhood
8 concerns.

9 The immediate impact of this
10 project is 12 years of growth in traffic
11 levels on streets in a low density residential
12 neighborhood. This growth would leave
13 virtually no capacity for ordinary future
14 growth or for additional traffic growth
15 associated with Sibley's future master plan.

16 Therefore, ANC-3D's September
17 conclusion, which remains unchanged, says that
18 the only way to reduce traffic impacts from
19 the new office building is to eliminate two
20 floors from the originally proposed facility
21 and thereby reduce the number of doctors and
22 patients that will drive there.

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1 MS. THOMPSON: I'm just going to
2 talk for a moment about parking. This is the
3 slide from Sibley's most recent presentation
4 and it's just confusing. I don't think
5 anybody would say it was anything other than
6 that. But it talks about what's there today,
7 what's not being used, what's, you know, going
8 to go away with construction and how much
9 needs to be and so forth.

10 And but what I want to say about
11 it is that parking is a chronic problem for
12 neighbors, by Sibley employees, visitors and
13 construction workers, for residents of several
14 nearby blocks. I live down across the
15 Macarthur on Sherier Place and we have, you
16 know, people who come there for the -- park
17 for the hospital as well as from the Defense
18 Mapping Agency. We have people on Macarthur
19 Boulevard. And then all the houses that are
20 in the cut-through areas that you saw.

21 Despite Sibley's efforts to try to
22 manage this, there are just people who are not

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1 going to pay for parking, no matter how modest
2 it is. And in recognition of that and we
3 agree that we want to keep people from parking
4 on the neighborhood streets, Sibley agreed
5 that parking fees for the medical office
6 building staff would be built into the least
7 costs.

8 We think that's beneficial and we
9 think it's customary as well. We also talked
10 with them extensively about considering one
11 hour, at least, of free parking for patients
12 and visitors, because many of the people that
13 we heard from in the community and we
14 recognize that, you know, as Commissioners,
15 one of our Commissioners, of course, who lives
16 right near the Foxhall facility, that at
17 Foxhall Square parking is so inadequate that
18 visitors rely on valet service or endlessly
19 circle the nearby streets before parking in
20 front of people's homes or in front of the
21 nearby school.

22 In fact, Sibley, at one point, I

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1 think ran a valet service for a short period
2 of time, maybe during some construction.
3 However, Sibley declined to do any of this
4 free parking citing complaints from patients
5 whose appointments run longer than an hour,
6 because of the delays at the hospital's
7 office, so, you know, hospitals, doctors are
8 always scheduling, you know, four people at
9 9:00 a.m., you know, and the one who shows up
10 last doesn't get seen until 9:45 and so people
11 get angry.

12 So Sibley also said they need the
13 revenue from the parking. So there was not to
14 be any free parking. However, Sibley did
15 agree in lieu of that that we would -- that
16 they would provide ample parking. And we
17 talked about this 6.1 formula that, though I'm
18 certainly no expert on this, we did have
19 somebody in our working group who has a lot of
20 experience and we agreed to the 6.1 fairly
21 early on in the process.

22 Although we need to note that in

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1 looking at these parking spaces, nobody is
2 charted either in the traffic volumes or in
3 the parking spaces for that 26,000 square feet
4 that is down at the ground level, which is
5 where all the diagnostic and the outpatient
6 surgery happens.

7 And according to our -- the same
8 expert, that's actually a much more
9 intensively in and out kind of an activity.
10 Although what we have is a statement from
11 Sibley that actually none of that is going to
12 be new. That's all a matter of transferring
13 other activity from other places on the site.

14 So but that's not included in any of this
15 discussion about parking spaces.

16 Now, Sibley comes and is talking
17 about the 6.9 cars per thousand square feet
18 and what I want to say about that is we have--
19 we walk a fine line when we talk about rolling
20 back parking spaces, because if there is
21 anything we all agree on, it's that we need to
22 have parking. We want people not parking on

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1 the neighborhood streets.

2 But by the same token, we also
3 know, regardless of how much parking is
4 available, some people are going to continue
5 to park off-campus. They are just not going
6 to pay, even a modest fee. And so they will
7 park across from the hospital.

8 However, we're a little concerned
9 given that parking -- the premium on parking
10 at some of the other medical office buildings
11 and I think this is reflected in some of the
12 letters, both from potential patients and then
13 also from some of the doctors who are in
14 support of the Sibley project that's sort of
15 ah-ha, finally, we're going to have a great
16 place to park.

17 So we realize that, you know, we
18 have something of tremendous value in this,
19 you know, open, relatively open, space. We
20 also are a place where Maryland commuters
21 regularly come and park all over our streets
22 and they take the bus down Macarthur

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1 Boulevard. That we don't want to create
2 unnecessarily generous parking.

3 So I'm not, you know -- I mean,
4 what we saw in the first set of slides is
5 there is a lot of space on the campus that is
6 already devoted to parking and enclosed
7 parking. And we see that a lot of this site
8 is paved and we see that this paved area has a
9 tendency over time to become built area.

10 So I guess I want to -- the point
11 I want to make is that we need to look for a
12 balance between ample parking and parking
13 which is essentially warehoused in
14 anticipation of the next round of expansion.
15 Sibley has at the start of this process 360
16 spaces that it says haven't been being used.
17 Well, obviously, somebody failed to estimate
18 need at some point in the past, because that's
19 quite a lot and we would say that an
20 alternative is to recover some of the existing
21 paved area for open space.

22 So in relation to that, we will

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1 talk about the amenities, but I'll just point
2 out that the small sort of pocket park that
3 Sibley is proposing in the intersection area
4 of Loughboro and Dalecarlia, that is all on
5 city land. So, you know, Sibley is not
6 returning -- that is land that will be newly
7 returned to public use. It is currently part
8 of the intersection.

9 Sibley is funding the redesign and
10 the reconstruction of that intersection. So
11 but that land is city land. So thanks. I'm
12 sorry. I'll turn it over to -- back to my
13 colleague.

14 MS. GATES: Chapter 24 under Title
15 11 public benefits states that "The PUD
16 process shall not be used to circumvent the
17 intent and purpose of the Zoning Regulations,
18 nor result in action that is inconsistent with
19 the Comprehensive Plan."

20 The medical office building
21 represents the first phase in a longer term
22 build-out in updating of Sibley's facilities

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1 and will provide more convenient access to
2 doctors and a range of services, including
3 outpatient surgery and diagnostic imaging.
4 Sibley has stated the office building is
5 necessary to attract a younger generation of
6 doctors, many of whom are leaving the District
7 for Maryland and Virginia due to the city's
8 high malpractice rates.

9 And finally, they have stated that
10 an office building is necessary for the long-
11 range financial viability of the hospital. We
12 have yet to hear from Sibley how this is going
13 to change the malpractice equation that
14 doctors deal with when they move from Maryland
15 or Virginia into the District. It just isn't
16 in any of this.

17 In seeking to assess these
18 statements, the ANC and the working group
19 observed that Sibley currently appears to be
20 in good financial health. The D.C. Hospital
21 Association's 2004 Financial Indicator's
22 Report, Sibley's operating margins are higher

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1 than all other area hospitals. Operating
2 margins were 5.6 percent in 2004.

3 In contrast, operating margins for
4 GW, George Washington University Hospital were
5 .8 percent in 2004 and for Georgetown -3.3 in
6 2004. A just released financial indicator's
7 report for 2005 shows Sibley with a 3.2
8 percent operating margin, second only to
9 Children's National Medical Center.

10 Both the Georgetown and George
11 Washington University have office buildings
12 and have lower operating margins than Sibley.

13 Sibley's patient revenue in 2000 and 2004
14 remained steady at about 45 percent Medicare,
15 50 percent other insurance, 1 percent Medicaid
16 and 4.4 percent self-pay.

17 Sibley's charitable care rose from
18 2.4 percent of total care in 2002 to 2.9
19 percent in 2004. And then to 3.3 in 2005.
20 Per Mr. Price, Sibley's Grand Oaks Assisted
21 Living facility an affiliate of the Sunrise
22 Senior Living contributes roughly 25 percent

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1 of the hospital's income.

2 Sibley has stated that the medical
3 office building would provide additional
4 convenience to area residents. However, as
5 earlier noted, there are six large medical
6 office buildings or testing surgery facilities
7 within a 2.5 mile radius of the hospital. And
8 while some area residents have said they would
9 welcome having their doctors closer by, it's
10 unclear how many neighborhood residents'
11 doctors would actually move to the facility.

12 It's also unclear why doctors from
13 outside the District would choose to relocate
14 to Sibley given the District's
15 disproportionately high malpractice rates.
16 While the hypothetical benefits to a hospital
17 office building are attractive to some in the
18 community, these public benefits compared to
19 the financial benefits to Sibley have
20 consistently been described in terms of
21 convenience, rather than need.

22 There is no established need for

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1 more doctors' offices in Ward 3. Therefore,
2 the actual public benefits are both
3 speculative and potentially risk-filled.
4 Concerns have been expressed by the community
5 that in the event the hospital is unable to
6 lease all of the proposed medical office
7 space, the building would be leased for
8 general office use, which is not permitted in
9 the Residential Zone District and would have a
10 negative impact on the hospital's overall
11 financial health.

12 Looking at a few of the
13 environmental benefits, such as storm water
14 runoff, controls and preservation of open
15 space or trees, open space is one of the
16 elements that distinguishes R-1-A and B Zones
17 from other residential zoning categories. The
18 number of mature trees in Spring Valley and
19 Kent and along Dalecarlia Parkway provide a
20 buffer, shade and sense of open space.

21 And I think that's an important
22 point. When we talk about Dalecarlia Parkway,

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1 it is a parkway. It is lined with mature
2 trees. The Grand Oaks facility at Sibley is
3 named for the majestic oaks that line
4 Loughboro Road and the hospital is to be
5 commended for its efforts to preserve these
6 trees.

7 Under the proposal for a new
8 Little Falls Road entrance to the medical
9 office building, a number of mature trees will
10 be removed to accommodate the proposed
11 deceleration lane along Dalecarlia Parkway as
12 well as the redesign and repositioning of
13 Little Falls Road.

14 Special attention must be paid to
15 ensure any removed specimen trees or placed
16 elsewhere in the area to ensure the existing
17 tree canopy will be replaced for the future
18 and that this end of Dalecarlia Parkway does
19 not appear to lead to an industrial area.

20 Replacement trees must have the
21 potential to reach the height of trees that
22 are removed.

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1 MS. THOMPSON: I want to talk
2 about now really the most important condition
3 or the important element of our conditions. I
4 think several focused on this whole issue of
5 rerouting Metro buses around the Sibley campus
6 and it is probably kind of a complicated issue
7 and we don't want to spend a lot of time on
8 it, but I do want to try and just make it
9 clear that this is an important issue and it's
10 something that we really would like to wrap
11 into this proceeding once and for all, because
12 it's just one of those things that has been
13 hanging around, hanging around, hanging around
14 and it has never quite gotten done.

15 It has been discussed in Board of
16 Adjustment hearings, in Zoning Commission
17 hearings and the basic idea is to take the
18 buses that currently climb Loughboro Road in
19 front of the south side residents area that
20 are loud with exhaust and let their riders off
21 in that area, that unsafe area that doesn't
22 have a crosswalk that you saw. And they just

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1 run across the street wherever they get off
2 the bus and run into the hospital.

3 Instead of having them there, we
4 would like to see those buses rerouted to go
5 up behind the hospital along Little Falls
6 Road, which we think is a lot more convenient
7 anyway, if there was going to be a medical
8 office building there, and then circle around
9 and then continue to park up -- pick up
10 passengers on the southbound as they return
11 downtown again. So it's primarily the 2D
12 buses that do this.

13 Let me just start and just read
14 through this. This is something residents
15 have wanted for well over five years. And the
16 chief barriers have been the expense
17 associated with upgrading Little Falls Road
18 roadbed to carry the heavy Metro buses and
19 that's the road that now is going to be
20 upgraded in conjunction with the dewatering
21 facility, at least the top part.

22 Any use of Little Falls Road by

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1 Sibley for its helipad, previous BZA orders,
2 the bond hearing for the acquisition of Little
3 Falls Road and that land and Grand Oaks, all
4 these orders talk in one way or another about
5 Sibley making its good faith efforts, best
6 efforts to find a solution with the residents
7 and funding to upgrade this road.

8 Yet, the road grade was -- the
9 roadbed was potentially going to be upgraded
10 until the road became a private road. It was
11 actually \$400,000 worth of DDOT funding that
12 was apportioned to go and do this. And when I
13 ran into Mr. Tangerline recently at one of
14 these new sort of citizen summits, I mentioned
15 this to him and he said hey, he said, this
16 hasn't been done yet. I can't believe this
17 hasn't been done yet.

18 There has been a lot of go around
19 on this issue and we want to actually set it
20 straight for once. Washington Aqueduct's
21 general manager, Tom Jacobus, made the
22 commitment at a meeting this summer that in

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1 the event Sibley does reconstruct and move
2 this Little Falls Road entrance for their new
3 medical office building, the Corps would fund
4 the difference to bring the roadbed up to
5 standards for their trucks and, presumably, we
6 can get the buses done at the same time.

7 What do I mean when I say the big
8 switcharoo, I guess what I want to show you is
9 some of the filings that we have looked at,
10 because we have been a little confused. So
11 the buses, they now climb up Loughboro Road
12 here and they circle kind of -- they circle
13 around here and then they come back down.

14 When we see the reconfiguration,
15 we know that there is room for the buses to
16 kind of come up and go around and do this.
17 What we would like to see is for the buses to
18 come over here and go up this way instead.
19 They can drop-off here. The driver could go
20 to the restroom in the medical office
21 building. He can let passengers off. You
22 know, they can do whatever they want to do and

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1 come around over here and then have a lay-by
2 over here and then leave and continue and come
3 on down this.

4 It doesn't -- it may not strike
5 you as being something very important, but for
6 the neighbors it's both an important
7 environmental issue and a quality of life
8 issue and also a real kind of a good faith
9 issue where, you know, the relationship is
10 really broken around making progress on this.

11 At Sibley, we see using this as a
12 kind of now you see it, now you don't kind of
13 thing, you know, in terms of negotiations with
14 neighbors, this is a picture that comes out of
15 the December 22, 2005 application. It shows
16 that the helipad actually could be moved off
17 the road, which would probably be safer if you
18 were planning on building a dewatering
19 facility there and placed on a parking lot.

20 Our vote explicitly says if you
21 lose parking spaces, because you're going to
22 move this helipad, by all means, please, make

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1 them up, make them up in the garage. So we
2 see that there. And then we see it again in a
3 handout in our spring meeting, but we didn't
4 really ever kind of get around to discussing
5 this, because we were all so busy talking
6 about traffic and other issues.

7 And then we see our proposals
8 here. We see the documents that are presented
9 in this proceeding on January 25th and lo and
10 behold the heliport is back on the road again.

11 So, you know, we're kind of not sure what's
12 up here and, you know, so we did a lot of
13 cross examination with Ken Laden last week on
14 this issue.

15 There seems to be sort of, you
16 know, despite our efforts to get everybody in
17 the room, I don't know, there is always some
18 little thing that just manages to be
19 contingent and we really want this wrapped up.

20 So this is just a picture of the mailing that
21 Sibley did to neighbors that we had a copy of.

22 So I'm sorry, Commissioner Gates.

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1 We're almost done and thank you for your
2 patience.

3 MS. GATES: I'm going to briefly
4 touch on amenities. As Commissioner Thompson
5 mentioned a few minutes ago, Sibley is
6 proposing to create a small pocket park at the
7 intersection of Dalecarlia Parkway and
8 Loughboro Road. This is more -- this more
9 appropriately belongs under the heading of
10 mitigation, as it is located between the
11 proposed office building and the homes across
12 Loughboro Road.

13 Sibley will contribute in another
14 area. Sibley will contribute \$105,000 to
15 assist IONA with its transportation services
16 and provide -- that it provides to seniors in
17 Northwest Washington. The contribution will
18 be used to purchase two vans, a seven
19 passenger handicap accessible van and a
20 wheelchair accessible mini van.

21 It is anticipated that the seven
22 passenger van will have scheduled routes to

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1 pick up seniors to attend programs sponsored
2 by IONA, Sibley and others. The addition of
3 the \$35,000 to this effort for a total of
4 \$140,000 will help extend any programmatic
5 elements of the IONA Program.

6 Initially, Sibley had planned to
7 give that \$35,000 to DDOT for a bike/walking
8 trail along Dalecarlia Parkway. There has
9 been considerable opposition raised to this by
10 the residents of Spring Valley and the ANC
11 recommended that that \$35,000 be given to IONA
12 for their senior services.

13 With unproven public benefits
14 offset by speculative financial benefits and
15 potentially public risk, the ANC believes, and
16 I'm repeat this again, the added flexibility
17 on height and density sought by Sibley through
18 the PUD should be denied. And the building
19 height, number of floors and number of doctors
20 should be capped to 65 feet, five floors above
21 grade and 60 doctors.

22 MS. THOMPSON: In closing,

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1 neighborhood concerns about the proposed
2 medical office building and garage fall into
3 two broad categories. One, concerns about
4 excessive traffic entering and exiting the
5 facility both at rush hour and throughout the
6 day and impacts throughout neighborhood
7 streets. And two, the environmental, visual,
8 noise and other quality of life impacts
9 associated with such a large facility.

10 Sibley has grown exponentially
11 over the last decade and we know that even
12 more growth is on the way. Concerns and
13 opposition have come to this application from
14 Palisades neighbors who said they rely upon
15 Sibley as their community hospital and haven't
16 opposed any of the hospital's previous
17 expansions.

18 Nevertheless, many have said they
19 view the project as too large and they
20 question the need for it, given the plentiful
21 number of doctors' offices nearby. Many have
22 written detailed letters to the ANC and the

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1 Zoning Commission about how the project would
2 impact them. A majority of these letters are
3 affectionate in tone expressing love of their
4 quiet neighborhood streets and gratitude for
5 Sibley's presence and availability to them as
6 a non-profit community-oriented hospital as
7 opposed to a major medical center.

8 In seeking to balance the needs of
9 the community with those of the hospital, the
10 ANC has sought to limit the traffic impacts of
11 Sibley's proposed medical office building and
12 garage and establish a more reasonable
13 building height for this building and for the
14 hospital's future build-out.

15 The recommended cap on building
16 height to 65 feet is consistent with the
17 Comprehensive Plan and inextricably linked to
18 the recommended caps on doctors, patients and
19 base line neighborhood visual and traffic
20 impacts. We have no reason to believe that
21 Sibley's financial health, meaning the
22 fundamental health of the hospital, rides on

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1 its construction of this office tower.

2 Like other area residents, none of
3 us has any guarantee that our own doctors will
4 move to this facility and, indeed, individual
5 members of the ANC struggled to find any of
6 our own doctors who had any intention of
7 moving from their current locations. This
8 only increased our concern about whether the
9 building can be filled and what we are going
10 to be left with if it is not.

11 Perhaps a smaller facility would
12 reduce Sibley's risk and give it more
13 flexibility to meet hospital staffing needs
14 while generating some additional revenue.
15 There is no question that by reducing the size
16 of the proposed project Sibley will be in a
17 better position to sustain the community
18 support for future growth.

19 Thank you for the opportunity to
20 testify on this important matter and we're
21 happy to address any of your questions. Thank
22 you, especially. I know that was quite

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1 lengthy.

2 CHAIRPERSON MITTEN: Thank you.
3 Yes, sometimes we do lament the fact that we
4 can't put the ANC on the clock, but you did
5 have a very detailed presentation and we
6 appreciate it. Okay. Questions from the
7 Commission? Anyone have questions?

8 Well, let me start off with a few
9 and then I'll see if any of my colleagues want
10 to join in.

11 In your conversations with Sibley
12 about your proposal, which is, you know, an
13 order of magnitude difference that you guys
14 have, did you talk about any potential
15 compromise in terms of, since you focused on
16 height as one component, size overall is
17 another component, about a compromise that
18 would have the height that you seek, but the
19 same size building that they have currently
20 proposed? Did you have any conversations
21 about that?

22 MS. THOMPSON: We -- I think you

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1 just need to look at our relationship with
2 Sibley sort of in two phases. And that was
3 there was a working group that met on a
4 monthly basis starting in about the fall of
5 2005 through about April 2006. And at that
6 time we worked on -- we were working on trying
7 to understand what the impacts would be.

8 Primarily, we were trying to get
9 information about traffic and then we were
10 also discussing some potential amenities and
11 so forth. We were not yet in a serious
12 negotiating place. That relation was -- that
13 relationship was terminated in favor of the
14 hospital chose to begin making formal
15 appearances instead in front of the full
16 Commission. And so there was no opportunity
17 for any per se negotiation from roughly May
18 through, you know, September and our vote.

19 And we would have liked to have
20 sit down and have those kinds of discussions.

21 So I think we did say early on, you know,
22 would you consider reducing the size of the

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1 building and I believe the answer was no. I
2 mean, it was generally a matter of, you know,
3 this is what, you know, we're planning to do.

4 CHAIRPERSON MITTEN: Okay. Do you
5 have any information on the medical office
6 buildings that you had on your chart and then
7 the map on the sizes of those buildings?

8 MS. THOMPSON: I believe that's
9 included in the map.

10 CHAIRPERSON MITTEN: It is.

11 MS. THOMPSON: It's included in
12 the chart.

13 CHAIRPERSON MITTEN: Okay.

14 MS. THOMPSON: Yes, that's --
15 actually, I realize in this particular version
16 of our testimony I didn't include our chart on
17 our recommended reductions, but yes, that is
18 included as an attachment to our report.

19 CHAIRPERSON MITTEN: Okay. Oh,
20 yes, I do see it.

21 MS. THOMPSON: And I can just read
22 you some.

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1 CHAIRPERSON MITTEN: I see them.

2 MS. THOMPSON: Yes.

3 CHAIRPERSON MITTEN: I see them.
4 They are actually all quite a bit larger than
5 the proposed office building, at least the
6 ones for which the information is available.

7 MS. THOMPSON: I'm looking on
8 iNOVA Fairfax and they are all 72, 90.

9 CHAIRPERSON MITTEN: Actually, I
10 was looking at the ones you noted were in
11 close proximity, the six. There is
12 information on four.

13 MS. THOMPSON: Yes. And then two
14 of them are from teaching hospitals.

15 CHAIRPERSON MITTEN: Um-hum.
16 Okay.

17 MS. THOMPSON: Teaching hospitals,
18 right.

19 CHAIRPERSON MITTEN: I assume,
20 because your ANC has a traffic subcommittee
21 and so on, that you have discussed traffic
22 with DDOT many, many times. Have you

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1 discussed the specific observations that you
2 made this evening to us about the shortcomings
3 that you found in the applicant's analysis
4 with DDOT?

5 MS. GATES: We were only fortunate
6 enough to have one meeting with Doug Noble
7 before his departure. And no, we did not --
8 it was in our meeting with him that we
9 discovered that there were missing parts of
10 this that only half the picture was given for
11 the traffic -- for -- in his report. He only
12 looked at one side of the street kind of
13 thing.

14 CHAIRPERSON MITTEN: Okay. So
15 DDOT is largely unaware of your specific
16 concerns. Is that a fair statement?

17 MS. THOMPSON: I would say that --

18 CHAIRPERSON MITTEN: You need to
19 turn on your mike.

20 MS. THOMPSON: Mr. Noble is very
21 aware and planning to look into them. And
22 then he was gone from the agency and his

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1 concerns are his. A plan to address some of
2 these issues was not explicitly addressed in
3 DDOT's very short follow-up report.

4 Jeff Jennings, who is the -- our
5 DDOT liaison is completely aware of all of
6 these issues. And certainly the bus-related
7 issues, they are all extremely aware of.

8 CHAIRPERSON MITTEN: To that
9 point, have you ever had discussions with
10 Metro?

11 MS. THOMPSON: Yes. And David
12 Erion is absolutely fine with this. And I
13 actually pulled together a meeting this summer
14 with all the parties to sort of try to figure
15 out kind of what was the hold-up. And one of
16 the barriers or obstacles that Mr. Laden's
17 office had raised was that they were -- they
18 didn't seem to be able to understand that we
19 weren't talking about removing the bus stop
20 from the north side of Loughboro Road.

21 And so they were saying we don't
22 like to have bus stops in places where people

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1 can't see them. So I asked Mr. Erion in a
2 follow-up conversation, you know, are there,
3 you know, precedents for this. And he said
4 absolutely. We inherited all kinds of routes
5 in Maryland and Virginia that go through malls
6 and here and there and the other place.

7 And if the owner doesn't have any
8 problem, we keep running them. And we have,
9 you know, buses that go around Washington
10 Hospital Center. And I think there were some
11 others, P.G. County, Montgomery County, there
12 were some examples. So what he has said
13 consistently is if the roadbed is fine and the
14 helipad is out of the way, we don't have a
15 problem with it.

16 CHAIRPERSON MITTEN: Okay. That's
17 Metro's position?

18 MS. THOMPSON: Yes.

19 CHAIRPERSON MITTEN: As you
20 understand it. Okay.

21 MS. GATES: Could I just add one
22 more thing to the Metro -- to the DDOT

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1 question? We have been trying to schedule a
2 meeting through Jeff and Ken Laden to talk
3 about this traffic, because the neighbors are
4 very concerned. And it has been postponed.
5 It has not happened.

6 So there have been no meetings
7 between DDOT and neighbors regarding Sibley's
8 proposal.

9 CHAIRPERSON MITTEN: Okay. Thank
10 you.

11 MS. THOMPSON: Two groups of
12 neighbors filed petitions asking for traffic
13 coming over six months ago and we're trying to
14 set a meeting.

15 CHAIRPERSON MITTEN: Is part of
16 that, and, you know, I don't profess to have,
17 you know, or be a fount of traffic solutions,
18 but have you ever advocated signalizing the
19 existing intersection with Little Falls and
20 Dalecarlia or the existing intersection at,
21 you know, the driveway, whatever it is now?

22 MS. GATES: Currently, that

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1 intersection of Little Falls Road and
2 Dalecarlia Parkway is not as heavily used,
3 because there aren't signs directing cars
4 there that will exist if this building is
5 built.

6 CHAIRPERSON MITTEN: Okay.

7 MS. GATES: I think that the
8 neighbors are very opposed to having the
9 intersection of Dalecarlia Parkway and
10 Loughboro Road signalized.

11 CHAIRPERSON MITTEN: Why?

12 MS. GATES: I just think they feel
13 that it makes it much more intense than it is.

14 Currently, traffic flows very nicely on
15 Loughboro Road. There is a level of F in the
16 morning, but when the morning rush hour is
17 over, it isn't a bad -- you know, it isn't at
18 Level F. You can move around.

19 And by having a traffic light,
20 first of all, the one at the hospital main
21 entrance is not far at all down the road.

22 CHAIRPERSON MITTEN: Um-hum.

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1 MS. GATES: So I think it's just
2 too much stop and start there perhaps.

3 CHAIRPERSON MITTEN: Okay. And is
4 there the permanent parking, residential
5 permanent parking in the immediate
6 neighborhood where the overflow parking is
7 taking place?

8 MS. THOMPSON: I believe it's two
9 hour, yes.

10 CHAIRPERSON MITTEN: In that area,
11 okay. All right.

12 MS. THOMPSON: I could be wrong
13 about that. Yes, I may not be the best person
14 to ask.

15 CHAIRPERSON MITTEN: Okay. Well,
16 if you could --

17 MS. THOMPSON: Yes, for one block
18 only. I'm sorry, I'm talking about the
19 immediate or the other area.

20 CHAIRPERSON MITTEN: One block.

21 MS. THOMPSON: Maybe other areas
22 are not.

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1 CHAIRPERSON MITTEN: For one block
2 sort of as you move away from the hospital?

3 MS. THOMPSON: Yes.

4 CHAIRPERSON MITTEN: Okay. Anyone
5 else? Commissioner Turnbull?

6 COMMISSIONER TURNBULL: Thank you,
7 Madam Chairman. I wonder if you could go back
8 and look at the bus route, your proposed bus
9 route again?

10 MS. THOMPSON: That's actually
11 from Little Falls Traffic Report, it's called,
12 a 2005 report that was conducted by DDOT to
13 examine the options, the various options. I
14 mean, that's how close we have gotten is that
15 they funded a study and made recommendations
16 about the conclusion about this particular
17 one. I'm sorry, I'm just looking for the
18 slide. Yes, there it is.

19 It is that it would make things
20 better, you know, for the neighborhood and
21 that it would -- the chief barriers were again
22 the helipad, which is on the road right here,

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1 and then the sturdiness of this now private
2 road to carry bus traffic.

3 COMMISSIONER TURNBULL: But right
4 now, you are showing the buses. The bus goes
5 in and loops around off of Dalecarlia and
6 comes around back on Loughboro Road.

7 MS. THOMPSON: It comes up here.

8 COMMISSIONER TURNBULL: Right.

9 MS. THOMPSON: In front of
10 residences. It stops just above the
11 intersection at the main entrance, the lighted
12 intersection of the hospital which means that
13 people by and large hop off the bus and just
14 run across the street. It then circles up,
15 turns around.

16 COMMISSIONER TURNBULL: Okay.
17 Comes around.

18 MS. THOMPSON: There is a way over
19 here and it picks up again down on this side
20 of the hill and I believe it picks up again
21 down by the Grand Oaks facility and then it
22 returns down. This is the D, these are D

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1 buses, D2, D6.

2 COMMISSIONER TURNBULL: And your
3 proposal is to have it go all the way around
4 the hospital?

5 MS. THOMPSON: It would use this
6 and do its hill climbing behind the hospital.
7 It could let patients off. In other words,
8 it could be integrated with the hospital
9 campus, so it could become more attractive as
10 -- you know, and more convenient. Most of the
11 riders of those buses that are getting off at
12 that stop are hospital employees.

13 COMMISSIONER TURNBULL: Okay.

14 MS. THOMPSON: I mean, in relation
15 to, in comparison to residents for instance.
16 And there are all kinds of figures about that.

17 And the idea was to come up here and then it
18 could pass through. And again, I mean, it
19 seems very natural and very effective for us
20 and actually much more attractive from the
21 hospital standpoint as well. But, you know,
22 it does add buses to the mix of traffic that

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1 you have on Little Falls Road.

2 COMMISSIONER TURNBULL: Well then,
3 on your's, where is the -- where would the bus
4 stop be as it gets down to Loughboro Road?

5 MS. THOMPSON: Right where it is.
6 It would come through here.

7 COMMISSIONER TURNBULL: The same
8 place?

9 MS. THOMPSON: And it would come
10 back down here again. It could stop here and
11 then stop here again and then it goes around
12 the corner and goes back downtown.

13 COMMISSIONER TURNBULL: So that
14 reinforces your previous discussion about
15 getting rid of the proposed zebra stripes at
16 Loughboro and Dalecarlia and moving them down
17 to the intersection?

18 MS. GATES: There are zebra
19 stripes across Loughboro right now at the
20 existing bus stop on the south side of
21 Loughboro. What I was referring to was the
22 zebra stripes that have been --

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1 COMMISSIONER TURNBULL: Proposed.

2 MS. THOMPSON: Yes, yes.

3 COMMISSIONER TURNBULL: Okay.

4 MS. THOMPSON: There is also a
5 bus, the N4, that comes down from Tenley. It
6 comes down. It stops right here. You see
7 that little pink blurb?

8 COMMISSIONER TURNBULL: Yes.

9 MS. THOMPSON: But that's on --
10 that's opposite the zebra stripes, too. In
11 other words, that's already on the hospital
12 side of Loughboro Road and that would come
13 down right across here. You know, and again,
14 I don't know if that somehow could be
15 integrated to circle around the campus, but it
16 also -- in other words, here is the -- here is
17 where the proposed new activity is going to
18 be. It just seems more efficient than to have
19 all of your -- here is the main hospital now.

20 It seems it will improve the
21 quality of life for the people who live in
22 that area and also to be a better service, you

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1 know, better bus service.

2 COMMISSIONER TURNBULL: Okay.

3 Thank you. Thank you.

4 CHAIRPERSON MITTEN: Anyone else?

5 Mr. Hood?

6 VICE CHAIR HOOD: Madam Chair,
7 first let me apologize for being late. I had
8 business today that took me out of the city.
9 Let me just make sure I apologize to Ms.
10 Thompson and Ms. Gates, because it looks like
11 you all had a very thorough presentation I
12 planned on participating on. It looks like I
13 can read this and be caught up.

14 Let me ask you a question.

15 MS. THOMPSON: And save yourself a
16 lot of time since we just took a long time to
17 present it.

18 VICE CHAIR HOOD: Okay. Let me
19 ask about the ANC vote. It appears that if we
20 were taking the vote today, which we are not,
21 it appears that it would probably be a tie,
22 the way I read it, because I'm looking here at

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1 one Commissioner who was newly elected. It
2 would look like it would be a 3-3 vote, at
3 least that's the way I'm reading it.

4 MS. THOMPSON: There was someone
5 who was absent that evening.

6 VICE CHAIR HOOD: No, I'm looking
7 at something I think we got tonight. I guess
8 we got this tonight. In this submittal we got
9 tonight from Commissioner Smith.

10 MS. THOMPSON: Commissioner Smith?
11 Any submittal by Commissioner Smith is
12 unknown to us and he began serving in January.

13 VICE CHAIR HOOD: Thomas M. Smith.
14 He is a Commissioner on your ANC?

15 MS. THOMPSON: Any communication--
16 he was not on the Commission at the time of
17 the vote.

18 VICE CHAIR HOOD: Right, at the
19 time. Right. So we are where we are, but I'm
20 just saying if that vote was taken today, it
21 would probably be a 3-3 tie.

22 MS. THOMPSON: I don't know how

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1 he --

2 VICE CHAIR HOOD: Okay. Okay.

3 MS. THOMPSON: Now, let me be
4 clear about --

5 VICE CHAIR HOOD: I think that's
6 my --

7 MS. THOMPSON: Let me be clear
8 about the votes. It was a 4-2 vote. The
9 person whose seat he holds was an opponent.

10 VICE CHAIR HOOD: Okay.

11 MS. THOMPSON: So if you really
12 want to go there, it would be 4-2 and then we
13 also have a letter from a Commissioner, who
14 wasn't present that evening, who has written--
15 and this letter is in your file saying she
16 would support it. So it would still be a 5-2
17 vote.

18 VICE CHAIR HOOD: Okay. But --

19 MS. THOMPSON: If we were to take
20 it today.

21 VICE CHAIR HOOD: So let's go back
22 to where we are.

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1 MS. THOMPSON: Okay. I just do
2 want to register, I'm concerned that there has
3 been a communication, a separate communication
4 unknown and not shared with me, as Chair of
5 our Commission, as relates to this proceeding.

6 VICE CHAIR HOOD: And again, I
7 haven't had a chance to fully read this. I
8 was reviewing it when I came in from Thomas M.
9 Smith.

10 MS. THOMPSON: Okay.

11 VICE CHAIR HOOD: But anyway, be
12 it as it may, it will be in the record. Let's
13 go back to where we were. The vote is 4-2 and
14 two people, apparently, voted in opposition of
15 what you all proposed in the alternatives.
16 Were one of those people SMD Commissioner?

17 MS. THOMPSON: I am the SMD
18 Commissioner.

19 VICE CHAIR HOOD: You're the SMD.
20 Okay. Good. Just help me understand. Now,
21 look down here at the conditions. They voted
22 against it and then they voted for the

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1 conditions. I'm just trying to understand the
2 logic here. I mean, I'm not trying to
3 question them. I'm just trying to understand
4 it.

5 MS. THOMPSON: Well, what I can
6 say is that there are conditions in there that
7 are fairly standard that we would ask for in
8 any major development proposal. And in
9 addition, all of the issues that we have just
10 been relating concern the bus routes, these,
11 as I started out by say, are very long running
12 issues and, therefore, I can't explain to you
13 why their decision to vote against one and for
14 another.

15 But I would just say that the
16 issues that are contained in the conditions
17 are by and large well-known to the Commission
18 and as conditions of potentially less, you
19 know, controversy.

20 VICE CHAIR HOOD: So, Ms.
21 Thompson, let's say that, I think it's behind
22 Tab 2, all your alternatives or

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1 recommendations in which the ANC would like to
2 see on the medical office building were
3 adopted. Some of those same issues with
4 Dalecarlia Parkway and all that, that will
5 still be there.

6 MS. THOMPSON: Correct. The
7 premise of our vote is that if we
8 substantially reduce the size of the building,
9 then the proposed mitigation measures have a
10 greater likelihood of being successful.

11 VICE CHAIR HOOD: Gotcha.

12 MS. THOMPSON: Our vote was based
13 on significant outstanding concerns that DDOT
14 reported to us the evening of our vote and
15 those are the same concerns that they
16 expressed to you and the reason that they
17 didn't file their report in time for the --

18 VICE CHAIR HOOD: Did you provide
19 us this?

20 MS. GATES: I provided it.

21 VICE CHAIR HOOD: Okay. And this
22 was right -- you asked MPD to do this?

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1 MS. GATES: Yes.

2 VICE CHAIR HOOD: I'm glad I
3 didn't come through there today. Okay.
4 Again, I apologize and I will read the
5 submittal and hopefully I'll be able to
6 anticipate. Thank you, Madam Chair.

7 CHAIRPERSON MITTEN: Thank you,
8 Mr. Hood. Mr. Jeffries?

9 COMMISSIONER JEFFRIES: Yes, just
10 a couple of quick questions. I'm curious
11 about, you know, 65 feet that you are
12 proposing. I assume that that's driven
13 principally by SP Zone 65 feet. Did you at
14 all take in any consideration any
15 conversations with Sibley as related to their
16 needs, their, you know, program for medical
17 office building?

18 MS. THOMPSON: I believe at the
19 time that we were meeting with Sibley on a
20 regular basis, the -- we never received any
21 detailed functional diagrams. So to some
22 extent, we were aware that such functions as

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1 the data center were going in there and that
2 certain equipment was being moved from other
3 portions of the campus.

4 But we didn't have detailed. We
5 had maybe early on sort of conceptual, but we
6 didn't have floor-by-floor detail. I don't
7 think it was relatively laid, for instance,
8 that we knew exactly how many floors were for
9 doctors' offices.

10 Each floor is 12.5 feet, so I
11 mean, you know, it was -- I think, you know,
12 we're splitting the baby, okay. I mean, I
13 don't -- I think we're looking for ways to
14 make this workable for the community and
15 successful for Sibley. And I think that you
16 see in our -- you know, it is not -- we asked
17 them when we first started meeting with
18 Sibley, you know, share with us your strategy.

19 And, you know, somebody I believe
20 will testify tonight to say that the Palisades
21 Citizens Association tell us what you need.
22 You know, tell us what you really need and

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1 then we're going to try to meet you. And that
2 communication was just not happening. You
3 know, it was not this let's show you what we
4 need. Let's show you some economics of this.

5 Let's tell you why we can't do this or that
6 or the other thing.

7 COMMISSIONER JEFFRIES: So what
8 were you getting?

9 MS. THOMPSON: I'm sorry?

10 COMMISSIONER JEFFRIES: What were
11 you getting from them?

12 MS. THOMPSON: This is --

13 COMMISSIONER JEFFRIES: When you
14 asked that direct question.

15 MS. THOMPSON: We need this. We
16 must have this. And, you know, our concern is
17 that other buildings may be closing. I mean,
18 we got -- what you -- you know, what was in
19 the presentation last week.

20 COMMISSIONER JEFFRIES: Okay.

21 MS. THOMPSON: You know.

22 COMMISSIONER JEFFRIES: There was

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1 definitely, you know, when I hear speculative
2 always, you know, makes me perk up here. One
3 of you mentioned something about that you
4 really feel that, you know, a lot of this
5 office will be, you know, speculative.

6 What evidence? I mean, I know
7 that you looked at all the office buildings
8 and so forth, but I guess was there anything
9 beyond just anecdotal as relates to, you know,
10 that this would be -- a good portion of it
11 would be speculative?

12 MS. THOMPSON: I just have to say,
13 at this point, that I believe the burden in
14 this proceeding is not on us.

15 COMMISSIONER JEFFRIES: Well --

16 MS. THOMPSON: I think the burden
17 is on the applicant. I don't know how to say
18 that. I mean, we saw every kind of
19 information that we could, but, you know, we
20 are not -- it's not our business plan. We
21 asked the right questions. And then when --
22 we looked for comparable information.

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1 I mean, we were given statements
2 such as every other hospital has one, you
3 know, so --

4 COMMISSIONER JEFFRIES: Well, let
5 me just step up and just be clear with you.

6 MS. THOMPSON: Right.

7 COMMISSIONER JEFFRIES: You know,
8 I just want to get an understanding about what
9 was presented to you. And, you know, when you
10 put things in front of me, I just want to have
11 a sense of exactly what was the backup. You
12 know, and if it was something anecdotal, I
13 mean, that's fine. I mean, but I don't mean
14 to put you on defense here.

15 I just want to get a sense of your
16 understanding about your meetings and
17 discussions with Sibley as to, you know, what
18 drove, you know, decisions that you would say,
19 you know, you feel this is sort of
20 speculative. I just wanted to know where that
21 came from.

22 MS. GATES: Commissioner Jeffries,

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1 one of the things that we were told was that
2 the Barlow Building was going to do away with
3 its doctors' offices and, therefore, there
4 would be a need for more. But, in fact, our
5 research has shown that there is no intention
6 whatsoever on the part of the Barlow Building
7 or any of those other medical office buildings
8 along Wisconsin Avenue to close.

9 Their proximity to the District
10 line is what is keeping doctors there. They
11 are not paying that medical malpractice
12 insurance. So it's just as easy for me to get
13 in my car and go to Wisconsin Avenue as it is
14 to go to Loughboro Road. But my doctor may
15 not charge me as much on Wisconsin Avenue.

16 COMMISSIONER JEFFRIES: Thank you.

17 That's all I wanted to know. Thank you.

18 CHAIRPERSON MITTEN: Okay. Mr.
19 Tummonds?

20 MR. TUMMONDS: Just a couple quick
21 questions. First, with regards to
22 Commissioner Thompson, in your meeting that

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1 you had last August with DDOT, WMATA,
2 representatives of the community and
3 representatives of Sibley, did WMATA state
4 that they needed to do a ridership survey of
5 the patrons that ride those bus lines in order
6 to move the bus stop?

7 MS. THOMPSON: Ms. Catondra --

8 CHAIRPERSON MITTEN: Would you
9 turn on the mike?

10 MS. THOMPSON: Ms. Catondra Noye,
11 who is with DDOT's Mass Transit Group, was
12 there along with Jeff Jennings, the ANC
13 liaison. Jeff was representing Mr. Lane's
14 office and Catondra is from the Mass Transit
15 Group. It was Ms. Noye's wish -- the DDOT's
16 concern was this notion of removing --

17 CHAIRPERSON MITTEN: Could you
18 give him a more direct response, please? Was
19 there a request from WMATA?

20 MS. THOMPSON: There was a request
21 from DDOT, not from WMATA, no.

22 CHAIRPERSON MITTEN: Okay.

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1 MR. TUMMONDS: But in order to
2 move the stop, a ridership survey of the
3 existing patrons of the bus line was needed,
4 that's what they stated.

5 MS. THOMPSON: That was a new
6 request. That is not a request that had ever
7 been appeared in any of the previous studies.

8 MR. TUMMONDS: Right. In August
9 that was a request that was made.

10 MS. THOMPSON: Correct.

11 MR. TUMMONDS: Great. Also, I
12 think, important to note what information from
13 the ANC the Zoning Commission is required to
14 give great weight. So on September 20, 2006,
15 did ANC-3D approve the Zoning Map Amendment to
16 rezone this property to the SP-1 Zone
17 District?

18 MS. THOMPSON: Yes.

19 MR. TUMMONDS: And, in fact, did,
20 on September 20, 2006, ANC-3D approve the
21 application for a 65 foot building, 12 feet 4
22 inches less than what we are proposing now and

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1 60 doctors, which is, in fact, 15 doctors less
2 than what we are proposing now?

3 MS. THOMPSON: Yes.

4 MR. TUMMONDS: That's all I have.

5 CHAIRPERSON MITTEN: Thank you,
6 Mr. Tummonds. Mr. Spector, did you have any
7 cross examination?

8 MR. SPECTOR: Can you tell us,
9 just remind us the level of diminution in
10 traffic that is occurring because of the
11 diminution of one floor of the office building
12 in the new proposal submitted by the
13 applicant? Is it 14 percent?

14 MS. THOMPSON: I believe it is 14
15 percent, yes.

16 MR. SPECTOR: And at that point,
17 the building was seven stories tall, so, in
18 effect, one-seventh or 14 percent was removed.

19 The building is now six stories tall. And
20 under your proposal, only one of those floors
21 would be removed, which is about 16 percent.
22 Is that correct?

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1 MS. THOMPSON: I'm going to take
2 your word that it is.

3 MR. SPECTOR: All right. So if we
4 currently have 4,000 vehicle trips a day from
5 the six story proposal, your proposal would
6 reduce that by 16 percent, but would still
7 leave us with 3,300 vehicle trips a day, I
8 believe. Is that correct?

9 MS. THOMPSON: I believe at least
10 that much.

11 CHAIRPERSON MITTEN: Is that
12 number an estimate that you -- an
13 extrapolation based on the calculations that
14 you --

15 MS. THOMPSON: I would go back to
16 the model and just look at the line, you know,
17 the line just goes straight up.

18 CHAIRPERSON MITTEN: Okay.

19 MS. THOMPSON: The footage, I
20 mean, it's just --

21 CHAIRPERSON MITTEN: But that's
22 your number. Is that right? The 3,300 is

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1 your number?

2 MS. THOMPSON: I believe we talked
3 about 3,300 to 3,500.

4 CHAIRPERSON MITTEN: And that's
5 your number?

6 MS. THOMPSON: Yes.

7 CHAIRPERSON MITTEN: That's not a
8 number you got from the applicant?

9 MS. THOMPSON: Yes, it's based on
10 the ITE model.

11 CHAIRPERSON MITTEN: Okay.

12 MS. THOMPSON: That's what I'm
13 saying.

14 CHAIRPERSON MITTEN: Okay.

15 MS. THOMPSON: So there are slight
16 little differences.

17 CHAIRPERSON MITTEN: Sure. Okay.
18 Okay.

19 MR. SPECTOR: Just to restate
20 that, that's 3,300 vehicle trips per day even
21 under your reduced model?

22 MS. THOMPSON: Yes.

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1 MR. SPECTOR: And that would
2 represent what about 10 years of normal
3 traffic growth, nine years worth?

4 MS. THOMPSON: It's a half a
5 percent of ordinary growth each year they
6 forecast.

7 MR. SPECTOR: All right. I think
8 really that's the point I wanted to get on the
9 record. So thank you.

10 CHAIRPERSON MITTEN: Thank you.
11 Okay. Thank you both very much. Now, we're
12 ready for Mr. Spector. You are back up. Are
13 you ready? Ready?

14 MR. SPECTOR: Madam Chair and
15 Members of the Commission, thank you very much
16 for this opportunity to speak this evening on
17 behalf of Sibley Neighbors for Responsible
18 Growth. My name is Leonard Spector and I live
19 across the street from Sibley Hospital on
20 Loughboro Road.

21 I'll be followed in my comments
22 this evening by Adele Harrell, who is sitting

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1 to my -- one seat to the left, and then by
2 George Oberlander, our planning expert, and
3 finally Linda Shaughness, another member of
4 our group who will speak.

5 Like everyone in this room, we
6 support Sibley Hospital and very much want it
7 to thrive. But we believe this particular
8 project takes matters too far and has too
9 traumatic an impact on our community. As we
10 have heard from the applicant's own traffic
11 studies, the project will bring 4,000 new
12 vehicle trips to the area each day, that's 400
13 per hour and a sudden traffic increase equal
14 to 12 years worth of normal traffic growth.

15 We are not adopting the same
16 position as the ANC. We are opposing the map
17 change and the Planned Unit Development,
18 because we believe the project fails to meet
19 the standards set out in the D.C. Zoning
20 Regulations.

21 However, if the Commission were to
22 adopt the position taken by the ANC, we would

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1 obviously give that very careful consideration
2 as we considered how to proceed afterwards.

3 The next slide. Let's see. Okay.

4 Thank you. Let me say a few words about who
5 we are. We are 112 substantially impacted
6 property owners, an ad hoc organization that
7 we really just started prior to the October
8 hearing from Kent, Wesley Heights, Spring
9 Valley and the Palisades and we will be
10 substantially affected, as I said, by the
11 medical office building.

12 We oppose the project in order to
13 protect a low density residential area with
14 historic and environmentally sensitive
15 elements from significant new commercial
16 development threatened by the applicant's
17 office building.

18 The next slide. We believe that
19 the particular -- in the particular
20 circumstances of this case, the Planned Unit
21 Development and the Special Purpose District
22 Map change that the applicant is seeking are

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1 not allowable under the D.C. Zoning
2 Regulations, in part because the Special
3 Purpose District fails to meet the criteria
4 for these zones and because construction of
5 the MOB would be fatally inconsistent with the
6 Comprehensive Plan of the National Capitol
7 District of Columbia Elements Ward 3 Plan or
8 what I'll call the Ward 3 Plan.

9 While the Commission is granted
10 considerable flexibility in interpreting
11 regulations and the plan, we believe that this
12 particular option in front of the Commission,
13 this application, really stretches that
14 flexibility to the breaking point.

15 Next slide, please. Our key
16 obligations -- objections to the application
17 are that, first, as I said, it doesn't meet
18 the core criteria for the SP District. But
19 secondly, if it is deemed that somehow this is
20 the buffer that the District calls -- the
21 regulations call for from commercial
22 development external to the site, we believe

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1 that the standards for the Planned Unit
2 Development criteria are also not met, because
3 the applicant has not met his burden of proof
4 of showing that, again, I'll use the term
5 speculative and unsubstantiated, public
6 benefits of the MOB outweigh its quantified
7 and very damaging impacts.

8 Next slide, please. This is a few
9 words about the setting in which we find
10 ourselves. In the Ward 3 Plan, we are
11 identified as the lowest density District,
12 lowest density ward in the District. The
13 areas are listed. The commercial areas in our
14 District are very well-defined and have been
15 around for many, many years with no major
16 changes for quite some time.

17 And the MOB, we believe, the
18 medical office building introduces commercial
19 activity into a new part of Ward 3.

20 The next slide. Which is
21 contrary, we believe, to the Ward 3 Plan's
22 protection against this kind of development.

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1 There are no commercial activities of a
2 similar scale on the Sibley site at this time.

3 And as I'll show you in the next slide, the
4 area is surrounded by, if you'll go to the
5 next slide, please, federal lands in the back.

6 That's the Dalecarlia at the top,
7 that's in the north. Dalecarlia Reservation
8 to the right. Dalecarlia Parkway and more
9 federal land to the south. That's my house
10 across the street, one of many single-family
11 homes there. And then to the west you have
12 the structures of the hospital itself, the
13 Dalecarlia Water Treatment Plant and then the
14 Palisades, which is a protected area right
15 after that.

16 So right now, you do have a very
17 low density area. You saw the photographs
18 that the ANC showed, the aerial photos and the
19 sketches. And I think it really is an
20 environment to which a large scale commercial
21 activity is quite alien.

22 Next slide, please. Now, we would

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1 argue that the SP District is not appropriate,
2 because there is no encroaching commercial
3 area. The regulations that we believe are the
4 crucial ones are sections 501 -- 500.1, 500.2
5 and 500.3, all of which go to the idea that
6 what the SP District is about is a situation
7 where there is a mixed use area.

8 The hospital claims to be a mixed
9 use area with an institution and with
10 apartments, which is being threatened by a
11 commercial area nearby. This is the Dupont
12 Circle model, as I recall, where this all
13 began. But in this case, as the ANC
14 demonstrated with their illustrations and as
15 we just showed, there is no commercial area
16 that is threatening the hospital.

17 And, therefore, we believe one of
18 the fundamental requirements for an SP
19 District to be established is lacking and
20 there is simply nothing there that the
21 hospital needs to be buffered against by the
22 new building. So I don't know how they begin

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1 the analysis.

2 But to go on, in the next slide,
3 is, in fact, the medical office building
4 itself which introduces significant commercial
5 activity into the area. Indeed, far from
6 serving as a buffer, it is in a way that's a
7 new problem. It will be the most intensive
8 activity on the campus, as Louis Slade
9 testified under cross examination, that's the
10 traffic expert for the applicant.

11 The activities in the MOB will be
12 identical to those at a commercial office
13 building and specifically while the hospital
14 is a non-profit organization, the medical
15 practices that will be tenants in the MOB will
16 be for-practice operations. And while the
17 activities in the building will be medically
18 related to be sure, we believe it is the
19 commercial nature of these activities and the
20 intensity of use which make the MOB
21 incompatible with the underlying R-5-A Zone
22 and grossly incompatible with the surrounding

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1 residential areas.

2 In other words, we believe these
3 other elements, the intensity and the
4 commercial aspects overshadow the medical
5 dimension.

6 Next slide, please. We also know
7 that there are a number of precedents that
8 have been raised as relevant here. We would
9 dispute that, principally on the grounds that
10 the other cases involve, these are the ones in
11 the applicant's documents, giant teaching
12 hospitals with much larger campuses surrounded
13 by communities that were significantly more
14 densely populated, more densely developed than
15 Ward 3.

16 Whereas, this case involves a
17 small community hospital surrounded by the
18 District's lowest density residential
19 neighborhood, according to the Ward 3 Plan.
20 Indeed, the applicant's own revised submission
21 of October 16th reinforces this very point on
22 pages 3 and 4 where none of the hospital

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1 sponsored MOBs in the District of Columbia
2 that they list is situation in an R-1 or R-2
3 Zone the way this hospital is situated.

4 Thus, we believe that in relation
5 to its setting, the impacts of the Sibley MOB
6 will be significantly more pronounced than the
7 cases previously reviewed by the Commission
8 that the applicant cites. And these cases
9 cannot fairly serve as a deciding precedent.

10 Next slide, please. We also
11 believe that there is an alternative legal
12 theory that the applicant appears to rely on,
13 which is that many modern office buildings
14 have associated MOBs and that -- many modern
15 hospitals, excuse me, have associated medical
16 office buildings and that this is an industry
17 trend and, therefore, they are entitled to
18 have one as well.

19 But the trend itself, however,
20 cannot establish the basis for authorizing a
21 Planned Unit Development and Special Purpose
22 District for the specific project that the

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1 applicant proposes. A six story, 113,000
2 square foot medical office building on the
3 Sibley campus.

4 What the applicant must establish
5 is that this medical office building has the
6 appropriate means to acquire the benefits of
7 an MOB, of a medical office building. The
8 hospital, you know, may want one, but they
9 have to show that this one is the way to do it
10 and not an alternative that does less violence
11 to existing zoning patterns, less violence to
12 the terms of the D.C. Special Planning
13 District Regulations and less violence to the
14 Ward 3 Plan.

15 Such options include building a
16 considerably smaller MOB on campus. I would
17 say smaller than what the ANC proposes or
18 purchasing a medical office building in one of
19 the several nearby Commercial Zones or build
20 in one in those settings.

21 Moreover, according to the ANC's
22 review of medical office building associated

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1 with other area community hospitals, the
2 considerable majority of these medical office
3 buildings are smaller than that proposed here,
4 many are off-campus and most are owned by
5 private real estate companies.

6 So hospital-associated MOBs may be
7 a trend, but this building definitely is not
8 the trend. I would also point out that by
9 going off-campus, they could build higher and
10 have a more profitable building.

11 We also believe that the MOB is
12 especially inappropriate because of the
13 protected policies of the Ward 3 Plan. I
14 won't go into all the details here. Mr.
15 Oberlander will speak to them in great depth,
16 but there are numerous provisions that speak
17 about containing commercial development. And
18 see this is the principal danger to the low
19 density residential area. And as I have
20 stressed, we perceive this as essentially a
21 commercial activity.

22 The next slide, please. Even if

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1 the Commission rejects our view and says that,
2 indeed, an SP District is appropriate here, we
3 still believe that the Planned Unit
4 Development is not appropriate fundamentally
5 because the applicant has failed to sustain
6 its burden of proof in this case.

7 Basically, it must show that the
8 public benefits of the project as configured
9 outweigh significant and quantified adverse
10 impacts. The essential benefit is that the
11 MOB helps draw and retain top quality
12 physicians and strengthens the financial
13 position of the hospital. That's what we are
14 really here talking about.

15 I would say, however, that there
16 is no evidence in the record to support this.

17 We have excellent assertions and explanations
18 by the hospital, but there is no hard
19 evidence. There is no evidence in the record
20 establishing that this medical office building
21 will achieve these results, no financial
22 projects showing that the MOB will, in fact,

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1 contribute to the hospital's fiscal well-being
2 rather than become a burden.

3 There is no showing that patients
4 will abandon physicians located in numerous
5 nearby commercial office buildings in favor of
6 those in the Sibley structure. In other
7 words, switching physicians. And I say only
8 the most cursory evidence that physicians will
9 relocate to the new building. We have been
10 told about a survey that was conducted, but
11 the survey is not in evidence. And we haven't
12 see the results.

13 In effect, Sibley is asking the
14 community to accept an enormous burden without
15 demonstrating and meeting its burden that the
16 benefits will be commensurate with these
17 costs.

18 I'll just say a very brief word
19 about amenities. We believe, as you go down
20 the list, these are all worthwhile, but
21 certainly not sufficient in themselves to
22 justify the Planned Unit Development,

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1 especially when there is no effective showing
2 that the community benefits outweigh the
3 costs.

4 I'll be happy to answer questions
5 about those, but I think we will save those
6 for later. Let me just conclude my remarks
7 before turning over the microphone to my
8 colleagues. We believe the Zoning Map request
9 -- map change request must be rejected,
10 because it doesn't meet the criteria for the
11 Special Purpose District, because it is not a
12 transition between a higher density commercial
13 area and a residential area. It just is not
14 applicable.

15 We believe the protective terms
16 over the Ward 3 Plan make a commercial office
17 building particularly inappropriate as a
18 buffer in this setting. And we also believe
19 that the applicant has failed to meet its
20 burden of proof and, therefore, really is not
21 entitled to go up that extra 10 feet or so to
22 get its final floor and really have the

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1 benefits of a Planned Unit Development. Thank
2 you.

3 MS. HARRELL: No, I'm Adele
4 Harrell. I live at 4920 Palisade Lane, a
5 block from the hospital, where I have lived
6 for the last 30 years. And I'm here to speak
7 for the neighbors themselves. I want to
8 explain why they are concerned about this
9 project.

10 This group of 100 neighbors, we're
11 now 120, was formed hastily in September when
12 it became apparent that all we were going to
13 get from Sibley was things like we don't --
14 we're not required to give the Zoning
15 Commission studies of anything other than rush
16 hour traffic at designated intersections, so
17 we're not going to study the effects of cut-
18 through traffic.

19 Answers like that or we need 100
20 doctors for it to be financially viable.
21 Well, now that is reduced to 75, but in no
22 case has any evidence or data been presented.

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1 So the neighbors, at that point, said, you
2 know, enough is enough, this is not a good
3 idea.

4 This goes against the grain for
5 many of us. Most of us have supported Sibley
6 expansion over the years. We have been
7 solidly behind Grand Oaks, the Oncology Center
8 and other things that they have proposed. But
9 we oppose this particular zoning request.

10 Why? There are three main
11 concerns that neighbors have about this
12 building. We think -- we are opposed to the
13 large scale commercial activity in this
14 setting. We are concerned about the traffic.

15 And we don't think the benefits, as they have
16 been explained to us so far, justify the costs
17 that we have to bear.

18 It should be pointed out before we
19 go on that the hospital already impacts our
20 neighborhood and that's fine. We live it.
21 But what we live with is noise, sirens,
22 helicopter landings, lights, which we can see

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1 from our houses, a lot of off-campus parking,
2 despite efforts, I will say, by the hospital
3 to limit that.

4 But we believe this building will
5 make a significant contribution to already
6 growing problems, traffic problems in our area
7 and those have been described earlier. It is
8 also we're concerned about the continuing
9 dense development. This is a picture taken
10 from Macarthur Boulevard. You have seen a
11 similar one earlier, but it gives you a
12 feeling for the fact that every square inch is
13 getting built on and it's very dense.

14 That's what's going on now.
15 That's what we have supported. But this is
16 where we want to draw the line. We think that
17 the MOB will dramatically increase commercial
18 traffic. There will be office supply
19 delivery, medical supply delivery, restocking
20 of food and inventory, trash trucks, cleaning
21 and maintenance crews, repair trucks, plus
22 doctors' office staff and patients coming and

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1 going all day long.

2 I'm quoting throughout here from
3 letters that they have written to the
4 Commission. For example, "The new building
5 would invariably" -- "inevitably bring
6 additional lighting and light pollution to our
7 previously quiet residential neighborhood.
8 The scale of the additional building would
9 overwhelm an already too busy Macarthur
10 Boulevard/Loughboro intersection." Harriet
11 Babbitt from Watson Street.

12 We think there will be too much
13 traffic. You have been hearing a lot about
14 that, but these additional 4,000 new trips in
15 a 10 hour work day means that we will have
16 constant all day traffic. This will increase
17 traffic hazards.

18 Next slide. There has been --
19 Macarthur Boulevard has been under siege and
20 between -- in a three year period there were
21 19 accidents on Macarthur. Most of those took
22 place on weekdays during the day. There were

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1 six accidents at the intersection of Macarthur
2 and Loughboro all on weekdays. One fatality
3 that you have heard about.

4 We worked hard with our community
5 policy to mitigate this traffic and calm it
6 and efforts are really beginning to pay off.
7 Traffic is slowing on Macarthur Boulevard. We
8 see this dramatic increase though in volume as
9 a setback to that, considerable setback to our
10 work in that direction.

11 And we are particularly concerned
12 about cut-through traffic and this is a topic
13 we were unable to get any discussions going
14 with either DDOT or Sibley or Sibley's traffic
15 consultants. We were unable to get
16 information on the impact of cut-through
17 traffic.

18 What is happening is we have two
19 intersections around Sibley. The one at
20 Macarthur and Loughboro and the one at
21 Loughboro and Dalecarlia that currently have a
22 level service of F. They have backup traffic.

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1 That motivates drivers as you would well
2 imagine to take the shortcut, right through
3 the streets.

4 In April, Watson Street petitioned
5 for traffic relief. In June and December,
6 Macomb Street residents petitioned for traffic
7 relief. Those are independent efforts of
8 ours, this building. And efforts to control
9 cut-through traffic coming down Rockwood
10 Parkway onto Dalecarlia have been noticeably
11 or only partially successful at best.

12 So what do the neighbors say?
13 "We're not a collection of just through
14 streets and cut-through streets. We are a
15 community, but lately we are a community under
16 assault." That was the chair of the Palisades
17 Citizens Association Traffic Committee.

18 I want to illustrate this for you
19 with yet another map. The red lines are the
20 major arteries serving the hospital
21 intersection. The two big black Xs on there
22 are the failing intersections. The traffic

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1 studies and numbers that we got all pertain to
2 this traffic pattern, but the traffic pattern
3 we're worried about, can I see the next slide,
4 is this one.

5 This is what is really going on.
6 The traffic coming into those intersections is
7 seeking -- it's like -- rising traffic is like
8 rising water. It takes the path of least
9 resistance and it looks like the Nile Delta
10 here. It's pouring into our neighborhood
11 streets. And these are traffic from Virginia
12 comes up through the Palisades. Traffic from
13 the District comes up to Kent and says okay, I
14 don't have to go to that intersection. I can
15 cut right through Kent.

16 Coming down from Maryland or other
17 in D.C., they say okay, I can cut-through
18 Spring Valley and I can avoid that area. So
19 it is becoming just a -- it's really changing
20 the quality of life in our area. These are
21 streets that are narrow. The next streets.

22 Skip down a minute. I want to

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1 show the picture of Watson. One more. There.

2 That's what most of these streets look like.

3 They are narrow and thin. This was a cold
4 winter day, but on most days, they are filled
5 with children and dogs and pedestrians and
6 there is a lively community life here that is
7 negatively impacted by this cut-through
8 traffic.

9 Okay. Back up one. We have had
10 several near misses last year as cars zoomed
11 through the narrow hilly streets and there are
12 lots of young children. In one block of
13 Watson, the one I just showed, there are 13
14 children younger than 10. There are lots of
15 pedestrians walking the dogs and exercising.

16 We see that and we say okay, well,
17 what are we really going to get out of this
18 then? We don't understand what the benefits
19 are to D.C. even. Most patients and staff do
20 not live in the District of Columbia. Only 22
21 percent of the staff live in D.C., fewer than
22 half the patients.

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1 But the D.C. taxpayers, including
2 us, will end up paying for the traffic
3 management, which we consider will probably be
4 a major problem, and accidents caused by the
5 MOB. Safety is another quote from a neighbor.

6 "Safety issues would overwhelm the
7 neighborhood and municipal infrastructure."

8 Next one. Another neighbor says
9 "The MOB cannot be justified in terms of
10 education or research. It's just business
11 venture pure and simple. The cities taxpayers
12 should not support a profit-oriented
13 enterprise. Cost to the neighborhoods are
14 just not offset by the benefits. The
15 neighbors will bear the brunt of the
16 commercialization and traffic and we already
17 have access to existing medical offices."

18 And I'll show you one more time
19 that same -- this has been much discussed at
20 the various neighborhood meetings.

21 Next slide. So another neighbor
22 says "Why does Sibley need such a large

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1 facility? There are other medical offices in
2 the area. Why doesn't Sibley care about its
3 impact on the surrounding community?"

4 That's sort of the bottom line for
5 some of the neighbors. The dialogue around
6 this particular issue was incredibly poor. So
7 we are urging the Commission, please, preserve
8 our neighborhood in the absence of a
9 demonstrated need for this medical office
10 building. Thank you.

11 MR. OBERLANDER: Madam Chair and
12 Members of the Commission, Acting Chairman
13 Hood, my name is George Oberlander. I've been
14 qualified as an expert witness before this
15 Commission on several cases before the
16 Commission and I -- my resume is on file.

17 I would like to go quickly to the
18 eight page statement that you have under Tab 4
19 of the Sibley Neighbors presentation and start
20 off with the PowerPoint that says that my
21 statement deals with why the PUD and the Map
22 Amendment are contrary to the planning

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1 principles and policies of the Comprehensive
2 Plan and the Zoning Regulations itself.

3 Let's talk a little bit about the
4 neighborhood setting and zoning. You have
5 heard from the ANCs and you have heard from
6 our presentation about the neighborhood. I
7 just will look at it from the professional
8 planners perspective. With the exception of
9 the Sibley Hospital site, which is an R-5-A
10 low height density, the entire section of this
11 part of the city is Zoned R-1-B and R-1-A.
12 The lowest residential density classification
13 of one-family housing in the city.

14 And this has been the case since
15 1958 when the zoning was put in place that we
16 have today. The hospital has obtained several
17 Zoning Commission and BZA approvals beyond the
18 hospital usage amounting to a total of over
19 541,000 square feet. The existing R-5-A
20 Zoning standards currently in place have
21 already been exceeded by the previously
22 granted approvals.

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1 Certain approval conditions of BZA
2 Order 16654, dated January 16, 2001, have not
3 been complied with up to date, including the
4 bus rerouting. I offer, if Ms. Schellin has
5 passed it out, a memo from the Department of
6 Transportation which I requested as a status
7 of the conditions that had been set by the BZA
8 and where they stand.

9 And you will see if you read the
10 memo that, from DOT, it indicates that the
11 applicants have substantially -- Sibley has
12 substantially -- is substantially in
13 compliance, but several of the elements of the
14 Zoning Order of 2001 are addressed in the
15 pending case, the case before you today. We
16 request compliance of those conditions prior
17 to any further additional development is
18 granted by the Zoning Commission.

19 There are several zoning cases
20 were you have had these BZA cases and Zoning
21 Commission cases where conditions have not
22 been met and then they fall over into the next

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1 PUD proposal. There are objections to the
2 application as proposed. To achieve the
3 proposed development density in height, the
4 applicant requests a map change to SP-1 or SP-
5 2.

6 This request is fitting the zoning
7 classification to a specific building program.

8 It is not based on any plan rationale to
9 rezone an area based on a particular objective
10 of a plan. Granting such a zone change in
11 this location would be contrary to the
12 original intent and purpose of the SP
13 classifications, because section 500.1 says
14 the "SP District is designed to stabilize
15 those areas adjacent to C-3-C and C-4
16 Districts."

17 There are no C-3-C or C-4
18 Districts anywhere near this location.
19 Furthermore, section 500.2 states "The major
20 purpose of the SP District shall be to act as
21 a buffer between adjoining commercial and
22 residential areas." Well, there are no

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1 commercial areas so far in this area.

2 An office building in the SP
3 District can only be allowed by special
4 exception under section 508 and 3104 of the
5 regulations. Applying SP-1 to the site would
6 be contrary to the SP Transition Zone purpose
7 and section 2400.4 which prohibits PUDs from
8 being "used to circumvent the intent and
9 purpose of the regulations."

10 No SP zoning is anywhere near this
11 part of the city. My understanding is if you
12 look at the zoning map, the closest SP Zone is
13 on the Northwest side of Dupont Circle and
14 that is where the SP zoning was first
15 established back in 1958.

16 The proposed PUD site. Let's talk
17 about that a bit. The 20 acre hospital site
18 is completely built up and is saturated with
19 open parking and covered parking. The
20 application is justified based on examples of
21 other locations in the city. The examples
22 cited, in my opinion, are very different

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1 portions of the city and not lowest density
2 residential areas.

3 If you look at the map around the
4 Washington Hospital Center, the lowest
5 residential density on the east side of the
6 hospital center is R-4, which is substantially
7 more dense than what is in this case. If you
8 look at the Providence Hospital location, the
9 lowest residential density on the east side of
10 that hospital area is R-2, which again is a
11 more intensive residential District than this
12 area.

13 Another reason for the PUD is
14 cited as "financial climate." In my opinion,
15 financial climate is not a ground for
16 rezoning. The proposal suggests building
17 111,000 square feet of gross floor area plus a
18 garage, three to four stories in height, of
19 another 155,000 square feet for 750 vehicles.

20 So a total of 268,000 or more square feet,
21 adding this proposal to the previous BZA Order
22 16654 amounts to over 800,000 gross square

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1 feet of buildable space.

2 In my opinion, such an increase
3 will overcrowd the site as it exists today.
4 Increasing the building mass on the site is
5 contrary to the Ward 3 Comprehensive Plan
6 policy "to protect and maintain the low
7 density, high quality character of the ward."

8 The traffic analysis that has been
9 presented needs to assure that the patient and
10 visitor scheduling is based on these 15 minute
11 per patient visitations at the doctors'
12 offices, including pharmacy visits and
13 auditorium visits which I don't believe are
14 really counted in the ITE trip generation
15 numbers.

16 The magnitude of the now proposed
17 building activities and any subsequent
18 intensification as may be likeable in the
19 master plan, that is not before you, will make
20 the adjoining area less desirable.

21 Now, let's go to the Office of
22 Planning's report. The OP recommendation is

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1 "subject to DOT's traffic mitigation
2 measures." OP admits that the PUD's generated
3 activities are damaging to the low density
4 area without additional mitigation. Yet, DDOT
5 has not committed to undertaking or requiring
6 the applicant to put in place previously
7 required traffic mitigation conditions.

8 The location of the park adjacent
9 to the bus layover also raises questions in
10 terms of the bus fumes that are generated
11 while the bus is waiting there. Nobody is
12 going to sit in the park while these buses are
13 putting out fumes.

14 The density and height requested
15 stretches the PUD flexibility provision in my
16 opinion considerably. Exceeding the height
17 limit can only be granted "provided the
18 increase is essential to the successful
19 functioning of the project." And that is in
20 section 2405.3.

21 In my looking in the file, there
22 is no specific evidence provided to

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1 substantiate that it could comply with 2405.3.

2 The 77 foot high building will be seen
3 directly from houses on Loughboro Road, Watson
4 Street, Partridge and Palisades Lanes and
5 Overlook Lanes in Spring Valley. This is not
6 addressed in the OP report.

7 In my opinion, the two OP reports
8 provide an inadequate basis for the claim that
9 the height of the office building and the 750
10 space garage are compatible with the area.

11 Now, let's deal with the
12 Comprehensive Plan for the National Capitol
13 and the District elements and the federal
14 elements. The generalized Land Use Map shows
15 Sibley Hospital as an institutional use. A
16 commercial office building is inconsistent
17 with that designation. The generalized Land
18 Use Policy Map is silent over, however, on any
19 intensification or expansion on the site.

20 Ward 3 Plan specifically states or
21 has policies applying any guide, any possible
22 intent to -- to guide any possible

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1 intensification. Yes, there are several
2 general policies promoting economic
3 development, maintaining public and
4 institutional health that the project complies
5 with. But there is no specific language
6 regarding the expansion of the hospital in the
7 Ward 3 portion of the plan.

8 A commercial office building in
9 predominantly low density residential areas is
10 inappropriate and incompatible. Section
11 1400.2 and 1400.22 and 1400(b)(2) of the Ward
12 3 element all address protecting and
13 maintaining the residential neighborhoods.
14 And you have heard about that. I won't dwell
15 on that.

16 No significant land use changes
17 are indicated or proposed in the plan, which
18 could support or suggest SP zoning. And I
19 think that is a very important aspect of your
20 considering the application. The Ward Plan
21 contains caution statements regarding
22 development adjacent to parkland and that is

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1 identified in section 1400.2(c)(1).

2 In addition, in fact, the federal
3 open space element states, and I quote,
4 "Encourage local jurisdictions to plan and
5 zone development not visible from parkways."
6 That is on page 127 of the federal elements of
7 the Comprehensive Plan.

8 And now, the next section
9 1406.5(b)(3) I believe is even very important
10 in guiding this Commission. "Commercial uses
11 should not be introduced to areas where none
12 is now present." Section 1409.1(f)
13 specifically deals with Sibley Hospital. "The
14 compatibility must be maintained, expansion
15 carefully controlled, changes to neighborhood-
16 related uses encouraged and conversion to the
17 other nonconforming uses prevented." I have
18 added the emphasis to prevented.

19 Now, just to finalize this and
20 give you the reasons why the PUD and Map
21 Amendment should be turned down. If you look
22 through my statement, page 7 and 8, lists

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1 numerous reasons why the application should be
2 denied. The SP zoning is inappropriate.
3 Contrary to section 2400.5, the PUD mechanism
4 being uses to circumvent intent and purpose of
5 the regulations.

6 Financial climate is not a basis
7 for rezoning. No Certificate of Need or any
8 evidence of community need has been provided.

9 If you look at the master plan that the
10 hospital has provided and you look at their
11 goal statement, you see, as was pointed out by
12 the ANC representatives, a circle which says
13 "Capture medical office space market." That
14 is a speculative proposal as part of their
15 master plan.

16 In my opinion, granting the PUD
17 violates section 2400.2 dealing with the
18 overall goal of "protecting, advancing to
19 public health and safety, welfare and
20 convenience. I would be happy to answer any
21 questions that you may have. Thank you.

22 MS. GRAVES SHAUGHNESS: Good

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1 evening, Commissioners. I'm Linda Graves
2 Shaughness. I have lived in the 5200 Block of
3 Loughboro since 1994.

4 My remarks will focus particularly
5 on the unique experience of neighbors in the
6 5200 Block of Loughboro directly opposite the
7 Sibley campus. I will discuss our adverse
8 experience since 2000 of a Sibley pattern of
9 noncompliance with impact, mitigation impacts
10 and withholding compliance on approved
11 projects to use as leverage on future projects
12 and illustrate how the safety aesthetics and
13 streetscape character of Loughboro Road is
14 being impacted.

15 Those of us who live on the 5200
16 Block of Loughboro have a unique and special
17 relationship with Sibley. We live across the
18 street. More than anyone else, we bear the
19 burden of the late night ambulance runs,
20 helicopters, constant traffic and worsening
21 safety hazards.

22 Obviously, we knew the hospital

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1 was there. We never agreed to an ongoing
2 expansion, especially under an unprecedented
3 non-residential zoning category. If this
4 expansion is permitted, the residential
5 character of our neighborhood will be severely
6 damaged and current safety issues will be
7 exacerbated.

8 Like most of my neighbors, our
9 house is not set back 50 feet from the road.
10 We do not orient our house away from the
11 street and we did not build a fortress-style
12 house cleverly designed to be insulated from
13 Sibley as our architect neighbor, Andy Diem,
14 did, who testified last time.

15 He testified that he had no
16 impact. Well, there is a reason. His house
17 is insulated. There are no openings of
18 windows hardly facing the street or on either
19 side. I had a picture of that, but I can't
20 find it right now.

21 We are very exposed to the heavy
22 traffic and commotion generated by the

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1 hospital including virtually continuous
2 construction projects with many more to come.

3 We did not bargain for and we should not be
4 asked to suffer from further denigration of
5 the residential character of our street, which
6 will be generated if Sibley's grand ambitions
7 are spot-zoned with yet more "special
8 treatment."

9 Now, I'll discuss the aesthetic
10 streetscape and impact of Sibley buses. All
11 of Loughboro Road is a residential or woodland
12 streetscape until you approach the Sibley
13 campus at the intersection with Dalecarlia
14 Parkway. The predominant visual
15 characteristic of our road is a very hilly
16 street with a beautiful street canopy that
17 creates the effect of traveling down through a
18 bower of magnificent willow oaks.

19 So the approach to the Sibley
20 campus represents a major visual jolt from
21 significant areas of unscreened parking lot
22 and break in the treescape and buildings that

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1 are not in scale with the R-1 residential
2 character of the Kent neighborhood. The
3 proposed expansion would only amplify this
4 jolt with an even greater massive
5 institutional presence.

6 In addition to being on a busy
7 street, the 5200 Block is the terminus for the
8 Sibley destination bus routes D3, D6 and Ride-
9 On 23 and provides two stops for the M4.
10 These bus stops exist primarily to service the
11 hospital. The result is that today there are
12 nearly 230 daily bus trips back and forth in
13 our block of Loughboro. No residential block
14 in upper Northwest D.C. has more bus traffic.

15 While neighbors also use these bus
16 routes, they are essential mass transit for
17 Sibley employees, particularly shift workers.

18 Consequently, the schedule must provide
19 service for nearly all hours of the day and
20 night. No other residential block in upper
21 Northwest D.C. provides 21.5 hours per day of
22 bus service.

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1 This means that when the rest of
2 Loughboro Road settles down for the night and
3 has very little vehicular traffic, residents
4 in this block get no relief whatsoever except
5 between, approximately, 2:30 a.m. and 5:00
6 a.m., Monday through Friday, and between
7 midnight and 6:00 a.m. Sunday.

8 The bus traffic on the residential
9 side of the street is particularly burdensome
10 in our block because of the noise of buses
11 laboring up the steep hill from Macarthur
12 Boulevard, substantial noise and vibration
13 effecting our homes due to a narrow treebox
14 and minimal setback from the street. Three
15 bus stops in a single block, additional de
16 facto treebox and middle of intersection bus
17 stops, because drivers try to accommodate
18 riders who want off wherever.

19 They don't want to wait until they
20 get to the bus stop or until it turns around
21 and can off-load on the Sibley side of the
22 hospital. It is completely unworkable the way

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1 the route is set up now. And also the
2 terminus effect, which includes a lot of extra
3 engine noise from buses starting and stopping
4 and sometimes illegally idling, extra noise
5 and trash from passengers and road congestion,
6 including blocking residential driveways and
7 trampling of landscaping and soil compaction
8 in the treebox.

9 The sign -- yes, that sign was not
10 posted by a neighbor, but by a city employee.

11 That sign is for the bus operators and says
12 "Operators, please, all passengers a stop
13 only." I have kept a look. There is constant
14 off-loading, other than at the official bus
15 stop. People get off and they stream across
16 in front of the bus, behind the bus, further
17 down beyond the sight lines just below the
18 crest of the hill. It's extremely dangerous.

19 Efforts to fix problems with buses
20 and passengers discharging on the residential
21 side of the street are simply not working and
22 work against safety.

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1 Next, I would like to -- I had
2 several examples, I'll see if I have time to
3 cover them, of the neighborhood experience
4 with Sibley compliance with "mitigation
5 measures."

6 First, our experience with Grand
7 Oaks, which was the assisted living and
8 Renaissance Center. As Sibley was completing
9 construction of the first assisted living
10 facility and skilled nursing center at the
11 lower end of the block, it became apparent
12 that there were many negative impacts of the
13 project that needed to be addressed.

14 Sibley agreed to perform
15 significant mitigation measures in exchange
16 for approval of their next expansion project,
17 the Oncology Center. But even before the
18 Oncology Center was fully approved, Sibley did
19 succeed in acquiring Little Falls Road and a
20 large land tract. Sibley was allowed to
21 purchase historic Little Falls Road in 2001
22 under the most favorable terms possible.

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1 Until Sibley purchased Little
2 Falls Road, it was a road available to the
3 public and owned by the U.S. Government.
4 Shown on District Road Maps as a "permanent
5 highway," as far back as 1895. There was no
6 competitive bidding. There was no
7 consideration of transferring the road to
8 local Government or of how that road might be
9 needed to meet the neighborhood's traffic
10 needs in the future.

11 There was no public hearing. The
12 hospital intervened with Congresswoman Norton
13 and Congressman Bud Shuster on the last day of
14 the legislative business in the 106th Congress
15 to get the road. Sibley has come to expect
16 such "special treatment." We now have the
17 bizarre situation of a private entity
18 controlling decisions on a road that should be
19 managed in the public interest.

20 Next, our experience with the
21 Oncology Center Expansion Project. The
22 mitigation measures Sibley agreed to do to

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1 correct severe adverse effects from Grand Oaks
2 and Renaissance Center build-outs were
3 negotiated with the community and then
4 incorporated into the 2001 oncology zoning
5 variance order.

6 These included screening of
7 parking lots and three very important bus and
8 traffic conditions of approval. Some of these
9 were covered in a petition signed by 25
10 neighbors and submitted at a hearing. That's
11 in your file on that, but I also have copies
12 of that petition here that I would like to
13 enter into the record.

14 During the course of negotiations
15 with the community, Sibley's architect
16 developed a schematic of how buses could be
17 routed behind the hospital with bus stops for
18 safe direct access into the Sibley buildings
19 by employees and with several bus layover
20 bays. The only caveat was whether the roadbed
21 could support the buses.

22 It was understood this bus

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1 rerouting could be done in a way that would
2 still accommodate a helipad, when road tests
3 later showed that the roadbed would need to be
4 strengthened to support the weight of buses,
5 the issue became who would pay for this? DDOT
6 determined it would cost, approximately,
7 \$500,000. Sibley refused to pay for it and
8 discussions ensued with D.C. Transportation
9 officials regarding using city funds to pay
10 for a privately owned road.

11 When funding didn't immediately
12 materialize, Sibley sabotaged the project by
13 relocating its helipad directly in the Little
14 Falls Road active lane of traffic. And they
15 did this at a time when they could have easily
16 incorporated a helipad into their parking
17 garage construction. The helipad then became
18 an excuse why buses could not be rerouted to
19 loop behind the hospital on Little Falls Road.

20 Other transportation conditions
21 required Sibley to take measures to encourage
22 use of mass transit and to work with the

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1 community on resolving traffic issues.

2 Next, our experience with their
3 \$40 million tax exempt bond. In 2002, Sibley
4 sought a \$40 million tax exempt bond from
5 D.C., the benefit to Sibley was,
6 approximately, \$8 to \$9 million. There were
7 still outstanding issues of noncompliance with
8 the Oncology Center zoning order. And I
9 testified before the City Council that Sibley
10 should be required to comply with all
11 mitigation measures from its previous
12 expansion projects before being granted such a
13 significant financial benefit that will be
14 used for yet more projects.

15 After David Catania questioned
16 granting the bond, Sibley promised him that it
17 would fully comply and Councilman Catania
18 agreed that the bond could go forward. And
19 still, Sibley has not been willing to pay for
20 the road upgrade.

21 Current expansion. There is now a
22 pattern of Sibley obtaining special approvals

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1 and concessions with commitments to perform
2 mitigation measures and then not fully
3 complying until their next application for
4 more expansion rights. The proposed Special
5 District spot-zoning MOB promises new
6 "commitments" to comply with former
7 requirements as leverage and bargaining chips
8 for the next expansion project.

9 It is time for all the mitigation
10 measures of one project to be accomplished
11 before further expansion activities are
12 allowed. Agreements with Sibley neighbors and
13 compliance with conditions on previous Sibley
14 expansion projects are still outstanding and
15 should be met before this proposed application
16 is considered.

17 Particularly, those concerning
18 rerouting of buses. It is offense and galling
19 for Sibley to offer these previously promised
20 measures up in exchange for yet more special
21 treatment and approval of rezoning that is so
22 incompatible with adjacent R-1 Zoning that no

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1 so-called mitigation measures could possibly
2 balance the harm to our right to peaceably
3 enjoy our residential neighborhood.

4 In conclusion, the MOB proposal is
5 untimely until Sibley Hospital fully
6 implements prior agreements with the community
7 and local representatives and meets mitigation
8 measures required by previous expansion
9 applications. These include actively
10 proceeding with the steps necessary to reroute
11 buses for better access by employees and
12 reduce bus impact on residential neighbors and
13 actively promoting use of mass transit.

14 The community has been deprived of
15 the benefit of these very significant
16 mitigation measures for more than five years
17 now. They can't make those five years up to
18 us. It is time for all the mitigation
19 measures of one project to be accomplished
20 before further expansion.

21 Full implementation of bus and
22 traffic mitigation measures is also in the

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1 best interest of Sibley for obtaining more
2 favorable consideration of expansion proposals
3 in the future. Sibley has been its own worst
4 enemy by not already demonstrating and putting
5 in place mass transit and traffic control
6 remedies that could greatly reduce congestion,
7 cut-through traffic and would provide a basis
8 for assessing an appropriate number of parking
9 spaces.

10 Without this information and
11 experience, neighbors concerned about parking
12 in the neighborhood naturally seek a cushion
13 of parking spaces that, unfortunately, also
14 has the effect of discouraging use of mass
15 transit and reduction in the number of vehicle
16 trips, thereby adding to cut-through traffic.

17 Providing an excess number of parking spaces
18 sets a base line for further aggressive
19 expansion of the Sibley campus.

20 As long as Sibley has a surplus of
21 parking spaces, it has no compelling reason to
22 be proactive in creating viable mass transit

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1 that could reduce vehicular traffic. When
2 there has been a reasonable period of time
3 with such measures in place, it would be
4 possible to assess the degree to which further
5 hospital expansion would impact the immediate
6 neighbors and surrounding neighborhoods that
7 are concerned about traffic impacts.

8 It would then be possible to
9 right-size any future Sibley expansion to fit
10 the facts. Considering the large tract of
11 land Sibley now controls and could develop as
12 of right, I ask this Commission to think hard
13 before granting any more special treatment
14 exceptions that would further denigrate the
15 quiet enjoyment of our homes and neighborhood.

16 Thank you for your consideration
17 of these issues. I would welcome questions.
18 We have lots of photos. Thank you.

19 CHAIRPERSON MITTEN: That is
20 awesome. You guys managed that 50 minutes
21 perfectly. So congratulations.

22 (Applause)

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1 CHAIRPERSON MITTEN: Okay.
2 Questions from the Commission? Anyone have
3 questions? Mr. Jeffries?

4 COMMISSIONER JEFFRIES: Well, Ms.
5 Shaughness, did I pronounce that correctly?

6 MS. GRAVES SHAUGHNESS: Yes.

7 COMMISSIONER JEFFRIES: Actually,
8 this is a question for Mr. Oberlander, but I
9 just wanted him to respond to something you
10 said about you said spot-zoning twice, I
11 believe. Mr. Oberlander, would you agree with
12 that assessment?

13 MR. OBERLANDER: I didn't
14 understand. Which was the assumption?

15 COMMISSIONER JEFFRIES: Ms.
16 Shaughness made a couple of assertions that
17 this was, in fact, spot-zoning in terms of
18 what was being proposed here and I just wanted
19 to know if you would concur with that
20 assessment?

21 MR. OBERLANDER: Absolutely. I
22 did not mention spot-zoning in my

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1 presentation, because in previous cases when
2 spot-zoning was raised, some of the Commission
3 Members are tired of the term spot-zoning, but
4 this is definitely, in my opinion, a classic
5 case of spot-zoning.

6 COMMISSIONER JEFFRIES: Okay. And
7 then we have the comments that I did think
8 that your presentation was actually very good.
9 Thank you.

10 CHAIRPERSON MITTEN: Anyone else?
11 Okay. No more clapping, okay? Mr. Hood?

12 VICE CHAIR HOOD: Mr. Spector, let
13 me just ask while I commend the group for
14 getting here, why did you form this group
15 other than the issues? Why didn't you just
16 work through the ANC? And let me go on to say
17 is it because of what I received here tonight
18 when I read that by contrast when the Advisory
19 Neighborhood Commission 3D met on September
20 the 20th to make a decision, it allowed no
21 questions or comments from the audience.

22 And I'm sorry I didn't see this

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1 before while the ANC was up here, because that
2 bothers me, but why did you form this group?

3 MR. SPECTOR: Well, first of all,
4 I think there were many ANC meetings including
5 meetings when the hospital was present and
6 gave presentations. And all of us did have a
7 chance to explore a range of issues. So what
8 I thought was going to happen at this meeting
9 on the 20th of September was we would hear, in
10 effect, the judgment, if you will, the way
11 that the ANC had taken all this evidence
12 together and then try to sort through it and
13 they would, in effect, explain.

14 It's like a judicial opinion.
15 They were going to rule, but they were going
16 to explain to the community why they were
17 ruling and they had used many previous
18 meetings to receive questions from both sides.

19 I remember standing in a line before a
20 microphone when some people who had spoken
21 here also spoke there. So I think the issue
22 got pretty thoroughly aired.

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1 And we came -- I mean, the ANC
2 came out with its compromise, but that, as you
3 heard, in my brief cross examination of the
4 ANC, is not a great compromise from the
5 standpoint of the community, in the sense that
6 it still leaves us with 3,300 vehicle trips a
7 day and most of the impacts that you have been
8 hearing about.

9 So that was one problem. The
10 other problem was we felt strongly enough
11 about this issue that we knew the only way to
12 be heard in a formal matter, as we did now,
13 was to organize and come together. So we
14 seized the opportunity to get this additional
15 point of view across to the Commission and we
16 very much appreciated it.

17 VICE CHAIR HOOD: So that was
18 vetted out previously and then this ANC -- we
19 knew going into this ANC meeting on September
20 the 20th there was not going to be any public
21 comment to the ANC pretty much.

22 MR. SPECTOR: That was my

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1 understanding.

2 VICE CHAIR HOOD: Okay. All
3 right. Thank you for clarifying that.
4 Somebody else wanted to comment?

5 MR. HAGEN: I was just going to
6 offer the observation. I was at that meeting
7 as well.

8 CHAIRPERSON MITTEN: Would you
9 just identify yourself, for the record,
10 tonight?

11 MR. HAGEN: It's Paul Hagen with
12 Sibley Neighbors. And there were many people
13 who wanted to speak who are vehemently opposed
14 to the ANC approving any process going
15 forward. So it was, as most of the
16 neighborhood meetings have been, probably
17 uniquely divided and divisive, whether it was
18 the PCA meetings or that particular ANC
19 meeting.

20 VICE CHAIR HOOD: Okay. Mr.
21 Oberlander. Thank you. Mr. Oberlander, you
22 mentioned Providence Hospital and when you

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1 were going through it, I was trying to follow
2 you and I'm not sure. Can you go back to
3 that? You were talking about the zoning
4 surrounding the Providence. I think you said
5 R-2 as opposed to what's surrounding this area
6 here. Can you go back to that and I'm not
7 sure what page it's on.

8 MR. OBERLANDER: Oh, it's -- I
9 have -- it's not in the testimony.

10 VICE CHAIR HOOD: Okay.

11 MR. OBERLANDER: I did some
12 further research.

13 VICE CHAIR HOOD: No wonder I
14 didn't see it.

15 MR. OBERLANDER: It's on the
16 Zoning Maps.

17 VICE CHAIR HOOD: Okay.

18 MR. OBERLANDER: And I just
19 identified what the Zoning Maps show.

20 VICE CHAIR HOOD: You just used
21 Providence as a reference point?

22 MR. OBERLANDER: Providence and

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1 Washington Hospital Center.

2 VICE CHAIR HOOD: Okay.

3 MR. OBERLANDER: The Washington
4 Hospital Center has on the north of it
5 Government property, which is unzoned, on the
6 west of it R-4 Zoning, on the south of it
7 around the McMillan Reservoir R-5-B Zoning, on
8 the east side of the hospital complex R-5-A
9 Zoning and the lowest density zoning is R-3.
10 There is a portion in the Glenwood Cemetery
11 area, there is R-3 Zoning.

12 In the Providence Hospital
13 location, Providence Hospital is Zoned R-5-A,
14 similar to the Washington Hospital Center and
15 similar to the Sibley Hospital and that's why
16 the OP has said well, it's a similar
17 situation. But if you examine it a little
18 closer, it really isn't a similar situation.

19 On the east side of Providence
20 Hospital you have semi-detached R-2 housing,
21 which is a greater density of housing than the
22 R-1 category. On the west side of the

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1 hospital area you have a larger R-5-A area.
2 So they are not identical neighborhoods.

3 VICE CHAIR HOOD: And help me to
4 understand. You mentioned that, you said the
5 hospital use is institutional, but a medical
6 office building is commercial. At least is
7 that correct?

8 MR. OBERLANDER: Yes.

9 VICE CHAIR HOOD: Did I approach
10 it correct? I don't want to put anything in
11 your mouth that you didn't say.

12 MR. OBERLANDER: Yes.

13 VICE CHAIR HOOD: Is that written
14 somewhere? Is that in the Comp Plan or is
15 that written somewhere?

16 MR. OBERLANDER: No, it's not
17 written anywhere.

18 VICE CHAIR HOOD: What makes them
19 different?

20 MR. OBERLANDER: It's an
21 interpretation of land use. An office
22 building is not an institutional use.

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1 Institutional use is institutions. A hospital
2 is an institutional use. A school is an
3 institutional use.

4 VICE CHAIR HOOD: Right.

5 MR. OBERLANDER: But an office
6 building is not of that character. So that's
7 why -- I mean, it should be in the general
8 planning policy that an office building is
9 usually a commercial use. Unless -- now, the
10 SP Zones were established in 58 for
11 Massachusetts Avenue where you had think tanks
12 developing.

13 The Brookings Institute situation,
14 which is an office building, but it's
15 institutional. It's non-profit and that was
16 one of the conditions in the SP zoning to
17 begin with. The SP would be applied to non-
18 profit areas, which this again does not apply.

19 VICE CHAIR HOOD: Now, Mr.
20 Oberlander, I know you served on the task
21 force, the Comp Task Force which was just
22 approved. Is your testimony geared towards

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1 the new Comp Plan or the previous Comp Plan?

2 MR. OBERLANDER: The current Comp
3 Plan.

4 VICE CHAIR HOOD: Current Comp
5 Plan.

6 MR. OBERLANDER: Which is in
7 effect. The amendments to the Comprehensive
8 Plan have not, to my knowledge, yet gone into
9 effect. And the testimony is based on this
10 Comp Plan. I have looked at the new plan, if
11 you want to call it that. There is nothing in
12 the new plan which supports this in any more
13 specific terms.

14 VICE CHAIR HOOD: So your
15 testimony would be the same either way?

16 MR. OBERLANDER: Yes.

17 VICE CHAIR HOOD: Okay. Thank
18 you. Thank you, Madam Chair.

19 CHAIRPERSON MITTEN: Anyone else?
20 Mr. Turnbull?

21 COMMISSIONER TURNBULL: I just had
22 one question, Madam Chair. I guess, pardon my

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1 failing voice here, the Sibley Neighbors for
2 Responsible Growth has taken a tougher stance
3 than the ANC. You obviously don't want the
4 office building at all. How do you -- and if
5 the zoning stays the same, it's going to be --
6 what's your feeling on how Sibley grows or
7 tries to say stay within -- it's giving the
8 service that it is going to do that.

9 MR. SPECTOR: Are you asking me?

10 COMMISSIONER TURNBULL: I'm asking
11 anybody.

12 MR. SPECTOR: Well, let me begin.

13 First of all, as I said at the very outset of
14 my comments, we want Sibley to thrive, but the
15 trick is to do it in a way that does not have
16 this magnitude of impacts. So one option is
17 not to have an office building per se, but to
18 have a different kind of activity on the
19 campus, let us say, more of the Grand Oaks
20 style assisted living. That's one idea.

21 But the other, if a medical office
22 building is what is desired, a different

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1 location and an existing commercial area would
2 see to be the way to go. They could build
3 higher. They will not pay tax on the income,
4 so they are going to have a much higher than
5 commercial return. They will be able to
6 finance it with tax exempt monies, so that's
7 going to give them a higher than commercial
8 return. And if revenue is the issue, you
9 know, that would seem to be the way to go.

10 We heard testimony that office
11 buildings aren't for sale, because they are so
12 successful in these other settings. And those
13 are the arteries that are expecting or can
14 handle the larger traffic loads and so forth.

15 So that would certainly be one option.

16 And the other option is to just
17 build it much smaller than it is and get some
18 of the benefits that they want on the campus.

19 But not at the scale that has been discussed.

20 COMMISSIONER TURNBULL: I think,
21 Mr. Spector, it was your comment in the
22 beginning, you said that if the Commission

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1 went along with the ANC or saw favor in light
2 of the ANC's view, you wanted to come back and
3 review that?

4 MR. SPECTOR: I said we would give
5 it a --

6 COMMISSIONER TURNBULL: You would
7 give it to my file.

8 MR. SPECTOR: I don't mean to be
9 coy here. That would be very significant and
10 we would certainly take that into account, as
11 we consider what to do next. I mean, that
12 would be your decision. And our next option
13 would be to find an appeal or go to court or
14 whatever it might be.

15 COMMISSIONER TURNBULL: Okay.

16 MR. SPECTOR: And obviously --

17 COMMISSIONER TURNBULL: I was just
18 curious where you were going with that
19 comment.

20 MR. SPECTOR: No, obviously, if
21 that was your ruling, we wouldn't lightly go
22 off and do something else. We would take that

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1 as a very serious development and we would
2 have to think hard about the next step.

3 COMMISSIONER TURNBULL: Okay.

4 Thank you.

5 CHAIRPERSON MITTEN: Mr. Tummonds?

6 MS. GRAVES SHAUGHNESS: Excuse me.

7 Could I just add to that response?

8 CHAIRPERSON MITTEN: Briefly.

9 MS. GRAVES SHAUGHNESS: Part of
10 the answer to that is because Sibley has
11 acquired such a large tract of land, if they
12 just built-out, they could still do a lot of
13 building-out just within what they could do as
14 of right with their current zoning. And they
15 could also take care of the lapse in
16 mitigation measures.

17 CHAIRPERSON MITTEN: Thank you.

18 MS. GRAVES SHAUGHNESS: And then
19 we might be able to support them.

20 CHAIRPERSON MITTEN: Thank you.
21 Mr. Tummonds is going to share that microphone
22 with you now.

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1 MR. OBERLANDER: Could I add a --

2 CHAIRPERSON MITTEN: No, I think
3 we're done with that now.

4 MR. OBERLANDER: All right.

5 CHAIRPERSON MITTEN: Thank you.

6 MR. TUMMONDS: Mr. Oberlander, in
7 your testimony, you had stated that you felt
8 that a commercial office building is
9 inconsistent with the industrial land use
10 designation.

11 MR. OBERLANDER: Institutional,
12 not industrial.

13 MR. TUMMONDS: Institutional. I'm
14 sorry, institutional, yes. Yet in Zoning
15 Commission Order No. 784, the Zoning
16 Commission Order in which the Zoning
17 Commission approved the rezoning of the
18 Washington Hospital Center property from R-5-A
19 to SP-1 in Finding of Fact No. 42, the
20 Commission finds that the PUD project, the Map
21 Amendment is in conformance with the
22 Comprehensive Plan, which designates this site

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1 for institutional use. Is that correct?

2 MR. OBERLANDER: Well, the order
3 speaks for itself. But the issue is the
4 Commission has the responsibility of weighing
5 different policies of the Comprehensive Plan.

6 MR. TUMMONDS: Yes, but I guess I
7 was --

8 MR. OBERLANDER: And the wisdom of
9 the Commission in that case it weighed more in
10 favor of that office building than in this
11 case hopefully.

12 MR. TUMMONDS: Right. So --

13 MR. OBERLANDER: There was no
14 opposition.

15 CHAIRPERSON MITTEN: Mr.
16 Oberlander, Mr. Oberlander, I think Mr.
17 Tummonds is asking you a rather narrow
18 question, not the full scope of that order,
19 but he is asking you about a specific finding
20 of fact. So could you answer him more
21 narrowly, please?

22 MR. OBERLANDER: Well, the -- I

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1 can't agree with the Zoning Commission's
2 finding, because an office building is not an
3 institutional use, in my definition of land
4 use terminology.

5 MR. TUMMONDS: So again, then you
6 would disagree with the Zoning Commission's
7 decision both in 2002 in Zoning Commission
8 Order No. 969 and Zoning Commission Order No.
9 02-43 in 2003 when the Zoning Commission made
10 that same determination that a medical office
11 building is consistent with an institutional
12 land use designation?

13 MR. OBERLANDER: I respectfully
14 disagree with the Zoning Commission on those
15 findings, because they have weighed -- I have
16 to broaden it, because you do weigh these
17 matters in the broader Comprehensive Plan
18 benefits. And it's not just the narrow issue
19 of one policy.

20 CHAIRPERSON MITTEN: He is asking
21 you something narrow and you're not willing to
22 disagree with this in the broadest sense.

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1 MR. OBERLANDER: Well --

2 CHAIRPERSON MITTEN: But perhaps
3 in a narrow sense.

4 MR. OBERLANDER: I definitely
5 disagree with the Zoning Commission's orders
6 in those cases, yes.

7 CHAIRPERSON MITTEN: Okay.

8 MR. TUMMONDS: Thank you.

9 CHAIRPERSON MITTEN: Thank you.

10 MR. TUMMONDS: Does the Zoning
11 Commission have a different standard for
12 applying Zoning Map Amendments when they are
13 associated with PUDs rather than a
14 straightforward rezoning?

15 MR. OBERLANDER: A different? I
16 didn't quite understand. A different what?

17 MR. TUMMONDS: A standard for
18 applying --

19 MR. OBERLANDER: A standard?

20 MR. TUMMONDS: -- whether or not a
21 rezoning is appropriate when it is affiliated
22 with a PUD rather than if it was a straight

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1 Zoning Map Amendment case?

2 MR. OBERLANDER: Yes. There are
3 standards that you can go to a higher height
4 and a higher FAR under a PUD, but it's a
5 matter of judgment on the part of the Zoning
6 Commission.

7 MR. TUMMONDS: I think maybe I'll
8 ask my question in a different way. Zoning
9 Commission Order No. 921, a PUD and Zoning Map
10 Amendment application in Ward 3, showed
11 Members of the Zoning Commission, this was the
12 case for the Tenley and Albemarle case, that
13 no more than four townhouse case.

14 CHAIRPERSON MITTEN: Oh, we
15 remember.

16 MR. TUMMONDS: So I would note
17 that in paragraph 5 of the conclusions of law
18 of that case, the Zoning Commission stated
19 that a PUD Map Amendment is thus a temporary
20 change to existing zoning that does not begin
21 until PUD is recorded. It seems that the PUD
22 is not built and ends one's PUD terminates.

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1 This being the case, the Commission may grant
2 PUD-related Map Amendments in circumstances
3 where it might reject permanent rezoning.

4 So again, I'm not talking about
5 whether or not an individual project with a
6 PUD gets more density. I'm talking about
7 whether or not a PUD rezoning is applied to --
8 a different standard is applied to a PUD
9 rezoning than if this was a straight Zoning
10 Map Amendment case.

11 MR. OBERLANDER: Yes.

12 MR. TUMMONDS: Thank you. I have
13 no further questions.

14 CHAIRPERSON MITTEN: Thank you,
15 Mr. Tummonds. Commissioner Thompson or
16 Commissioner Gates, any questions on cross
17 examination? No?

18 MS. GATES: I just have one quick
19 one. I want to just follow-up on Mr. Tummonds
20 question about PUDs, because amenities are
21 meant to be part of those. At any time, and I
22 address this to anyone here, did Sibley ever

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1 address the amenities it is proposing with
2 you? Did they ever ask you if --

3 CHAIRPERSON MITTEN: Ma'am, if
4 you're going to answer, you need to be on the
5 microphone.

6 MS. HARRELL: Adele Harrell
7 answering. I attended many of the ANC
8 hearings on this and when amenities were
9 discussed with the neighborhood at those
10 hearings, it was announced by Sibley what they
11 were planning to do. There was no discussion
12 with the neighborhood of what they would like
13 to see, if that's the point of your question.

14 MS. GATES: That is the point of
15 my question. Thank you.

16 CHAIRPERSON MITTEN: Okay. Thank
17 you. I think we're done then. Thank you all
18 very much.

19 MR. SPECTOR: There are a number
20 of individuals who I know we will be calling.

21 CHAIRPERSON MITTEN: Yes, well,
22 that's next.

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1 MR. SPECTOR: And I would just
2 like to propose, because there are a number of
3 doctors that we called in as a group, maybe
4 for the first panel of those individuals.

5 CHAIRPERSON MITTEN: You want to
6 get up here? It's okay, Mr. Spector, go sit
7 down. It's full. Okay. Let's have the
8 doctors come down. Any doctors who would like
9 to testify in opposition, please, come
10 forward.

11 DR. COLEMAN: To the Court
12 Reporter?

13 CHAIRPERSON MITTEN: Yes, if you
14 would turn in your cards to the Court
15 Reporter. Okay. We'll start down here on the
16 end with the young lady in pink and then we'll
17 just move down the panel. So if you would
18 identify yourself for the record, please? And
19 you'll have three minutes. Push the button in
20 the center, the light goes on. There you go.

21 DR. COLEMAN: Okay. Good evening,
22 everyone. My name is Dr. Pamela Coleman and

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1 I'm a practicing urologist. I'm a
2 Washingtonian. I was actually born at
3 Columbia Hospital for Women, now Columbia
4 Condominiums. And I also live near Sibley
5 Hospital within five miles. I've actually
6 went up that hill, up Loughboro from my home.

7 As a urologist, I primarily
8 practice in D.C. and I have several offices.
9 One office is at one of those -- these spaces
10 that were mentioned on Massachusetts Avenue
11 Surgi Center where I did my outpatient surgery
12 and one at Providence Hospital.

13 What I would like to say basically
14 having worked at Providence Hospital and
15 Washington Hospital Center, both of those
16 hospitals are either -- business of owning
17 their own physician office building.
18 Providence is currently negotiating to sell
19 their POB and Washington Hospital Center does
20 not own their POB.

21 The hospitals have found in the
22 past that they have been trying to stay away

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1 from words like inducement, enticement for
2 physicians, because some insurance companies,
3 especially Medicare, do not look kindly on
4 hospitals inducing or enticing physicians to
5 share space in order to bring patients to the
6 hospital.

7 Different laws, Stark Laws and
8 things like that have come up and say that
9 those type of laws -- things have been
10 violated. So I'm not really sure. Actually,
11 I have -- I also have privileges at Sibley
12 Hospital. I do a few cases there. And it has
13 not been with any doctors that I know of ask--
14 anyone asking for Sibley to build a physicians
15 office building for them.

16 A lot of physicians that were
17 working in D.C. have actually moved out of
18 Washington, D.C. because of the medical
19 malpractice premiums. It would be nice if
20 they would like to help physicians or help the
21 city to perhaps build a POB in Ward 8 or move
22 the hospital over there where we actually do

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1 need help with patient care. Thank you.

2 CHAIRPERSON MITTEN: Thank you,
3 Dr. Coleman. Sir?

4 DR. DOMBROWSKI: Thanks. Good
5 evening and thank you for the time. My name
6 is Dr. John Dombrowski. I am also a fellow
7 Washingtonian. I was born at Georgetown.
8 I've lived in the city pretty much all my
9 life. I live on Watson Street or we like to
10 call it Ground Zero.

11 I was practicing at George -- at
12 Sibley for 10 years. It has been an excellent
13 hospital. I have supported them in any way
14 that I could with respect to actually giving
15 testimony to the Palisades Citizens when they
16 built their Grand Oaks and assisted living and
17 alzheimers unit and cancer unit, because this
18 is good for my patients. This is where we
19 need to be. We need to measure patient care
20 with the neighborhood responsibility. And
21 they were very good with that.

22 Unfortunately, the things begin to

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1 divide when we're starting to find that there
2 is more commercial entities. And they say
3 well, the doctors need that. I think you, as
4 a panel, need to really look why are four
5 doctors saying against this? I mean, that's
6 kind of curious.

7 The other thing that would be
8 curious is why, I think you mentioned at the
9 last meeting, I think about a month ago, you
10 have letters from physicians saying they have
11 no interest in this. That's the whole idea is
12 that they say there is this great drum beat.
13 We need to change the neighborhood. We need
14 to do this, because there are doctors that are
15 asking for it.

16 I mean, there are four just
17 representative here that came out on a very
18 late night to testify. I think you have
19 letters saying that, you know, maybe this
20 isn't the case.

21 The other thing that's kind of sad
22 to me is this "need." You know, who has got

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1 this need? I don't think we have this need.
2 My patients don't have a need. They see me up
3 at the Foxhall Building, which is five minutes
4 away. They see her at her other building at
5 the Foxhall, downtown, Chevy Chase, the Barlow
6 Building. The need is met.

7 And the other sad thing is you
8 know when the argument is really breaking down
9 when they talk to my patients in fear. If we
10 can't do this, we're not going to be in
11 business. It's a very low thing to address
12 with a patient. That's the reason why I have
13 continued to support Sibley, both financially
14 in terms of getting -- all my patients had
15 testing there, physical therapy there,
16 laboratory to support them in any way I can
17 from that perspective.

18 But more importantly, to giving
19 money to, you know, endowments and things like
20 that, so they don't have to do commercial
21 enterprises. Thankfully because of the
22 generosity of my neighbors here, they have

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1 \$480 million in the bank. That's a great task
2 and we should all be proud with that. And
3 that is a wonderful statement.

4 This is where I think we're
5 starting to realize whose need is this? Is
6 this my need? Is this the neighbors' need or
7 is it their need? And for many times, we have
8 been on the same track. This is where our
9 roads begin to divide. I would offer them,
10 say buy another. If you need commercial space
11 like Mr. Spector said or to build it anywhere
12 you want.

13 At Suburban Hospital they have it
14 off their campus by 20 minutes. You can build
15 a -- you can buy the Foxhall Building which is
16 again five minutes up the street where the
17 majority of their physicians practice. That
18 would solve their situation. They have
19 already had the impact of Wesley Heights and
20 we can move on.

21 And I thank you for your time.

22 CHAIRPERSON MITTEN: Thank you,

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1 Dr. Dombrowski.

2 DR. TU: Madam Chair and Members
3 of the Committee, I am Dr. Raymond Tu. I'm a
4 resident Washingtonian here, born and raised
5 in Washington, D.C. I'm a radiologist. I'm
6 in private practice. I'm very proud to be a
7 native Washingtonian. I've served on many
8 boards and committees. I have been on the
9 Board of Directors at the Whitman Walker
10 Clinic. I'm currently the only radiologist
11 and I'm a physician member of the D.C. Board
12 of Medicine.

13 And I think that what has been
14 discussed here is altruism and physician need
15 for this medical office building. And I have
16 an office at 3301 New Mexico Avenue, at 2121 K
17 Street and at 5454 Wisconsin Avenue and many
18 other locations, too, in the area. And no one
19 has really come to us and our -- my partners
20 and my practice and my patients really haven't
21 mentioned that there is this, you know,
22 dissatisfaction with medical care and access

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1 and we've got to move to this Sibley medical
2 office building.

3 I mean, it has never come up.
4 And, in fact, it's just the opposite. People
5 are very pleased with the access to our
6 offices. Our referring doctors are very
7 pleased with the turnaround time and the
8 ability to get appointments in our offices.
9 So there is a real disconnect in really what
10 is being the reported urgency to increase
11 medical office leasing spaces and what the
12 demand is.

13 I think there is an over
14 concentration, in fact, of medical office
15 spaces in Northwest Washington and a paucity
16 of office spaces east of the river. So this
17 is really a disconnect. An urgency doesn't
18 really quite make sense. And as a native
19 Washingtonian, I feel that there is a certain
20 amount of misrepresentation being made to the
21 Committee. Thank you very much.

22 CHAIRPERSON MITTEN: Thank you,

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1 Dr. Tu. Sir?

2 DR. SCHWARTZ: My name is Frederic
3 Schwartz. I'm a physician. I live at Kent.
4 I have an office in Chevy Chase and I do
5 practice at Sibley. I'm speaking in
6 opposition because I do not think this office
7 building is necessary. I don't think it will
8 be rented. I think there are forces beyond
9 Sibley's control that will make it unused and
10 I think it would change the neighborhood
11 negatively.

12 I recently moved my office
13 location from one location in Chevy Chase to
14 another in the Barlow Building. I moved to a
15 Chevy Chase building. This was done this
16 summer. I listed the help of a rental agent.

17 He told me that there would be no difficulty
18 finding office space in the District along the
19 19th Street corridor, the K Street corridor, M
20 Street corridor or along Foxhall.

21 Indeed, before our last meeting
22 here on the 1st of February, there were five

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1 advertisements in the Sibley Hospital doctors'
2 lounge for office space that was available. I
3 have a copy of the Medical Society, the
4 District of Columbia newsletter, for offices
5 for rent. I have a copy of an advertisement
6 from 2440 M Street office space for rent.
7 "Minutes from George Washington, Georgetown
8 and Sibley Hospitals."

9 I eventually decided to stay in
10 Chevy Chase. I had no problems finding office
11 space. There was no hint of conversion to
12 condo. There was no hint of not renting to
13 doctors. Glad to take a 5 or 10 year lease,
14 glad to have me there. I investigated and I
15 knew this ahead of time what the difference
16 would be in my malpractice premium moving to
17 the District of Columbia.

18 My malpractice premium, I'm a
19 neurosurgeon, I'm in the highest category, the
20 greatest risk, my malpractice premium would
21 increase two to threefold. What that would
22 amount to is two college tuitions a year, two

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1 children sent to college every year in
2 addition to what I pay in Maryland. If it
3 went up, if it was doubled, if it was tripled,
4 it would be four college tuitions, an entire
5 college education that I would have to spend
6 in addition to what I spend in Maryland to
7 maintain my same malpractice insurance
8 coverage.

9 I think physicians are leaving the
10 District of Columbia. I think it's difficult
11 to get new physicians to practice in the
12 District of Columbia. I think this office
13 building will go unrented. I think you will
14 find insurance companies, billing companies
15 and maybe we would even get a Medispa for the
16 neighborhood, I don't think you are going to
17 find physicians moving.

18 Mr. Price from Sibley mentioned
19 these cards of interest that the Sibley
20 physicians had filled out. I have been in
21 practice 30 years. I know the way doctors do
22 business or don't do business. There is a

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1 light year away from signing a card of
2 interest to signing a lease, with no cost, no
3 obligation. It's not terribly difficult to
4 sign a card of interest.

5 You may get some activity from the
6 physicians in Foxhall Square. They are in the
7 District. That's of no benefit that you are
8 going from one commercial area to a more
9 residential area. It provides no benefit for
10 the neighborhood.

11 CHAIRPERSON MITTEN: I need you to
12 give us your closing thought, please.

13 DR. SCHWARTZ: My closing thought?
14 I'm finished.

15 CHAIRPERSON MITTEN: Okay. Thank
16 you, Dr. Schwartz. Any questions from the
17 Commission for the panel? Any questions? Mr.
18 Hood?

19 VICE CHAIR HOOD: I just wanted to
20 ask the doctors, it appears, and I mentioned
21 this at the last hearing on the 1st, though the
22 doctors, well, my perception is, like to be

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1 able to, you know, visit their patients at the
2 hospital and then be able to go and practice
3 nearby. I mean, that's what's happening over
4 at Providence. Dr. Coleman, you mentioned
5 Providence.

6 And also that's what's going on at
7 the Washington Hospital Center. Is that
8 working or is it not working? I'm not too --
9 I will tell you, I'm not all up to speed on
10 the malpractice insurance and all that. I've
11 heard that. I'm being educated on that
12 tonight. But it appears that that is working.

13 And I just don't understand. You know, I
14 have four doctors now who are doctors, I'm not
15 a doctor, but you're telling me there is no
16 need.

17 But it appears that it has been
18 working, you know. I have been to the
19 hospital. I was born in Providence. So it
20 appears -- but I do agree with your comment.
21 I know I'm sporadic here, Dr. Coleman, but I
22 was actually sitting here thinking that. Here

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1 we are talking about health care and I know
2 the need east of the river. You know, but
3 anyway, I just didn't want to be the one to
4 say it, but I appreciate you putting that on
5 the record.

6 But let's go back to that. Is it
7 working or is it not working? Okay. I'll let
8 you answer.

9 DR. COLEMAN: Yes, Mr. Hood, I'll
10 speak to it first. First of all, it does
11 work, but we don't -- you have to remember we
12 don't have patients in the hospital for long
13 periods of time. There is some convenience to
14 be able to have your office close to the
15 hospital where you work. But in my practice,
16 I would say 80 percent of it is outpatient
17 procedure driven.

18 We don't -- patients who are in
19 the hospital are not in for, you know, maybe
20 three days, not for a long period of time. So
21 it's not an essentially driving market to have
22 my office next to the hospital. As I

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1 mentioned about Providence Hospital selling
2 their office building now, the physicians,
3 some of the physicians that work there are
4 actually relocating into Maryland, because
5 they will get at least a 50 percent reduction
6 in their overhead and medical malpractice.

7 They can still drive the 5 or 10
8 minutes to see their patient at the hospital,
9 make their rounds and then go back and do
10 their office work.

11 CHAIRPERSON MITTEN: Anyone else
12 want to -- Dr. Schwartz?

13 DR. SCHWARTZ: If I may answer.
14 For me to drive 10 minutes from home, from
15 Chevy Chase to Sibley to save the magnitude
16 that I would save in malpractice insurance,
17 it's really nothing. It's a no-brainer.

18 CHAIRPERSON MITTEN: Dr.
19 Dombrowski?

20 DR. DOMBROWSKI: Yes. Thank you
21 for the time. And that's the way it is for
22 me. Right now, I mean, up at Foxhall or Chevy

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1 Chase Building, the Barlow Building getting to
2 Sibley to see their patients is a 5 to 10
3 minute drive. I don't really see how that is
4 changed. The only thing that physicians are -
5 - when they are off-campus like this, they
6 have their patients' interest always at heart.

7 And meaning this, is that I could
8 send you to the best radiologist and if it's
9 at Sibley great. You're going to go there.
10 But if it's someplace else, you're going to go
11 there also. Not every hospital does
12 everything well, as you've probably
13 experienced.

14 So if I know if I have had a
15 patient that -- I deal with pain medicine and
16 management. If they have had a stroke and
17 they are going to need rehabilitation, the
18 closest place is Sibley to send them. But you
19 know what, I think there are better programs
20 at NRH. So this way the physician when they
21 are kind of independent, they can kind of pick
22 and choose where their care is going to be

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1 delivered best for their patient.

2 I mean, that's all we're really
3 about is worried about patient care and
4 patient quality. And we just want to get the
5 -- whatever the best is for them. Whatever
6 institution, because we're blessed in this
7 D.C. area, it's small. It's 20 square miles.
8 But we can get them access to the best care.

9 CHAIRPERSON MITTEN: Thank you.

10 VICE CHAIR HOOD: Thank you.

11 CHAIRPERSON MITTEN: Anyone else?
12 Anyone else? Mr. Tummonds? Commissioner
13 Thompson or Commissioner Gates, any questions?
14 Mr. Spector, any questions? Okay. Thank you
15 all very much. Can I see a show of hands who
16 else would like to testify? Okay. I think we
17 have -- just take a seat. Anyone else who
18 would like to testify, I think we can
19 accommodate everybody at the table in one last
20 panel.

21 Anyone else who would like to
22 testify in opposition, should take a seat at

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1 the table and turn in your cards on the way
2 there, if you would. Okay. We will start at
3 this end and move down the table.

4 MS. SLAVIK: My name is Julie
5 Brass Slavik. My husband and I have lived at
6 5264 Loughboro Road across from the Sibley
7 campus for 37 years. The design and
8 explanation for the new Sibley medical office
9 building presented so professionally to you is
10 enticing. However, it does not take into
11 consideration the significant impact on those
12 of us who actually live in this excellent
13 residential neighborhood of Kent.

14 For the first time in our 37
15 years, we oppose this expansion, because it
16 will set a precedent for other zoning changes
17 that will adversely and permanently change the
18 quality of our neighborhood. We believe it is
19 not immediately part of the improvement of
20 health care offered by the hospital, but
21 rather a commercial business venture.

22 Further, it is just the beginning

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1 of a series of construction endeavors under
2 Sibley's master plan that will really impact
3 our neighborhood over the next dozen years and
4 not well. In my opinion, what -- this is
5 what's really going to happen. Traffic will
6 increase significantly. You have heard up to
7 4,000 trips per day on an already busy
8 thoroughfare.

9 Because of the entrance and exits
10 on Loughboro Road, the risk of serious
11 accidents on Loughboro Road will increase
12 dramatically. We have had terrible accidents
13 there, particularly, the exit from the Grand
14 Oaks where there is a no left turn sign that
15 is observed continuously in the breach. Left
16 turns, the city could make a million on that.

17 Our residential parking is at a
18 premium, because Sibley visitors, clients and
19 staff park on the street and there is little
20 or no control by city authorities for overstay
21 parking and illegal parking. In front of our
22 home, there is a no parking zone that is

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1 continually taken up with clients going to
2 Sibley.

3 Their clients and staff block our
4 driveways, so we can't get in and out and they
5 get nasty when we complain and they park in
6 front of the fire hydrant, which I believe is
7 illegal. Given what we see on a daily basis
8 now, we anticipate that this situation will
9 worsen, because people simply don't want to
10 pay to park at Sibley.

11 Traffic will increase
12 significantly on the side streets as drivers
13 seek to avoid Loughboro Road to the
14 endangerment of pedestrians, particularly, the
15 elderly and children and there are many
16 streets where there are no sidewalks, so
17 people walk in the street.

18 It's very easy to be swayed by
19 Sibley's glossy presentation, but as
20 residents, we know that the construction
21 period is disruptive. We know from
22 experience --

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1 CHAIRPERSON MITTEN: I need your
2 closing thought.

3 MS. SLAVIK: We hope that the
4 voices of those who actually live in the
5 neighborhood and pay very high real estate
6 taxes for the privilege of living there will
7 be taken into consideration.

8 CHAIRPERSON MITTEN: Thank you.
9 And if you had a written statement, we would
10 be happy to receive that into the record for
11 whatever you didn't get to --

12 MS. SLAVIK: Can I email it to
13 you?

14 CHAIRPERSON MITTEN: No, you
15 can't. You can fax it or you can bring the
16 copy in tomorrow or something.

17 MS. SLAVIK: Okay.

18 CHAIRPERSON MITTEN: Go ahead.

19 MS. EGAN: Hi, my name is Erin
20 Egan. I'm a resident of Watson Street. I'm a
21 mother of three children under the age of 5
22 and I'm here really on behalf of the other

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1 parents of Watson Street. As someone
2 mentioned earlier, there is about 13 children
3 under the age of 10.

4 There were pictures shown earlier
5 of Watson Street. It's a cut-through. We
6 have a cut-through problem today and I can't
7 emphasize that enough and we're dealing with
8 it on a daily basis. A 7 year-old girl across
9 the street from us was almost hit by a cut-
10 through driver.

11 What is happening is at that
12 intersection of Macarthur and Loughboro Road,
13 there is a backup right now, because of -- at
14 that light and people are starting to
15 recognize that Watson is a cut-through, an
16 easy way to get up to Palisade and over to
17 Dalecarlia Lane. And it's a narrow street, no
18 sidewalks, there is a curve, you can't see
19 beyond the bend. This is a safety issue and
20 it's really untenable to me to think that the
21 impact on neighborhood streets has not been
22 analyzed.

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1 And for that reason, I can't
2 emphasize enough and I know it has been said
3 over and over again tonight, but the impact on
4 our streets is significant and for that reason
5 I oppose this expansion.

6 And we, just quickly, wrote a
7 letter and you should have it in the record.
8 25 residents of Watson Street have already
9 petitioned the ANC to get some traffic calming
10 measures. It has got nothing to do with sort
11 of Sibley, but Sibley is just going to
12 exacerbate the problem beyond belief.

13 CHAIRPERSON MITTEN: And we do
14 have that.

15 MS. EGAN: Yes.

16 CHAIRPERSON MITTEN: In one of the
17 submissions. Thank you.

18 MS. EGAN: Thank you.

19 CHAIRPERSON MITTEN: Go ahead.

20 MS. JAHNKE: Good evening and
21 thank you very much for the opportunity to
22 speak tonight. My name is Chris Jahnke. I

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1 live at 5726 Macarthur Boulevard.

2 What we have before us tonight is
3 a classic tale of David and Goliath. With its
4 latest proposed development expansion, Sibley
5 Hospital has become the Goliath in the
6 Palisades. The residents of the neighborhood,
7 we feel like David. How can we stop the
8 Goliath that is attempting to destroy what we
9 love about our neighborhood?

10 I live on Macarthur Boulevard just
11 two blocks from the intersection of Loughboro
12 and every day I witness firsthand the cars
13 speeding into the District when they hit the
14 green light at Loughboro. I can't imagine
15 what the speeds are. This goes on despite the
16 valiant efforts of the Metropolitan Police
17 Department.

18 The police can't be everywhere and
19 they cannot catch every speeder. You heard
20 about one of our neighbors who was killed by a
21 hit and run driver. She lived just two blocks
22 from our house. Getting in and out of the

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1 car, for the people who live on Macarthur
2 Boulevard on the river side, is a daily
3 hazard, because of the cars speeding by.

4 I am also an early morning dog
5 walker who has nearly been hit by the cut-
6 through traffic on side streets from Virginia
7 and Maryland commuters, who flagrantly
8 disregard the posted speed limits of 25 miles
9 per hour and stop signs. Our neighborhood
10 streets, as you have heard testified tonight,
11 are not designed to handle an additional 4,000
12 car trips a day.

13 The Palisades is a community of
14 walkers, joggers, baby strollers, moms and
15 children at play. My husband and I are two of
16 the many volunteers who mulch and weed the
17 cherry tree beds on Macarthur Boulevard.
18 Every spring the cherry blossoms are a
19 reminder of why we love Washington and we why
20 we love our neighborhood.

21 We want to continue to live in a
22 community free of heavy commercial traffic.

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1 The beauty of the Palisades is worth
2 protecting from the safety, pollution and
3 noise hazards that would accompany the
4 proposed office tower.

5 The Palisades is a residential
6 neighborhood that is not zoned for commercial
7 activity nor should it be. Office towers do
8 not belong in neighborhoods. We applaud the
9 action of the Zoning Board earlier this year
10 when you ruled against a major development
11 project at the other end of Macarthur
12 Boulevard near Battery Kemble Park. It was a
13 wise decision to say no to that development.

14 Thank you for preserving that end
15 of the boulevard. Please, do the same for us.

16 If you live in the District of Columbia, you
17 know, you often feel like Rodney Dangerfield
18 when he said that you don't get any respect.
19 The District residents, we feel often times
20 like second class citizens in the world's
21 greatest democracy. We lack representation,
22 but not tonight.

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1 We have you, the Zoning Board, to
2 represent us. Thank you very much.

3 CHAIRPERSON MITTEN: Thank you.
4 Sir?

5 MR. FARRELL: Thank you, Madam
6 Chairman. My name is J. Michael Farrell. I
7 live at 4919 Palisade Lane. That is the
8 corner of Palisades and Watson. I'm really
9 just coming up here to clarify, I think, some
10 question that Madam Chairman asked regarding
11 is there restricted parking around the area.

12 CHAIRPERSON MITTEN: Um-hum.

13 MR. FARRELL: There is restricted
14 parking, two hour parking, on the first block
15 of Palisade Lane to Watson. There is no other
16 restricted parking in the neighborhood. What
17 is the effect of that? One thing that has not
18 been mentioned tonight is the fact that
19 people, patients who are unwilling to pay
20 parking that are going in for overnight, two,
21 three, four nights for surgery and
22 recuperation, they park their cars on Watson

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1 Street.

2 You see them park their cars.
3 They take their bags out and then just walk up
4 the street. What's the problem with this? I
5 have three boys. They are grown now. Three
6 boys grow up in this neighborhood, been there
7 for 33 years. On several occasions, the cut-
8 through traffic when there was a lot less
9 traffic than we're talking about now was very
10 hazardous.

11 At one point, we petitioned to
12 have a stop sign put at the corner of
13 Palisades and Watson. It was turned down,
14 because they deemed it was unnecessary at this
15 time. Now, we're talking 1980. We're not
16 talking, you know, in the '90s. So we're
17 talking a time ago.

18 What I'm concerned about is the
19 safety of the children we're talking about.
20 I'm there. I'm usually out in my yard on
21 weekends. I see the kids playing. I see the
22 problems with the traffic coming through. If

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1 you have a situation where you're going to
2 have 3,300 more cars at a minimum, if this is
3 granted, if the ANC's petition is granted, we
4 would hope that it's not awarded or that the
5 Board does not approve it, but if it was,
6 you're going to be coming down that street,
7 that is coming down Loughboro.

8 You're going to see there is
9 traffic jam up there. You're going to take a
10 left right onto Palisades. You squeal the
11 tires going down Watson and you shoot down the
12 street. Watson has a turn. There must be six
13 little kids down there. See, I go down about
14 20 miles an hour. That is something that is
15 going to be severely impacted if this were
16 granted.

17 Another situation and my time is
18 about up, I didn't think I would talk this
19 long, if you want -- came down Dalecarlia
20 right now, they are working, that is from
21 Westmoreland Circle down. They are working on
22 the right hand lane from about, you know,

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1 several hundred yards and there is trucks
2 there at night.

3 You will see what Dalecarlia would
4 look like in the morning, because there would
5 be cars waiting to go in and all day would be
6 an all day rush hour. You would have a single
7 lane going by. I mean, it is just a disaster
8 waiting to happen in the event this petition
9 is granted. Thank you. I won't take up any
10 more of your time.

11 CHAIRPERSON MITTEN: Thank you,
12 Mr. Farrell. Sir?

13 MR. MURPHY: Thank you, Madam
14 Chair, for the opportunity to testify. My
15 name is Jim Murphy. I live at 4902 Palisade
16 Lane, so the third person from that block to
17 testify tonight. I'll be brief, so as not to
18 repeat. But I did want to indicate that the
19 testimony that Sibley offered in the previous
20 hearing seems to suggest that traffic and
21 parking are not a problem today, but they are
22 as you are hearing from neighbors who live

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1 there. They are a problem today.

2 The cut-through traffic is a
3 problem. I happen to live in a house where I
4 get a lot of turnaround traffic. If you are
5 coming up from Macarthur up Loughboro, the
6 first right hand turn you can make is Palisade
7 Lane. It's a distance of about three city
8 blocks. A lot of people turn in there. They
9 want to go back to the hospital, so we're
10 getting a lot of turnaround traffic in
11 driveways.

12 These people are not particularly
13 good at this and they tear up the shrubs, the
14 grass, etcetera. So it is a problem today.
15 The parking, as you have heard, is also a
16 problem on that block and I would suggest that
17 the solution to this is simply for Sibley to
18 provide free parking.

19 I had the dramatic example last
20 summer of coming home from shopping Saturday
21 afternoon to find a car sitting on my front
22 lawn jammed up against my front walk. It

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1 turned out the police went over to the Sibley
2 emergency room, found the driver sitting in
3 the emergency room. He has simply forgot to
4 set his parking brake and to take the car out
5 of gear, so he drifted across the street up
6 onto the lawn.

7 So even in the case where you are
8 seeking emergency care, you don't always want
9 to pay the fee. So I think a lot of the
10 problem could be solved in parking if Sibley
11 simply absorbed the cost and provided free
12 parking for patients and staff.

13 From my house, I have a sight line
14 to the east part of the campus, which is where
15 this building will be built. So what I will
16 see out of my window is the construction and
17 the building itself and, of course, the
18 various pollution of light, etcetera, that
19 will come from it. So I would be opposed to
20 the building. Thank you.

21 CHAIRPERSON MITTEN: Thank you,
22 Mr. Murphy. Any questions from the Commission

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1 for the panel? Any questions? Mr. Tummonds?
2 Commissioners? Mr. Spector? Thank you all
3 very much for your time.

4 Okay. I think we're ready to have
5 Mr. Tummonds and his team retake the table and
6 offer any rebuttal or closing remarks that you
7 would like.

8 MR. TUMMONDS: Great. Thank you
9 very much. We will briefly run through our
10 rebuttal testimony this evening and we
11 appreciate your patience. It's been a long
12 night and we hope to get done here very
13 quickly.

14 The information that we have
15 submitted to you just right now and submitted
16 to the parties are our proposed conditions of
17 approval for this case. We would note that in
18 the Commission's approval, we have addressed
19 the issue of the, what do we call it,
20 decommissioning of space elsewhere on the
21 Sibley campus, the backfilling of space issue.

22 We have also addressed the issue

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1 regarding the operation of the parking garage
2 and when those lights would turn off. I would
3 like to have our first witness, Mr. Price,
4 address the issue of the demand for the
5 medical office building.

6 MR. PRICE: Madam Chair, Members
7 of the Commission, Jerry Price, Chief
8 Operating Officer at Sibley. I have two brief
9 comments. This whole malpractice issue is one
10 of the main reasons we want to build this
11 medical office building. We feel, as others
12 do, that we need to keep physicians in the
13 District of Columbia and keep them from
14 leaking to the suburbs.

15 And there is no doubt that the
16 efficiency of practicing next to the hospital
17 mitigates some of the high malpractice costs.

18 And as Mr. Hood was questioning, we believe
19 that the model of the doctor working next to
20 their hospital does work and is increasingly
21 necessary, as evidenced by all the new medical
22 office buildings at community hospitals

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1 throughout the area.

2 The second and final point that I
3 have is this issue of the so-called disconnect
4 between the physician need. There are 10
5 letters in the record from physicians in
6 support of this building. I would like to
7 point that out. And I would also like to go
8 over some materials that -- they have just
9 received these, okay.

10 You saw this in the ANC's
11 presentation. This is actually the card that
12 was sent out to the members of our medical
13 staff asking if they were interested in the
14 building. And we asked them to give their
15 name, their specialty, the approximate number
16 of square feet they would require and when
17 their lease expires.

18 Now, when we received that back,
19 this next list that you have here, this two
20 page list, is interest by our medical staff
21 for 130,000 net square feet. Now, I will
22 concede that perhaps the physicians that

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1 testified aren't interested in the building,
2 but these physicians are.

3 Now, of this 137,000, how much of
4 this could actually be converted to medical
5 office leases? I have actually developed a
6 medical office building at a previous place,
7 but not to use my expertise, I contacted two
8 commercial real estate firms. You will see
9 this letter here from Sheer Partners and from
10 TransWestern.

11 And what they estimate between the
12 two letters, and I'll summarize very briefly,
13 is that 45 to 60 percent of this 137,000
14 square feet would be converted to real leases.

15 With the 45 percent scenario, that's 61,000
16 square feet or nearly a full building and with
17 the 60 percent, this is a full building. And
18 both of these have attested to that in this
19 letter.

20 Physicians, Dr. Schwartz kind of
21 touched on this, will not sign committed
22 leases until they see a commitment to a

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1 building. They have to see that the building
2 project is starting. These commercial real
3 estate companies both indicate that we will
4 fill this building rather short -- in a rather
5 short manner. So that's my rebuttal. Thank
6 you.

7 MR. TUMMONDS: I would like to
8 have Mr. Slade present some additional
9 testimony regarding the pedestrian level of
10 service analysis that was undertaken for this
11 project.

12 MR. SLADE: Yes, Paul. For the
13 record, it's Louis Slade. I wanted to first
14 talk a little bit about the 4,000 trips a day
15 that everyone has been talking about this
16 evening and it was part of my testimony three
17 weeks ago, because it sounds like these cars
18 are going to be everywhere on every single
19 little street and big street and Loughboro
20 Road and so forth.

21 There is a diagram that you saw in
22 my prior testimony and we can put this up,

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1 maybe it will help, but the Neighbors for
2 Responsible Development had an excellent
3 graphic which was a simple -- I'm sort of a
4 precomputer kind of a person, you know, at my
5 age.

6 With a magic marker and a road
7 map, the four routes of access to Sibley
8 Hospital are Macarthur Boulevard from the
9 north, Macarthur Boulevard from the south,
10 Dalecarlia from the north and Loughboro from
11 the east. That's how you get to the hospital.

12 Those are arterial streets. That's where the
13 traffic is supposed to be. It's not supposed
14 to be on the neighborhood streets.

15 And no one going to the hospital
16 would want to go anywhere but on those four
17 streets to get to the hospital. Based on ZIP
18 Code information from employee rosters and
19 from billings, we got the distribution of
20 access to the hospital, to and from the
21 hospital, from people who commute there,
22 because they work there, and people who come

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1 there, because they are either patients or
2 they are visiting patients.

3 We confirmed this with our traffic
4 counts. 62 percent of the traffic comes to
5 and from the hospital from the north, from the
6 Maryland side either on Macarthur Boulevard or
7 on Loughboro Road. So almost 2,500 of those
8 4,000 cars are not in this neighborhood at all
9 that you have heard testify -- testimony from
10 tonight.

11 10 percent of those 4,000 cars
12 would come from the east and west or do come
13 from the east and west today, and we would
14 expect they would continue to do so with the
15 medical office building, on Loughboro Road to
16 and from the east. And then about 30 percent
17 to and from the south and Macarthur Boulevard.

18 As you approach the hospital on
19 any one of those four routes, you don't need
20 to use Loughboro Road in front of the hospital
21 whatsoever or in front of the homes that are
22 across the street from the hospital. You can

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1 go -- you can get to Little Falls to where all
2 the parking access will be, with one
3 exception, and that's the surface parking lot
4 that exists today on the front side of the
5 hospital.

6 You will also be able to get to
7 that using Little Falls Road, but visitors who
8 choose to park in that surface parking lot
9 that will remain may use -- some portion of
10 them will use Loughboro Road in front of the
11 hospital.

12 When we looked at the 4,000 cars a
13 day and broke it down hour by hour, obviously,
14 on average in the 10 hours that the building
15 is open, you would have, on average, 400 cars
16 per hour. We estimated and we think this was
17 a conservatively high estimate that the range
18 of traffic that would be on Loughboro Road in
19 front of the hospital would be at a minimum
20 around 30 cars per hour at a maximum of around
21 55 cars per hour.

22 That's one car every two minutes

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1 or one car every one minute. It's in that
2 range. When we were first asked about the
3 impact on Loughboro Road, I made the
4 statement, and perhaps it was too much of a
5 quick reaction, that that's not even
6 perceptible to anyone. On a street that has a
7 few hundred cars going by every hour of the
8 day, another car every minute or so is not
9 perceptible to most people.

10 When DDOT filed their first report
11 with you and raised one of their concerns
12 about the pedestrian impacts, the pedestrian
13 level of service, the quality of life impacts
14 on Loughboro Road, my first reaction was well,
15 we have addressed it with this one vehicle a
16 day, but we will look and see if we can find
17 something else.

18 And in my 40 years in this
19 business, I have never addressed quality of
20 life as a result of traffic. But we did find
21 research that had been done, sponsored by the
22 Federal Highway Administration, the

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1 Transportation Research Board, on quality of
2 life in an environment where you are adjacent
3 to a street on a sidewalk.

4 And I'm going to take a minute
5 here and tell you what the research was,
6 because I think it's interesting and it's
7 important for you to understand. The research
8 involved creating a panel of 75 people from
9 all walks of life, young people, old people,
10 handicapped people and non-handicapped people
11 and so forth.

12 And they took those 75 people to
13 many locations and asked them just a scale to
14 rank how comfortable they were and how safe
15 they felt in those locations. And they would
16 rank all these different locations. And they
17 developed a statistical analysis of those
18 rankings and by comparing the level of comfort
19 and safety perceived safety with how much
20 traffic was on the adjacent street, how far
21 the sidewalk was from the street and what
22 buffered the people on the sidewalk from the

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1 cars out there on the street.

2 And they created this mathematical
3 model. I don't know of anyone who has ever
4 used this anywhere and I asked DDOT if they
5 had heard of it before, they had not. We
6 submitted the research to DDOT that had been
7 done by the Transportation Research Board and
8 DDOT said yes, as far as we know, this is the
9 only thing that's available to do these
10 measurements, so use it.

11 So we used it. The calculations
12 showed that for someone walking on the south
13 side of Loughboro or on the north side of
14 Loughboro, the level of service today would be
15 level of service B and that the index of
16 measurements that is used in this calculation
17 would increase slightly by less than something
18 in the range of 1 percent with the additional
19 traffic that the medical office building would
20 put on that portion of Loughboro.

21 And that change of about a percent
22 would still be well within the range of level

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1 of service B. Essentially, no perceptible
2 impact. And if you think about it, sit on
3 your front porch and think about another car
4 coming by every minute, maybe once every two
5 minutes, you know, sure you notice a car when
6 you're sitting on your front porch. I do.
7 And if it's one of my neighbors I think oh,
8 there's Joe coming home. And if it's someone
9 I don't recognize I think what are they doing
10 on my street?

11 But one car a minute is not the
12 kind of impact that causes me any stress over
13 that. So that was the quality of life level
14 of service analysis we did.

15 A couple of other things I'm going
16 to touch on very quickly. This is a simple
17 and minor last point. This came up three
18 weeks ago with the testimony here about the
19 bus facility that we are proposing with the
20 new design of the intersection. This would
21 accommodate the buses as they maneuver today
22 from Loughboro Road to make that U-turn, the D

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1 buses to go back down Loughboro and to
2 Macarthur.

3 The design accommodates those
4 buses and if the bus route is modified to go
5 around the back of the hospital, the buses can
6 also get into that -- make that bus turn
7 through the new facility that we are proposing
8 in that intersection. The question came up
9 when I made that testimony was whether cars
10 could go through that section that's for buses
11 only and they would not. There would be signs
12 there saying "Buses only. Do not enter."

13 If there was a police officer
14 present and a car went through there, he could
15 ticket them. It would be one way for buses
16 only, wide enough for buses to park, wide
17 enough for buses to move through there and so
18 forth. So I just wanted to clarify that.

19 MR. TUMMONDS: Yes, okay. Great.

20 Thank you. Our last witness this evening
21 will be Mr. Fincher and he will address both
22 the interim parking plan that was requested by

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1 the Zoning Commission as well as a single plan
2 that shows the sustainability design features
3 of this project.

4 MR. FINCHER: Thank you, Madam
5 Chair and Members of the Commission. My name
6 is Dwight Fincher. I'm with Wilmot/Sanz
7 Architects. As Paul said, based on a request
8 from the Commission at our last hearing, we
9 brought an interim parking plan that indicates
10 where the parking will be relocated during the
11 construction process.

12 As you see on the east part of the
13 site, it shows as a diagonal hatch, that's an
14 area we have identified as the limit of
15 disturbance for the construction process and
16 the lay down, proposed lay down area for the
17 actual construction project. And this would
18 include any parking, anticipated parking for
19 the trades people and contractors on the site.

20 As we do a parking space count of
21 what is removed by that limited disturbance,
22 we have a number of lost spaces of 443. As we

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1 have testified prior, we have an under-
2 utilized number of 360 spaces under-utilized
3 at peak shift change. We applied that to the
4 443 number and that gives us a requirement for
5 83 additional spaces for parking.

6 We can easily accommodate that by
7 scheduled -- by valet parking within the
8 existing garage, which is sized for 740
9 spaces. We can actually pick up 125 spaces in
10 the existing garage. And the idea is that we
11 would shift staff and physician parking to
12 that side of the site and keep visitor parking
13 basically as much as we can in the front of
14 the site, as you see in the blue, indicated by
15 the blue.

16 The second item we brought, which
17 is the second page, it was asked that we
18 complete a description of our feature
19 sustainability. David, if you can just flip
20 that up on top? We actually couldn't get that
21 on one sheet, so I actually brought another
22 sheet. I just developed another sheet to

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1 submit for the record, but these are some of
2 the other issues of sustainability,
3 sustainability initiatives that we're
4 proposing for the project.

5 And these are issues or these are
6 items that are recognized by both LEEDs and
7 Green Guide for Health Care as points of --
8 actually, scoring points for sustainability in
9 any project. The first one is priority
10 parking providing priority parking closer to
11 the building for admitting and then
12 alternative fuel vehicles, that is one of the
13 -- again, that is one of the alternative
14 transportation plans provided by both LEEDs
15 and Green Guide for Health Care.

16 The second one is mass transit.
17 Just the fact that we're within a quarter of a
18 mile of mass transit Metro bus stops, we have
19 talked in length about the Friendship Heights
20 Metro Shuttle and we have actual bus layover
21 accommodations. Also included in this is an
22 incentive, bicycle parking, that's again

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1 another sustainability initiative that LEEDs
2 likes to see in their projects that we will
3 provide.

4 And one that I am very sensitive
5 to, being an amateur astronomer, like
6 pollution reduction. We have heard that
7 mentioned a couple of times tonight and the
8 mitigation efforts that we will propose for
9 that are, as we discussed, scheduled operation
10 for cutoff at 9:00 at night of the lighting.

11 As part of the sustainability
12 issue, we would propose automatic shutoff
13 controls for all non-emergency building
14 lighting to be timed accordingly. Exterior
15 lighting that falls within a maximum vertical
16 footcandle level at the site boundary and, of
17 course, new exterior lighting would all have
18 full cutoff reflectors.

19 And operationally, what we would
20 do, how we would handle after hours parking
21 would be confining the lighting to the lowest
22 two below grade levels of the garage. That

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1 was a question that came up in the last
2 hearing.

3 MR. TUMMONDS: Okay. Thank you.
4 And there was one other. I know our
5 Commission approval did address one other
6 question that was raised last time which was
7 with regards to the dissemination of
8 information regarding the shuttle bus to
9 various people. And you'll note on our
10 proposed Condition No. 1(c) that we would
11 include brochures to the individual medical
12 offices as well as advertisement materials in
13 the office building lobby discussing the
14 shuttle bus.

15 And with that, that concludes our
16 rebuttal testimony.

17 MR. FINCHER: I would like to make
18 one other point, if I could, just as a
19 clarification. It was mentioned tonight that
20 the proposed project is actually on the
21 highest point of the site, which is incorrect.

22 The actual -- it is at the highest end of the

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1 site, but it's definitely not the highest
2 point of the site.

3 The actual proposed first floor
4 elevation for this project is designed to tie
5 into the first floor of the hospital, which is
6 at elevation 229.33. The actual grade
7 elevation at the front of the site is 242,
8 between 242 and 243. So that's basically a
9 difference of about 12.5 feet, one story, from
10 the front of the site back to where the
11 building is proposed.

12 So I did want to make that
13 clarification.

14 MR. TUMMONDS: Thank you.

15 CHAIRPERSON MITTEN: Thank you.

16 MR. TUMMONDS: So that concludes
17 our rebuttal testimony this evening.

18 CHAIRPERSON MITTEN: Okay. Thank
19 you. Questions from the Commission on the
20 rebuttal? Anyone have questions?
21 Commissioners? Ms. Gates? Would you turn on
22 the mike?

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1 MS. GATES: My questions are
2 really for Mr. Slade. You discussed this
3 quality of life survey that DDOT requested of
4 you. And is it correct that most people would
5 feel safe on a sidewalk?

6 MR. SLADE: Yes, I expect so.

7 MS. GATES: Okay. But your survey
8 didn't look at people when they were crossing
9 the street, correct?

10 MR. SLADE: That -- the study I
11 described was designed to address comfort and
12 perception of safety by the researchers who
13 did it on sidewalks adjacent to streets. So
14 you're right, it did not.

15 MS. GATES: So we really don't
16 know how people feel when they are in that
17 zebra crosswalk going -- at present going to
18 the hospital?

19 MR. SLADE: I'm not sure which
20 zebra crosswalk you're referring to.

21 MS. GATES: Well, there is one
22 there at a light. Did you do any research at

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1 the light?

2 MR. SLADE: We -- no, we did not
3 do any research at the light. There are
4 crosswalks at traffic, you know, as there are
5 at every traffic signal in the District of
6 Columbia.

7 MS. GATES: So can you extrapolate
8 though from your study how safe people would
9 feel crossing the proposed zebra crosswalks at
10 the intersection of Loughboro Road and
11 Dalecarlia Parkway?

12 MR. SLADE: I can't extrapolate
13 how they would feel.

14 MS. GATES: So would you say this
15 was kind of just a useless exercise?

16 MR. SLADE: We originally
17 responded to the ANC's request for a safety
18 plan for pedestrians by suggesting that there
19 shouldn't be a crosswalk at that intersection,
20 that the crosswalks and all the crossings take
21 place most safely at the existing signalized
22 intersection.

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1 There was concern expressed that
2 that was inadequate. We met with DDOT and I
3 spoke with Doug Noble directly about this and
4 I said the only other place I can see
5 providing a safe pedestrian facility is at the
6 unsignalized intersection of Dalecarlia and
7 Loughboro where the Loughboro traffic is
8 moving. And I'm -- I don't feel comfortable
9 about doing that.

10 Doug pointed out that there are
11 multiple intersections along Macarthur that
12 were, he felt, the model for this that those
13 are unsignalized intersections along Macarthur
14 where there are zebra walks and signs. So we
15 took that model and we put it in its place.
16 And one of the reasons he did was that DDOT
17 has proposed to bring a hiker/biker path along
18 Dalecarlia Parkway to this particular
19 intersection and this would provide better
20 safety measures for those hikers and bikers to
21 cross here.

22 So it was in response to the ANC

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1 request to see more and coordinating with
2 DDOT. If the ANC doesn't want it now, DDOT
3 needs to know that and they probably won't
4 implement it.

5 MS. GATES: Are you saying the ANC
6 -- I won't go on for a long time, I promise.
7 Are you saying the ANC asked for this
8 crosswalk?

9 MR. SLADE: No, I -- the ANC asked
10 us to look at pedestrian crossing safety
11 issues that were resulting in this area and
12 this is the result of that collaboration with
13 DDOT to come up with a response to the ANC.

14 MS. GATES: I guess I missed that
15 meeting. I want to talk a little bit about
16 the interim parking. Is that you, Mr.
17 Fincher? Did we hear last time that there
18 would be use of a lot behind the hospital
19 where leaf trucks are currently parked? It's
20 owned by the Army Corps?

21 MR. PRICE: I can answer that.
22 Let me answer that, Dwight. We had used that

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1 lot before and had up to 250 cars there. This
2 plan does not include that. The last time
3 when we mentioned it, we were only mentioning
4 it to describe what we had done before.

5 MS. GATES: So are you planning to
6 use it?

7 MR. PRICE: No, not this time.

8 MS. GATES: Where are your
9 construction workers that are working on Grand
10 Oaks currently parking?

11 MR. PRICE: Well, they park in two
12 places. We have opened up the top floor of
13 the parking garage back there on Little Falls
14 and we have encouraged them as much as we can
15 to park there. I would say probably half are
16 parking there and half of them park in the by-
17 right parking on Macarthur Boulevard.

18 MS. GATES: And have you had any
19 complaints from any of the residents on
20 Macarthur?

21 MR. PRICE: No.

22 MS. GATES: Thank you. I'm

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1 finished.

2 CHAIRPERSON MITTEN: Okay. Mr.
3 Spector, any questions on the rebuttal or Mr.
4 Hagen?

5 MR. SPECTOR: Just a few brief
6 questions.

7 CHAIRPERSON MITTEN: Um-hum.

8 MR. SPECTOR: Madam Chairman.
9 One, just for Mr. Slade. I want to go back to
10 the opinion you offered on the transportation
11 impact in your report on page 4.

12 CHAIRPERSON MITTEN: Is this on
13 the rebuttal testimony?

14 MR. SPECTOR: Yes, it is.

15 CHAIRPERSON MITTEN: Okay.

16 MR. SPECTOR: It is rebuttal
17 testimony.

18 CHAIRPERSON MITTEN: Okay.

19 MR. SPECTOR: Concerning the
20 pedestrian level of service, noting that on
21 their analysis based on these reports that
22 they had chased down --

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1 CHAIRPERSON MITTEN: And the
2 question?

3 MR. SPECTOR: -- that there was no
4 change in the level of service. I wanted to
5 ask that in the report that you referred to,
6 you stated that even if traffic along
7 Loughboro Road were increased by 50 percent,
8 the volume of traffic on Loughboro would
9 double, the reported level of service would
10 remain Level B.

11 CHAIRPERSON MITTEN: For the
12 pedestrians?

13 MR. SPECTOR: For the pedestrians.
14 Is that correct?

15 MR. SLADE: I don't recall
16 testifying to that. I think you are looking
17 at our memo and as you bring it back to my
18 memory, yes, it is correct. I mean, that's
19 what the model that we used indicates.

20 MR. SPECTOR: All right. So that
21 clarifies that. Even a 50 percent increase in
22 traffic at a failing intersection F would have

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1 no, you know, discernible impact. It remains
2 a Level B. Essentially, it's a no impact on
3 pedestrians.

4 MR. SLADE: Is that a question to
5 me?

6 MR. SPECTOR: Yes.

7 MR. SLADE: The levels of service
8 F is an irrelevant aspect of this. It has to
9 do with the traffic flowing on Loughboro Road
10 parallel to the sidewalk on Loughboro Road and
11 people on Loughboro. And the answer remains
12 yes, according to the Transportation Research
13 Board model.

14 MR. SPECTOR: Yes, it's just
15 surprising result. A couple of quick
16 questions for Mr. Price. You testified to the
17 results of the physician interest survey.
18 There is an indication of how many were
19 interested. Can you tell us how many were
20 surveyed and how this level of interest
21 compares to one, the responses you didn't get
22 as well as the responses that were negative?

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1 MR. PRICE: Sure. I think I
2 talked about this a little bit before, but we
3 have a pretty large medical staff. We have
4 about 900 physicians on our medical staff.
5 Only about 180 of those would compromise 80
6 percent of the activity. So while we have
7 sent this out to all members of our medical
8 staff as a courtesy for being on our medical
9 staff, we anticipated that the interest would
10 be from, principally, that core group.

11 And what I eliminated from here
12 because I feel like that I needed to were the
13 names of these doctors. But, indeed, when
14 this came back, these are our core physicians
15 who are interested in moving close to the
16 hospital.

17 MR. SPECTOR: Understood. And did
18 the survey indicate the significant parity and
19 malpractice that we heard about or is that
20 just assuming people understand that
21 situation?

22 MR. PRICE: No, this was just a

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1 survey for the interest in the building, in
2 leasing the building.

3 MR. SPECTOR: Understood. Last
4 question. I believe it was for, is it, Mr.
5 Fincher?

6 CHAIRPERSON MITTEN: Fincher.

7 MR. FINCHER: Fincher.

8 MR. SPECTOR: Fincher. Excuse me.
9 Just on the chart that had the sustainability
10 attributes of the project.

11 MR. FINCHER: Uh-huh.

12 MR. SPECTOR: I wanted to -- just
13 to clarify in my own mind. You are indicating
14 that there are certain project sustainability
15 initiatives, but is it your testimony that a
16 more intensive use of the property that would
17 result those impacts as well as the 4,000 car
18 trips, would be a step towards sustainability
19 for the overall site or would it be less
20 sustainable when you look at the current uses?

21 MR. FINCHER: Well, in terms of
22 sustainability issues as defined by the LEEDs

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1 Program and the Green Guide for Health Care, I
2 mean, they don't really address those issues,
3 traffic or density. One of the things they do
4 give you extra points for though is developing
5 on already developed land as opposed to
6 contributing to regional sprawls. So those
7 are issues that come to play that actually we
8 get points for for this project.

9 MR. SPECTOR: Okay. Thank you. I
10 have no further questions.

11 CHAIRPERSON MITTEN: Thank you.
12 Mr. Hagen? Mr. Tummonds, can I get you to put
13 your closing in writing, please?

14 MR. TUMMONDS: Absolutely.

15 CHAIRPERSON MITTEN: Thank you.
16 Let's work backwards from our March meeting
17 and with any luck I'll be able to vote on
18 this.

19 MS. SCHELLIN: Work backwards from
20 the March meeting?

21 CHAIRPERSON MITTEN: Yes.

22 MS. SCHELLIN: If we could get the

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1 applicant to file any additional filings by
2 Monday, the 26th.

3 CHAIRPERSON MITTEN: Okay.

4 MR. TUMMONDS: Yes.

5 CHAIRPERSON MITTEN: And that
6 would go for the written submissions of
7 anyone's testimony that we heard tonight.

8 MS. SCHELLIN: Right. And then we
9 could have responses thereto and draft
10 proposed findings of facts and conclusions of
11 law due March 5th.

12 CHAIRPERSON MITTEN: Great.

13 MS. SCHELLIN: All by 3:00 p.m.

14 CHAIRPERSON MITTEN: Okay.

15 MS. SCHELLIN: Then we can put
16 this on the March 12th agenda.

17 CHAIRPERSON MITTEN: Okay. So,
18 Mr. Spector, you understand that you have the
19 opportunity to file proposed findings of fact
20 and conclusions of law along with the
21 applicant for our consideration, but you are
22 not to respond to their's and they won't

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1 respond to your's. All right? So that would
2 be March 5th by 3:00.

3 And I think that would be great.
4 Okay. Well, thank you so much. I'm glad we
5 got through this tonight. Commissioner Gates,
6 I need you to come forward and get on the
7 mike, please. You, of course, are also able
8 to file proposed findings of fact and
9 conclusions of law, if you like.

10 MS. GATES: I just wanted to know
11 the date of the decision meeting.

12 CHAIRPERSON MITTEN: Oh, the 12th,
13 I believe, right? March 12th.

14 MS. GATES: Thank you.

15 CHAIRPERSON MITTEN: 6:30, this
16 room. Okay. Thanks again for your
17 participation. We look forward if you would
18 like to attend the meeting on the 12th, you
19 won't be able to participate, but you would be
20 more than welcome to observe us deliberate.
21 Thank you and we're adjourned.

22 (Whereupon, at 10:52 p.m. the

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Public Hearing was concluded.)

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