GOVERNMENT OF THE DISTRICT OF COLUMBIA

+ + + + +

BOARD OF ZONING ADJUSTMENT

+ + + + +

SPECIAL PUBLIC HEARING

+ + + + +

TUESDAY,

JANUARY 5, 1999

+ + + + +

The Public Hearing convened in Room 220, 441 Fourth Street, N.W., Washington, D.C., pursuant to notice, at 2:00 p.m., Sheila Cross Reid, Chairperson, presiding.

BOARD OF ZONING ADJUSTMENT MEMBERS PRESENT:

SHEILA CROSS REID, Chairperson
BETTY KING, Vice Chairperson
JERRY GILREATH
HERBERT M. FRANKLIN

STAFF PRESENT:

SHERI M. PRUITT, Interim Director
PAUL HART
TRACY WITTEN ROSE

ALSO PRESENT:

ALBERTO BASTIDA, Office of Planning
ALAN BERGSTEIN, Office of Corporation Counsel

I-N-D-E-X

WITNESS:	Page
Alberto Bastida, Office of Planning	14
Kenneth Laden, Department of Public Works	19
Gary Burch, Department of Public Works	28
Matthew Watson, Advisory Neighborhood Commission	41
Everett C. Carter, Traffic Expert	61
Dorothy Miller, ANC-2A84	
Maria Tyler, ANC-2A	106
Wayne Curtis, Proponent	130
Donald Temple, Proponent	132
D. Richard Mauery, Proponent	134
Byron Cooper, Proponent	137
Lance Slaughter, Proponent	146
Ellie Becker, Foggy Bottom Association	152
Douglas Abbey, Opponent	156
Jacqueline Lemire, Foggy Bottom Conservancy	160
James McLeod, Opponent	163
Patricia Wilson, Foggy Bottom Mews Condominium	170
Charles Farbstein, Claridge House Condominium	172
Jerry Moore, On behalf of the Applicant	178
Phil Tobey, Architect	184
Ronald Skeggs, Architect	187

WITNESS: Page

Arthur Bean, Architect 208

REBUTTAL

Madeline Dobbins, Rebuttal Witness 212

Louis Slade, Rebuttal Witness 230

Byron Wills, Rebuttal Witness 230

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

(2:15 p.m.)

MS. REID: Good afternoon, ladies and gentlemen. This will begin a continuation today of the November 18th, 1998 hearing.

Everyone has already been sworn in in this particular case, so we will just dispense with reading the opening statement and just proceed with going right into the case.

We have a preliminary matter we'd like to address, and I will read accordingly. It is the statement of the Chair concerning an opinion requested from the Office of the Corporation Counsel.

At the last hearing on this matter the Board directed the Staff to request Corporation Counsel to provide an opinion concerning whether the structure of the partnership between George Washington University Hospital and Universal Health Services should remain to the applications before us.

Corporation Counsel has asked the Board to withdraw the request. The Corporation Counsel believes, and we agree, that the Board should first permit the parties to the development of a record and submission of proposed findings of fact and

conclusions of law to prove or disprove, as the case may be, the relevance of the partnership's structure to this proceeding.

Once the record is complete and all submissions are filed, the Board as part of its deliberative process will request Corporation Counsel to analyze the legal issues presented. Any and all issues will thereafter be resolved through a written decision and order.

Okay. Without further ado, we will now proceed.

MR. FRANKLIN: Madam Chair, I just have a preliminary statement for the record. As you know, I had to leave the November 18th hearing somewhat early. I have read the transcript and am prepared to participate as a result of that review of the proceedings that were had in my absence.

MS. REID: Okay.

MS. PRUITT: Madam Chair, there are some preliminary issues that we need to deal with before continuing with the hearing.

MS. REID: Okay.

MS. PRUITT: The first is that Staff has received several requests for party status, and these requests came in after the hearing had started. Staff would recommend that you not grant

party status because it is not a typical process. The hearing has started. This is a continuation. It is not a new hearing.

SPEAKER: We can't hear you.

MS. PRUITT: Staff has received several requests from parties -- from individuals for party status. We should note that this is a continuation of a hearing. Party status is always granted. It's generally granted at the beginning of the hearing. The Commission has made that determination.

So they will not be granting party status in the middle of the hearing. Those who would like -- those people will be free to testify but will not be granted party status. The only thing is if there are people here today who were not here on the 18th and who would like to testify and but were not sworn in, we'd like to swear you in now.

MS. KING: That would include, I believe, the people from DPW?

MS. PRUITT: Right.

(Whereupon, the witnesses were sworn.)

MS. PRUITT: That concludes Staff's concerns with preliminary matters.

MS. REID: Do you have a preliminary matter?

MR. WATSON: I want to respond to the question as to party status.

MS. KING: Speak into the mike.

MR. WATSON: This is Matthew Watson. I believe it would not be a proper ruling to not accept people for party status since the notice that was given for this hearing indicated that you should do so prior to public hearing, which obviously refers to this public hearing.

And unless the statement was going to be made in giving notice to the public that they could not have further party status, it should not have been included in the corrected notice of this hearing. And I think it would be improper, then, to have encouraged people in your hearing notice to request party status and then not to grant it.

MS. KING: I'm sorry. I haven't seen the hearing notice. Do you have a copy of it, Sheri?

MS. PRUITT: What was sent out was an announcement of the continuation of this hearing from the 18th.

MS. KING: What was the language that Mr. Watson is referring to regarding --

MS. PRUITT: It's my understanding that it wasn't sent out and it was just posted on our

board. And we have a copy of it.

MS. KING: Can I see it?

MS. PRUITT: Sure.

(Pause)

MS. KING: Madam Chair, it's my opinion, although it certainly is in error for this to have been included, it's boilerplate language that I'm sure is in the computer and goes out with all of our public notices. And I'm sorry that it did.

I think that it would be extremely awkward to grant party status to new parties to this case at this point. We've had hours of testimony. We've had cross-examination of the applicant by the parties. And I think to add to the list of parties at this point, I would find it very troubling that they were parties for half of the case and not for the other half.

MS. REID: I would concur with that. Ms. King, I think that the opportunity to request party status was given to every individual at the onset of the initial notice that went out. And anyone who wanted party status came forward at that time.

And it would be rather cumbersome for us at this time to then start to grant party status. But they will, however, be given an opportunity to

testify within this proceeding. And I certainly would have no problem with granting that.

Is there any comment from any other board members?

MR. FRANKLIN: I concur with Mrs. King and the Chair.

MS. KING: I would further state that I have very carefully read all the materials that were presented to us for the hearing, prior to the hearing today. And I think that the points of view of the additional people who requested party status are going to be extremely well represented by the ANC and those people who already enjoy party status.

But I would urge that the Staff, in publishing notices for continuance, would delete that sentence with regard to party status in the future.

MS. REID: Well noted. All right. Are there any other preliminary matters?

MS. PRUITT: Not from Staff.

MS. REID: Come forward to the mike, sir, and speak into the mike and give your name and your address.

MR. TALISMAN: My name is Harold Talisman and I live at 837 New Hampshire Avenue, which is directly across from the proposed site of

the construction. All the applicant is required, I believe, by the regulations to provide actual notice to the neighbor near the proposed site, I never received such actual notice. Therefore, I did not appear at the last hearing.

I sent a letter to you on December the 29th, setting forth my interest in the case and my concerns, and advised you of the fact that I had not received actual notice and I requested party status. And I renew that request.

MS. REID: Sir, the site was posted. Did you not see any posting at the site?

MR. TALISMAN: I did not see it and I did not know about the last hearing. I found out about this hearing indirectly.

MS. KING: You're still going to have the ability to testify and say anything to this Board.

MR. TALISMAN: I think that's true. But I still want legal standing, and that's important. And I'm directly and adversely affected by this application.

MS. REID: Can your concerns be represented by your ANC?

MR. TALISMAN: I don't know whether they are or not. I think I -- because of the location of

where I am, I add something to the proceeding.

MS. REID: Well, notwithstanding the fact that you did not receive notice in the mail, there is notice through the D.C. Register and on the building itself.

MS. KING: On the land.

MS. REID: And on the land itself --

MR. TALISMAN: But that --

MS. REID: -- that would give notice.

MR. TALISMAN: Notwithstanding that, it is a part of the regulations that people should get actual notice who are immediately impacted in the neighborhood. If it was just adequate to post something, you wouldn't need the regulation to notify people in the immediate neighborhood.

MS. REID: Well, this is very true. However --

MS. KING: Are you an owner of the property?

MR. TALISMAN: Yes.

MS. REID: If I may? If, in fact, no one else received any notices in that particular vicinity, but they did, and unfortunately, although we can certainly sympathize with your position, we do have on record your submission as well as the fact that your ANC representative is present.

And I think that in all fairness that position can be well represented by you through your ANC.

MR. TALISMAN: I don't think that's true. I think I have a unique position because of my location and I don't think it's adequately represented by other parties.

MS. REID: Well, thank you very much, sir, but the Board has already ruled on our position with regard to granting party status and we cannot renege on that position.

Any other preliminary matters quickly?

MS. MILLER: My name is Dorothy Miller and I'm Chair of ANC-2A. And the developer is supposed to notify everybody within 200 feet. So if they failed to do that, that's a fault on their part.

And I would like to request, because they have two applications put into one, and because of the length of time that the proponents took the other night, could the ANC have additional time to make their case today because it's a pretty large complicated case.

MS. REID: Let me understand. All you're requesting is additional time?

MS. MILLER: At the time we make our

presentation. I don't know what you're offering, five minutes, ten minutes, 15?

MS. REID: Well, we haven't established that. But we --

MS. MILLER: I thought you had the other day.

MS. REID: I think when we had the initial hearing that we stated that we would give the opposition time, the ANC ample time to present their case.

MS. MILLER: Okay. Because the proponents, as you know, took considerable time after they said they only needed an hour and a half.

MS. REID: Not a problem.

MS. MILLER: Thank you very much.

MR. MOORE: Madam Chair, Jerry Moore, attorney for the applicant. I won't belabor this. Just to correct two statements, both the previous parties indicated that the applicant has a duty to inform the people within 200 feet of the application of the notice.

That's incorrect. The applicant has an obligation to submit to the Staff a list of 200 people (sic) there, and the Staff mails out that notice. Just to correct the record.

MS. REID: Thank you. We move now to

the continuation of the January 6th hearing of the Board of Zoning Adjustment. I ask now for the government report. Mr. Bastida, do you want to go forth or would you like DPW to?

MR. BASTIDA: Well, usually the Office of Planning usually goes first.

Good afternoon, Madam Chairperson, members of the Board. For the record, my name is Alberto Bastida with the D.C. Office of Planning. The Office of Planning submitted its report on November 13. And the Office of Planning ---- read the description, existing zoning ---- which is a special exception.

Went through the description, went through the special exception request, and community comments and recommendations. Because of the lengthy process that took place prior to this hearing and how explicit the presentation was, I will only read the recommendation of the Office of Planning.

The proposed new hospital would be consistent with the approved campus plan for the University. The facility will not result in a significant increase in the number of students, faculty or staff. With the proposed project, the bulk and height of the building on the campus will

not exceed that which is permitted by the approved campus plan.

The Office of Planning believes that the applicant has met the burden of proof for the request of special exception under Section 210 of 11 DCMR. The use and operation of the proposed facility will not impair the intent, purpose and integrity of the zoning regulation for the R-5-D/R-5-E Districts.

Therefore, the Office of Planning recommends approval of this application provided that the Board determines that there will not be deleterious area impact as a result of the proposal.

THAt concludes my presentation. I will try to answer any questions you might have. Thank you.

MS. REID: Any cross-examination for Mr. Bastida. Mr. Moore?

MR. MOORE: Madam Chair, Jerry Moore again. I just ask that the Office of Planning would also read into the record its report on the second application before the Board.

MS. KING: I'm sorry, I didn't hear you.

MS. REID: He asked if we could read the report on the second application.

MR. BASTIDA: Yes. There is the

application for your hearing concurrently, the hospital and the parking lot.

MS. KING: Did we have a recommendation from you on the parking lot?

MR. BASTIDA: Yes. We would recommend approval of that application, also. And the report was filed on November 13th, also.

MS. REID: Mr. Watson?

MR. WATSON: Mr. Bastida, did you independently review the number of students at George Washington University?

MR. BASTIDA: What do you mean by "independently"?

MR. WATSON: Well, you made a conclusion that it will not affect the number of students, will not exceed the levels in the original campus plan. Did you make any attempt to verify the number of students?

MR. BASTIDA: I received the information from the University.

MR. WATSON: My question was, did you make any attempt to verify the number of students?

MR. BASTIDA: No, I did not.

MR. WATSON: All right. Did you receive information with regard to parking at the University?

MR. BASTIDA: Yes.

MR. WATSON: And did that analysis include the parking at the Kennedy Center?

MR. BASTIDA: Yes. And I think that that -- okay, go ahead. I'm sorry.

MR. WATSON: When did you make your analysis of parking at the Kennedy Center?

MR. BASTIDA: That -- any issue regarding parking and traffic is referred to the resolution of the Department of Public Works. And whatever decision that take officially, the Office of Planning concurred because the Department of Public Works is the one that has the professional capability to do such an analysis.

MR. WATSON: My question is, did you do any review?

MR. BASTIDA: No. I -- I did review, but I deferred to the Department of Public Works for their position.

MR. WATSON: When was that review conducted?

MR. BASTIDA: I would have to go to the office and check my calendar, but it would be sometime prior to the filing of the report, probably two or three weeks prior to the filing of the report.

MR. WATSON: Do you know what your agreement with regard to the Kennedy Center on, what date the agreement was?

MR. BASTIDA: I would have to look at the agreement and I don't have that in front of me.

MR. WATSON: Do you know whether parking is guaranteed to the University by the Kennedy Center?

MR. BASTIDA: The first document, if I recall correctly, it was not guaranteed. In the second instance there were parameters in which there were guarantees for certain -- within certain parameters to provide such parking.

MR. WATSON: Are you aware as to whether or not the second agreement can be terminated by either party?

MR. BASTIDA: I believe that you're correct.

MR. WATSON: And do you know what the termination provision is?

MR. BASTIDA: I don't recall.

MR. WATSON: Would you be surprised the termination provision is as low as 30, 60 or 90 days?

MR. BASTIDA: I really didn't zero in on that, so I could -- I would tell you yes, it's a

possibility.

MR. WATSON: The document speaks for itself. No further questions.

MS. REID: Okay. DPW?

MR. LADEN: Good afternoon. I'll try to speak loud enough so everyone can hear. My name is Ken Laden. I'm with the Department of Public Works. I'm the Administrator for Transportation Planning. With me this afternoon is Gary Burch, who is the chief engineer for the Department of Public Works.

We both have taken a look at the documents that were provided in reference to this particular case. Specifically, we looked at the transportation studies performed by Lou Slade on behalf of the applicant. We also examined information prepared by Everett C. Carter on behalf of Advisory Neighborhood Commission 2-A.

We also conducted some independent traffic analyses in order to come up with the recommendations that we forwarded to the Board. And we did send some detailed comments on December 30, which hopefully have been made available to everyone.

I'd like to start out, I guess, by indicating that this was a very difficult project to evaluate and analyze. It's a significant project.

It has some merit to the community. Yet we were looking at it specifically in terms of its transportation impacts on several different levels.

One is the transportation impacts on the surrounding neighborhoods, specifically the residential community, and also the transportation impacts with respect to pedestrians in and around the area. This particular project is proposed for a location adjacent to the Foggy Bottom Metro Station which turns out to be a fairly active station.

It draws a lot of persons from different areas of the City for a lot of the different kinds of facilities and employment and entertainment opportunities that are in the Foggy Bottom area.

I'd like to first of all express our appreciation to the consultants and the neighborhood association and others who have assisted us and provided us information and cooperated with us. It has helped us in reviewing this particular project and coming up with our recommendations.

And I'll just try to summarize the information that we forwarded earlier regarding this particular case. First of all, we recognize that this is a large industrial facility, or institutional facility, I should say, that by virtue of moving it to the west, even though it's just

across the street, will have some increased impacts on the surrounding neighborhood from where it presently is located.

Again, we were particular interested in the traffic and pedestrian impacts that would result. And our recommendations have tried to address those particular concerns that arose as a result of our analysis.

One of the things we noticed is, again, with the pedestrian flow that comes around the University and from the Foggy Bottom Metro Station, that there were some potential conflicts that might arise with the way the facility was sited and where the entrances were located.

We are particularly concerned with pedestrians' ability to continue north on 23rd Street, on the west side of the street where the main entrance of the hospital would now be located. We're also concerned about pedestrians as they move west up 24th and New Hampshire Avenue and, again, the kinds of vehicular and pedestrian impacts that might arise from the location of the proposed hospital.

A second thing we were concerned about was the location of the emergency access and egress. It was very close to a very busy part of the circle

and we saw some possible public safety concerns there, both in terms of pedestrians having to looking numerous different ways before they could safely cross those access points.

And also there was some concern that the way traffic moves up and down 23rd Street and New Hampshire Avenue that there might be points where emergency vehicles might be blocked. And so we tried to address those concerns as well.

Third, we were concerned with the location and the operations that surrounded the loading facilities at the hospital. Here the loading facilities are being proposed for 24th Street, and we see some possible problems with that street being new narrow, New Hampshire Avenue being too narrow, and that trucks would have to be backing into the loading facilities or backing out.

That would require blocking the street while those turning motions were being made. We wanted to make sure that the loading areas were large enough so that trucks delivering and picking up materials from the hospital would not be blocking this street.

We're also concerned in that this sort of heavily institutional aspect of the hospital was located on the most residential side of the street

or the most residential area of that particular project. To the greatest extent possible, we'd like to keep the heavy vehicular types of traffic, the delivery trucks and the emergency trucks, on 23rd Street, which is more institutional in nature or less residential than the 24th and New Hampshire Avenue sides.

So those were the kinds of issues we were looking at and trying to mitigate when we came up with our long list of recommendations. And in doing so I kind of fear, while we've addressed some issues, we might have made other things worse. But I think that's possibly just the nature of this important and busy facility in this particular location that we're trying to fit it in.

There were a lot of detailed recommendations, and I won't go through all of them. But the main ones, again, deal with the pedestrian safety issue and the truck and other kinds of traffic mitigation issues.

The first major recommendation is that the sidewalks around the new hospital need to be wider, I think, than what is presently provided, especially on the 23rd Street side and on the south side of Washington Circle. We would recommend that those sidewalks, at a minimum, be 12 feet so that

the pedestrians have enough space to move up and down those streets, which are very heavily traveled as a result of the subway station.

Second, we propose that the emergency room entrance at the corner of Washington Circle and New Hampshire need to be moved back from the circle so that emergency vehicles are not blocking or being blocked by vehicles that are queued waiting to get into the circle and, also, to try to minimize the possible pedestrian conflicts.

What we've come up with there as a recommendation is that, again, because we see the emergency vehicles as more of an institutional kind of traffic, that that be located on 23rd Street which is where the University is located, the existing hospital is located. It's just a street that's better able to handle institutional type traffic.

With respect to the main entrance on 23rd Street, we didn't feel we could pile everything on 23rd Street. So we thought the lesser of the evils would be to try to move the main entrance to the New Hampshire Avenue or 24th Street side because, again, we view this as more residential type, vehicle kinds of traffic.

It's not the heavy trucks that we're

looking at. It's more people dropping off or people coming to visit or people there for business purposes. But, again, to facilitate this with the narrowness of the street, we've recommended making that one block of New Hampshire Avenue one-way southbound and providing angle parking along the east side of that street so that individuals coming to visit would have a place to park.

And, again, there would be less congestion, I think, if we could keep everything flowing one way; in this case, southbound from the circle to 24th.

Finally, with regard to the loading docks, here again, that being an institutional kind of traffic, we tried to get the trucks that would be coming to load or unload materials onto the 23rd Street side. We are not building architects by any stretch of the imagination.

But we felt as though the best solution for this would be to have sufficient loading area within the building so that trucks would be able to pull in, maneuver within the building site, underground in a garage or loading area, wherever, and then be able to unload the materials and pull out again front first, rather than backing out.

We want to eliminate backing motions on

23rd Street, obviously, because that's a busy street as well. We also want to eliminate backing motions either going into or out of the building because of the pedestrian flow there.

We think it's more dangerous to have trucks backing into or out of loading zones when there's a lot of pedestrian traffic in this area. And there just is, by virtue of the subway and the University. Now, this does create a problem in that you've got both emergency vehicles and loading vehicles using essentially the same entrance.

And that would require some imagination in terms of its design and operation so that you don't have the emergency vehicles getting tied up by a truck making its maneuvers to unload whatever.

So, again, in trying to address the issues as we've seen them, putting residential type traffic on residential streets and keeping institutional type traffic on institutional streets, plus trying to protect the pedestrians in the area, we think we've addressed some of those issues but have created other complexities as well.

And, unfortunately, I think that's the nature of this particular project in this particular location. However, we do believe that by incorporating these recommendations into the

building site plan, the potential traffic impacts that we believe would result from this facility would be minimized, specifically for the Foggy Bottom community and also for the individuals who walk through that area of the city.

And at this time we'll try to answer any questions you have regarding our views.

MS. KING: Thank you, Mr. Laden and Mr. Burch, for an excellent report. Very illuminating, very interesting.

I'd like to look at little further, either Gary or Ken, whoever. If 24th Street going south is one-way, it's just that short piece of 24th between the circle and where it meets New Hampshire Avenue, is that correct?

MR. LADEN: It would be New Hampshire Avenue southbound between the circle and 24th Street.

MS. KING: Okay. New Hampshire -- okay. Between the circle and 24th Street. So any anybody coming up New Hampshire who wanted to enter the circle would then have to turn over on 24th and turn again to go up to the circle; is that correct?

MR. LADEN: Correct. They would have to leave New Hampshire Avenue and get over to 23rd Street to enter the circle.

MS. KING: Or would have to go up --

MR. BURCH: They would have to go up 24th to the circle.

MS. KING: Up 24th to K Street, essentially, is that what that is, or M -- K, K Street? That is, in effect, going to probably discourage traffic from using New Hampshire Avenue, would you not say?

MR. BURCH: It would certainly discourage certain traffic from using New Hampshire. Let me say -- maybe I should expand a little bit. It was my staff that did the traffic analysis on this. And this is a very difficult site.

We have serous concerns that even these mitigations that we are recommending will have the kind of positive impact we hope. As Mr. Laden implied, we attempted to address what we thought were problems with the development as presented to us.

But in doing so we've created in all likelihood other problems which may be equally as bad. The cure may be worse or as bad as the disease. As I say, this is a very congested site now. We've spent a lot of time over the years trying to mitigate negative impacts on neighborhoods, including Foggy Bottom.

And it's our concern that this development will eroded some of those efforts by bring traffic that now, although it's nearby, it is on a different type of roadway which is really designed to handle heavier traffic and institutional type traffic. And we're moving it over to 24th and New Hampshire, which really aren't.

So any of these recommendations -- and some of them are pretty extreme. We normally don't suggest to developers that we make a street like New Hampshire Avenue one way. We don't normally suggest that we're going to have to add an extra lane to a street like Washington Circle, which is one of our recommendations.

We don't normally recommend that shuttle buses from the Kennedy Center be redirected from 23rd Street to a largely residential street like 24th. And we do that with some reluctance, quite frankly. So, in general, whatever we've recommended it is our hope that these measures will mitigate, but we are certainly not extremely comfortable that we will not cause other problems by solving some.

MS. KING: Okay. That's what I thought. Thank you very much.

MR. GILREATH: I'd like to ask you a hypothetical question. Let's assume that some other

office development goes on this site where the Metro is. Wouldn't you have somewhat similar impact? It wouldn't be identical, but you're going to get some kind of adverse impact regardless by a development.

So you're, in fact, saying you really couldn't have any kind of development on this site where the Metro station is, is that what you're saying, without major impacts?

MR. BURCH: Well, I don't think I'd go quite so far as to say development on this site. There's probably some nature of development that would be less of an impact. There are certain aspects of the hospital which an office building wouldn't have: the emergency vehicles, the types of deliveries.

There are some unique characteristics of the hospital development which you wouldn't have in other developments. But depending on the nature of the other development, I'm sure we would have concerns for other developments as well.

They may not be exactly the same, but I suspect that we would have concerns from a traffic -- vehicular traffic and pedestrian traffic and a pedestrian-vehicle interface direction as we do with the hospital.

MR. GILREATH: One other questions. If

GW were to decide to demolish the existing hospital and rebuild there, when you analyze that would you determine if there were going to be adverse impacts? Perhaps not as great, where you don't have -- in terms of pedestrian circulation, and so forth, and congestion?

You were saying anywhere you put the hospital is going to be a problem.

MR. BURCH: No, no, I wouldn't say that. The current location for the hospital seems to work fairly well. It's further removed from some of the congestion points, the traffic from the Whitehurst Freeway coming into the circle, some of the merge points on the circle.

It's further removed from the major pedestrian crossings, it's better situated with respect to the Metro than the facility would be at this new site. The emergency vehicle access that occurs today is better and works. It is better than it would be, in our opinion, as proposed for the new hospital.

So certainly a redevelopment of the existing hospital at its existing site would be less of an impact in our view than the new site.

MR. LADEN: If I can elaborate, you're basically putting an institutional facility into an

institutional -- more institutional area, which is where it's presently located. And, also, I think the loading and unloading characteristics at the existing hospital would be -- at the existing site would be better than where they would be at the new proposed location.

MR. GILREATH: Do you think with the mitigation you propose that this is a viable workable situation?

MR. LADEN: Well, with the mitigation we've proposed, you deal with some of the concerns that we have but create other complications. So, again, as Gary said earlier, it's a question of whether you prefer the cure or the disease.

MR. BURCH: We think it will still be problematic even with the mitigation.

MR. GILREATH: What, in effect, you're saying is really this is going to be a very adverse situation there, regardless. It seems to me you're almost saying that if you do these you may be creating other problems, so there really isn't an acceptable solution, traffic solution to this. Is that what you're saying?

MR. LADEN: Well, I think what we're saying is that the nature of the facility will result in some traffic impacts, and we've done the

best we could given the situation handed us, to attempt to mitigate what we feel are the more serious of those traffic impacts.

MR. GILREATH: If we take your suggestions here, can we conclude that it would be a viable situation in terms of pedestrian circulation? Or if we approve these, and you say, well, it's going to create other problems and other impacts and may be worse than before. How much weight can we give to these recommendations?

MR. LADEN: Again, I think as far -- the best we can say at this point is that it's not an exact science. But we feel, given our analysis of the situation, the pedestrian movements in the area, the kinds of traffic we'd like to see on 23rd Street versus the more residential streets of 24th and New Hampshire, that these recommendations that we've offered make the project more viable.

It does not make it a perfect project, but, again, this is a type of facility that because of its size and because of its nature is not going to go unnoticed.

MR. GILREATH: Do you think this would make the project acceptable if these recommendations are implemented? I understand what you're saying; it's not going to be a perfect arrangement. Would

it be acceptable, as best you can determine at this point?

MR. LADEN: I'm trying to decide what's acceptable. I'm having trouble with the word "acceptable."

MR. GILREATH: Viable, viable.

MR. BURCH: It's as good as we can make it, we think. Some of our recommendations, quite frankly, will be difficult for the developer, I think, or the builder. Bringing the loading dock inside, keeping the -- and making it big enough so the trucks are inside the facility may not be easy to accommodate.

I guess all that we can say is that we've attempted in our analysis to see if we could soften and mitigate the negative impacts that we see. And this is about as good as we can do it. Is it going to be acceptable? Is it going to be perfect? I suspect not.

I suspect it's still going to have some problems even with our mitigation. But, quite frankly, we couldn't come up with anything that would make it better than what we did.

MS. REID: Did you have an opportunity -- your letter is dated December 30th. And given the concerns that you proffered in your letter, have you

had a chance to talk with the officials or engineers at George Washington University to try to see if or what could be done?

MR. BURCH: I don't believe we did, no.

MS. KING: I'm sure they'll address that in their remarks.

MS. REID: When you made your analysis and came up with your recommendations, were they predicated upon what you felt would be the lesser of the two evils as far as adverse impact was concerned? In other words, you're saying that no matter what, you're going to have adverse impact, that there's going to be problems there; but your analysis just indicated what you felt would be the best solution to a cumbersome problem.

MR. BURCH: Given the time we had to do the analysis, that's correct. That's the best we could come up with to make this -- as I say, to soften the impact of this development. Are recommendations are the best we could develop in such a short time.

MS. REID: Would that preclude any other solutions to the same problems that maybe you have not thought of or --

MR. BURCH: Well, I'm sure there may be some other things we didn't think of. I don't know

what they are, though.

MS. KING: That's a terrible circle.

MR. BURCH: It's a very difficult site. One thing that makes it even more complicated is there's really only -- really two sides to the site, where the existing site has basically four sides to access. There's a very small piece of the circle that abuts this site, where the existing hospital has a much larger piece on the circle.

Twenty-second Street abuts the property of the existing facility, 23rd and I. This piece really only has New Hampshire, 24th and 23rd. So access in is constrained. It's a difficult design problem, I would think, for the architects as well as the other designers for this facility.

It's a very difficult site in an area where there's already a lot of traffic congestion and where there will be more, because there are other developments in the area. 2200 M Street is a mixed use development a few blocks away, which will be on line soon.

There's some additional parking at Kennedy Center. I believe GW even has some additional facilities. So there's going to be even more traffic without -- if nothing happens here, there's going to be more traffic in the area and

it's already a very congested area.

MS. REID: Given the nature of your recommendations, it would seem to be rather dire. I think that the applicant would have preconceived those kinds of issues and problems arising and dealt with them accordingly. So I'd like to see what kind of response they'll have to your recommendations.

MR. BURCH: I would suspect that the applicant recognizes it's a difficult site and brought their talents to dealing with it, just as we attempted to make some suggestions on how this might be better. But it is a very difficult site.

MS. REID: Mr. Franklin?

MR. FRANKLIN: Madam Chair, since I believe the applicant and others will have the opportunity to cross-examine Mr. Burch and Mr. Laden, I would like to reserve my questions until after that has occurred, if that's all right with the Chair.

MS. REID: Okay.

MS. KING: Madam Chair, did not one of us want to ask DPW the question about who pays to widen the sidewalk? If that is adopted, who pays to widen the sidewalk or widen the road, you know, all the sort of infrastructure stuff that isn't actually on -- you know, is not part of GW's building

project?

MR. BURCH: My assumption is that the applicant would bear those costs. That's typically the process. If a developer, private developer comes to us, and 2200 M Street is a good example, we impose some rather severe measures on that development before we would issue a permit. And it's at their cost. So I assume it would be the same here.

MS. KING: Thank you.

MR. FRANKLIN: Well, are you suggesting, Mr. Burch, that you would in any event require that so that -- are you asking us any condition of a permit to require it or both?

MR. BURCH: If we get to the point where the applicant applies for a public space permit, we will have conditions imposed on the applicant in the permit, which may be these. There may be others that we've developed, or we may change. But I think, certainly, the sidewalk width would be one of the conditions.

In all likelihood, we would require that the loading dock be internal, which is one of the suggestions. If we get to the point where we issue a permit, we will require most of these recommendations that we've suggested here.

MR. FRANKLIN: Well, that is interesting to me. In other words, what you're saying is even if this Board were not to accept or agree with these conditions, mitigations that you've recommended, that the Department in the exercise of its own authority over public space and traffic would impose the same conditions; is that what you're telling us?

MR. BURCH: We would impose at the time of getting the permit certain conditions. They may be the same. There may be others. We may do additional analyses. The applicant may have additional analysis which is provided.

In what we've seen, we will ask the applicant to provide certain mitigation which we think will make the traffic issues and pedestrian issues less burdensome. And that is our standard practice. That is what we're supposed to do, is try to make these as compatible with the surrounding area as we can from a traffic point of view.

Which means sometimes the developer has to do things that they may not want to do.

MS. KING: And the permits that they would have to get would be for the curb cuts, for example, is that not correct?

MR. BURCH: They would any work that they would do in public space, they would -- as part

of their building permit process, they would also get a public space component which would address everything they're doing in public space.

MR. FRANKLIN: So would that extend, for example, to your measure that you recommend that would actually transfer the main entrance of the building from 23rd Street to New Hampshire Avenue? Would they be confronted if they came up to you for a permit with the requirement that they redesign the structure so that the curb cuts that of concern to you on 23rd Street are not present?

MR. BURCH: I think the answer would be yes. We have serious concerns about the present location of the main entrance and the loading dock, which to some degree could be mitigated if they were relocated. And as I said earlier, some of our recommendations may be difficult for the developer. We recognize that.

But from a purely traffic point of view we think, we know, that these adjustments would make this a better facility.

MR. FRANKLIN: Well, as I stated earlier, Madam Chair, I'd like to reserve substantive questions, other than my own self-education, to a point after there's been cross-examination by the applicant and the other parties.

MS. REID: Are there other questions? Okay. The Board will take a recess for five minutes.

(Whereupon, a brief recess was taken.)

MS. REID: The hearing will come to order. We will now have cross-examination of DPW.

MR. MOORE: Madam Chair, the applicant will not cross-examine these witnesses. We will offer --

MS. REID: We can't hear you. I don't think the mike is on.

MR. MOORE: It is on. Madam Chair, the applicant will not cross-examine these witnesses. We will present rebuttal witnesses.

MS. REID: Okay. Mr. Watson?

MR. WATSON: Thank you. We just have a couple of questions. With regard to the street work as opposed to the sidewalk and the building work, has there been any estimate of the cost of adding a lane to Washington Circle?

MR. BURCH: No. Not by us. We haven't, no.

MR. WATSON: And correct me if I'm wrong, not being a traffic engineer, but I assume if one adds a lane there has to be land area added to the street bed. Was there an estimate made as to

whether this -- and I should say the land would then have to come from the GW building side or from the federal park that's in the middle of Washington Circle.

Is there any consideration as to where the extra lane would go, whether it would go on George Washington property or whether it would be purchased from the Federal Government?

MR. BURCH: I'm not sure I can fully answer that. But my expectation would be that the land would be on the GW side. And I don't know what the distribution of the street is there, but there is probably enough room in public space to accommodate an additional lane and a sidewalk.

But I don't know that for sure. But it would certainly be on the south side of the circle, is where we would expect it to.

MR. WATSON: And would you expect the extra lane would go on the entire south side of the circle running, I guess, from Pennsylvania Avenue all the way around to Pennsylvania Avenue again, or would it be just in the segment adjoining New Hampshire Avenue?

MR. BURCH: Again, I'm not a hundred percent certain on this, but I would assume that it would probably be in a portion of the circle, not

the entire area.

MR. WATSON: Did you in your review receive from the Office of Planning the information on George Washington University's parking proposals?

MR. LADEN: We did not receive anything from the Planning Office, but I do believe the Department did receive copies of some reports dealing with the proposed parking facility at GW.

MR. WATSON: That's with a parking facility in terms of the overall campus parking plan as opposed to a particular facility addition?

MR. LADEN: Not as part of this application, no.

MR. WATSON: So your review, then, wouldn't have had access from the Planning Office of the parking situation that will be created by the proposed hospital building?

MR. LADEN: That is correct. Our comments dealt mostly with the traffic impacts from this particular facility as it was -- as outlined in the documents presented to the Department.

MR. WATSON: Thank you very much.

MS. BECKER: I'm Eleanor Becker from ---- . My question has to do with the recommendation that you all want for New Hampshire Avenue being southbound. Do you know what the capacity or the

build-up on 24th Street northbound now is?

Because that would require all of us who live in the neighborhood to go north on 24th Street to reach the circle.

MR. BURCH: We don't have the exact numbers with us, but we do know that 24th Street is congested now.

MS. BECKER: Very much so.

MR. BURCH: Yes. And any additional traffic that would be redirected onto 24th Street would be difficult.

MS. BECKER: We would hope you could come up with some alternative if that's going to be your recommendation, at least a partial -- maybe one lane or two, one lane one way and two lanes another. Thank you.

MS. REID: All right. Does that conclude the cross-examination of DPW?

MR. FRANKLIN: Well, I have some questions, Madam Chair, if no one else does.

MS. REID: All right.

MR. FRANKLIN: This to some degree follows up the line that Mr. Gilreath had begun with you all. Here we have a vacant lot sitting literally on top of a Metro station. And we're being told that we have a lot of pedestrians in the

area and we have a lot of cars.

And yet, of course, this is in the midst of the city in a vibrant area. Suppose there was an office building on this site. As I understood your earlier testimony, what characterizes the hospital is the nature of the loading dock and the truck traffic. Could you explain that a little bit further? Why do you think that the hospital would have a different configuration of deliveries and off-loading than an office building?

MR. LADEN: I think what makes this sort of a unique situation is that this is sort of where the downtown office institutional types of land use begin to abut a small pocket of residential land use. And so we were trying to, as best we could, mitigate that impact in this particular project.

I think with regard to alternative land uses there, for instance, if an office building or a high-rise residential building or some other large use was put in there, we would still have the same types of concerns and would also try to have the traffic, the entrances, the loading, the other kinds of both pedestrian and vehicular access that would be created by that, directed as much as possible towards the 23rd Street side, which again, even though it's congested, it's at least away from what

little residential community is in the area.

So I guess the short answer to your question is the hospital presents some additional unique concerns because of the emergency equipment access and the 24-hour nature of the operations at a hospital.

If it were another land use there, we would still have some concerns that we would try to look at on an individual basis and also address to minimize pedestrian and to minimize the impacts on the neighborhood surrounding it.

MR. FRANKLIN: I'm trying in my mind to sort of reconstruct the elements of your concerns. Take the emergency vehicular situation, of course that is a 24 hour concern. But, of course, during the evening hours, typically, the conflicting traffic doesn't exist. Isn't that likely to be the case? In terms of pedestrian traffic, certainly.

MR. LADEN: Correct. There would be less pedestrian traffic and there would be less vehicular traffic in the middle of the night.

MR. FRANKLIN: So you're saying that you believe if the emergency entrance were on 23rd Street there would be less conflict. But, of course, to the extent that that traffic has to stop for emergency vehicles, you could have congestion on

23rd Street that has a reverberating affect on the circle.

MR. LADEN: That's correct. Our concern was that the closer you get to the circle, the more likelihood you're going to run into cars that are queued waiting to get into the circle. So by moving it further south and onto 23rd Street, which is a wider street and has a little bit more maneuverability for cars to get out of the way, you would run into less potential conflict of emergency vehicles with existing traffic queued waiting to get into the circle.

MR. FRANKLIN: And the loading dock situation, which I think I can understand, it does seem to me to be a very tight situation on 24th Street and it would be unacceptable to have that traffic blocked by backing out and these 18-wheelers.

In your experience has there been treatment of loading dock for an office building or institutional use that is sort of a through-put arrangement?

MR. BURCH: 2200 M Street, the Millennium development, we required the developer to bring the loading facility into the building. That was one of the conditions of the permit, and they

did that. They did a re-design and brought it in.

MR. FRANKLIN: That's on an alley, as I recall.

MR. BURCH: Well, there was an alley there, and they bring it in off the alley but bring it into the facility. So we've asked them to do that and they've accommodated that.

MR. FRANKLIN: And when you require them to bring it into the facility, what actually in the physical sense was designed to handle -- can they handle 18-wheelers?

MR. BURCH: I don't know that. I don't know the specifics of the design. But we did ask them to modify their design to accommodate the loading dock in a different way and they were able to do it. Now, what their delivery intensity is, I don't know.

MR. FRANKLIN: Does the authority -- does the Department have the authority to prohibit anyone who develops in downtown from having deliveries by 18-wheelers?

MR. BURCH: I don't think we have the right or the authority to prohibit those deliveries. I think we do have the right and authority to try to require that those deliveries be made in as sensitive a way as possible. I don't think we would

--

I'm not sure if we do have the authority, but we probably wouldn't exercise it even if we did. I don't think we would want to preclude deliveries by large trucks. But we have some ideas --

MR. FRANKLIN: Sounds like a good idea to me.

MR. BURCH: And we ask them to do it. And in most cases the developer is able to accommodate what we ask them to do.

MR. LADEN: Also I think there's an enforcement issue there. You may indicate that -- I mean, if we were to do that, how would you enforce that unless you had somebody standing there.

MR. FRANKLIN: Well, it may be a constitutional issue.

MR. LADEN: I would think there would be an Interstate Commerce problem there.

MR. FRANKLIN: There are other possibilities, are there not, in the city that are across the street from primarily residential areas? Georgetown is across from a residential area, Sibley is across from a residential area. There must be others. So that that's not an unknown condition.

What -- are you saying that in this

particular case it's the Washington Circle situation?

MR. BURCH: Well, the circle certainly complicates it. The nature of the site also complicates it. It's basically a pie-shaped site which affects the access. Sibley is in -- is a little bit different. The roadway nature wouldn't change if you shifted the traffic around.

The north side is Collier, which isn't residential. So it's not an exact parallel. There are some similarities, but it's not exact. This is probably the most difficult site of the hospitals that I can think of.

MR. FRANKLIN: Now, you also indicated that this is a two-sided site.

MR. BURCH: Well, the access, good access would be available from two sites. The I Street side on the south is a pedestrian mall; 23rd Street, of course, is an active road. We classify it as an institutional type road. It's fairly wide and can carry a fair amount of traffic.

New Hampshire Avenue is a relatively narrow road; 24th Street is similar. And the piece on Washington Circle is very small for this site so it does constrain how you get into the site.

MR. FRANKLIN: Your concern about the

entrance on 23rd Street in terms of the pedestrian traffic that has to cross vehicular traffic entering and exiting the main entrance of the hospital, do you have any count as to how many vehicles would be likely to go into the hospital's main entrance at any given time, during rush hour and the like?

MR. BURCH: I don't recall that we saw that kind of data.

MR. FRANKLIN: Is that a unique condition so far as you know in the city, or would that be a unique condition?

MR. BURCH: I don't think it's unique. It's just in this area, this particular site, there's so much pedestrian traffic, largely because of -- well, two factors, really. The neighborhood nearby, there's a lot of pedestrian traffic from the neighborhoods, but also this Metro stop.

This is a very busy, maybe the busiest, Metro stop, Metrorail stop. So there's an awful lot of pedestrian traffic. So I think it's worse here or potentially is worse here. The interface between the turning traffic and pedestrians would be greater here than in most places.

MR. FRANKLIN: So do I understand that the result of your proposal would be that a large number of people coming to the hospital to visit

patients or to work would -- and who use Metro would leave the Metro station and then have to go on the mall, so to speak, on Eye and then go around the corner and enter the hospital around that -- in that round-about way rather than going into it directly?

Wouldn't that, in effect, create a condition of more pedestrian congestion for those who are trying to enter the hospital? Because as proposed, they could go right from the subway, exit right into the hospital and, therefore, wouldn't be on the sidewalks.

MR. LADEN: I think that's one of the unfortunate impacts of trying to separate the heavy institutional traffic and put that on 23rd Street. You end up having to move the main entrance either to the pedestrian mall or to the 24th or New Hampshire Avenue sides.

It does mean that the folks arriving by the subway would need to walk a little bit further. There is a possibility that a separate pedestrian entrance could also be put on the 24th Street -- I'm sorry, I guess it's the I Street side?

MR. BURCH: Eye Street, yeah.

MR. LADEN: So that individuals could enter on foot by the pedestrian mall or enter by vehicle from sort of a driveway entrance on the New

Hampshire Avenue side. So it doesn't preclude that. And that would even further segregate pedestrians arriving by subway from the vehicular access.

MR. FRANKLIN: Have you studied what would be the effect on the Foggy Bottom neighborhood of having cars that wish to drop people off or pick people at the hospital having now to go onto New Hampshire Avenue rather than 23rd Street?

Would they tend to infiltrate the Foggy Bottom neighborhood more frequently in their maneuvering to get to that point?

MR. LADEN: Yeah. There would --

MR. FRANKLIN: Particularly with the southbound New Hampshire.

MR. LADEN: Correct. There's no question that by putting this facility on the west side of 23rd Street you're going to increase the number of vehicles in the Foggy Bottom residential community and putting --

MR. FRANKLIN: Well, that wasn't my --

MR. LADEN: I'm getting there. Putting the entrance, the visitor entrance, if you will, or the employee entrance on that New Hampshire Avenue side of the building will create additional traffic. But the sense we had is that would be more sedans and standard types of vehicles that are more

appropriate for that residential street.

It does not encourage the truck traffic and the emergency vehicle traffic on that narrow street. So, again, this was one of those cases of the lesser of the two evils. We thought having standard residential-type vehicles was a better solution than having the heavy trucks on that side.

MR. FRANKLIN: I'm just trying in my mind's eye to figure out what the flow of pedestrian traffic today is from the Metro station. You seem to suggest that the dominant flow is north on 23rd Street. Did you do counts of other directions for pedestrian flow?

MR. BURCH: I don't know if we have counts, but there is a substantial flow today on 23rd, north. There's also a fairly substantial flow west on the pedestrian mall. And you do have -- well, you actually have pedestrian flow into that -- from all directions. I think we thought there was probably more from the west than from the east, today.

MR. FRANKLIN: When you say "from," you mean what?

MR. BURCH: To and from, to and from the west to the station today than from most of the other areas. But it's very congested, pedestrian-

wise. Particularly during rush hour there's a lot of pedestrian traffic going north-south on 23rd as well.

MR. FRANKLIN: Of course, as you know, the Zoning Commission has been trying to follow policies that would create a vibrant central city, and vibrancy is associated with a lot of people.

MR. BURCH: And we agree with that and we support that.

MR. FRANKLIN: Okay. I have no further questions.

MS. KING: I have one comment, I may, Madam Chair. One thing, if I may say so, that would differ significantly from having an office building there is that there will be 371 beds, which indicates that people are going to be living there and eating three meals a day there.

And there will be an enormous of trash associated with that, not to mention the hazardous materials that is a natural component of the kind of activities that go on in hospitals. And it seems to me that if I lived on New Hampshire Avenue I would welcome the reversal of the -- having all that component exit and enter from 23rd Street rather than from my front door.

I wouldn't mind a few sedans extra, or

even vans and station wagons if I didn't have to have the trash and hazardous materials going out under my window. But that would be a -- that is a significant way in which a hospital differs from an office building.

MS. REID: Okay. Thank you very much for your testimony. Now the ANC report?

MR. WATSON: My name is Matthew Watson. I appear as counsel to Advisory Neighborhood Commission 2-A in which the proposed site is located. Prior to our presenting witnesses, I would like to make a short opening statement. I think it's required here.

We very much appreciate the work that the Department of Public Works has done in analyzing the traffic situation, and I think you'll find in large measure that it agrees with the testimony we will be presenting.

We do have to say, however, that with regard to the proposals for traffic mitigation, which go, and very imaginatively, very much further than what is normally given in traffic mitigation in terms of directing traffic to a site, changing hours, having particular restrictions, there has been proposed at this time by DPW a total redesign of this facility and a very massive change in what's

being done.

We should note also that the response from DPW came almost literally on Christmas Eve and today is merely January 5th. It came on December 30th -- I'm sorry, New Year's Eve. I apologize. It came on New Year's Even. It was submitted on December 30th.

We got it on the 31st and today is the 5th, which means it presents a serious problem as to which building one is reacting to. There is a building proposed by George Washington University for the hospital and there is the building proposed by DPW, which we have no idea, since there wasn't even cross-examination, as to whether GW has any intent to present with a building as DPW has proposed.

We are in our testimony referring to the application. And if there are going to be substantial changes in the building presented in rebuttal, we would reserve a right to come back and further present with regard to a changed application.

Because it strikes me that what has been proposed by DPW is a different application than what we have before us today. So we will be presenting this. I also would comment with regard to testimony

from the city. It has been known for a considerable period of time, because we have probably been raising it ad nauseam, that parking is a serious difficulty here.

We have not had any response from the city with regard to parking, largely because the Office of Planning has indicated this is a responsibility of DPW, and the information hasn't been provided to DPW to respond to. And we believe that puts both you and us at a considerable disadvantage since there has not been proper analysis.

This said, we hope that we can now clarify the situation. And responding to the application, we will be responding basically on three separate areas, the first being the traffic which will be coming to the site. And we will present a traffic expert with regard to this.

We secondly will be presenting, which really comes into several parts, the impact on the neighborhood. Part of this is parking, part of this is impact on the residential area from noise, pollution and other hazards and objectionable features which may come from this.

And I should say in looking at this the test is not what the Board of Zoning Adjustment

often sees as to whether or not there's an economic necessity to put up a building on a constricted site. We have, as you know, been advocating that there has to be revised campus planning at George Washington University.

This is part of a campus which has been presented here. It is not a requirement that this is the only site owned that must be built as a hospital. And, therefore, I think we should not be looking --

Even though I give great credit to DPW for trying to take a very difficult site and construct it into something which can have a hospital, there should be no assumption that this is similar to a tract in a residential area where an applicant comes forward and says "I can only put a residence here and these are the accommodations I have to make for a residence."

There are many, many facilities which could be put on this site, one of which, for instance, might be a dormitory which would have considerably less traffic impact and be very nicely located adjacent to a Metro site and for which, as we know, there is a great need even referred to in the comprehensive plan, as now adopted.

In doing this we will be presenting in

terms of what the standards are for this type of application, which is the question as to whether or not this project is unreasonably objectionable to the neighborhood. And I think we will be showing that that has a problem in all of the areas that I have cited.

We will then proceed now with our witnesses. First we'll call a traffic expert, which is Everett Carter. I believe we have agreement that the experts here are experts. We will submit, though, for the record, so as not to take more time, Mr. Carter's resume. And he has previously been accepted as an expert before this Panel.

MS. REID: We'll accept him as an expert witness. And, Mr. Watson, in your presentation, while we understand that you certainly want equal time, but I just ask that you try to operate under the principle of reasonableness and hit your salient points and give us your case as succinctly as you can.

MR. WATSON: We will certainly attempt this.

DR. CARTER: I have a summary of the report which I'll try to follow.

MS. REID: Thank you.

MR. WATSON: For the record, Dr. Carter,

could you state your name and address?

DR. CARTER: Yes. My name is Everett C. Carter and I reside at 10509 Unity Lane, Potomac, Maryland 20854.

MR. WATSON: Have you been retained by Advisory Neighborhood Commission 2-A to review the application of the George Washington University for a proposed hospital facility?

DR. CARTER: Yes, I have.

MR. WATSON: Could you summarize for the Board the report which you have presented, which we have entered into evidence in the record in this case?

DR. CARTER: Yes. I have a summary which will cover most of the items in the report, and I'll make reference to some pages in case you want to look at it in more detail later. I've got this divided into actually three parts. One is just in general, and sort of putting

-- saying this is where we are.

Washington Circle, which is part of this scene, is one of the most congested facilities in the District of Columbia. The 23rd Street corridor is a very heavily traveled corridor with congestion spots, particularly at the circle, both north bound and south bound on the circle.

And the Foggy Bottom Metro Station is one of the busiest in the system, with about 35,000 users a day. And from Washington Circle to Eye Street and on 23rd and New Hampshire and 24th Streets, there are very heavy pedestrians movements, which has been already testified to.

Now I'd like to look at the applicant's proposal and talk about some of the concerns I have. And I've done this in terms of some of the items in the applicant's traffic report. Capacity and level of service analysis, some pedestrian counts were done.

They're included in the technical appendix. They were not used in the intersection analysis. In fact, the intersection analysis showed zero pedestrians were input into the computer program. No pedestrian at all in the intersection analysis.

And there was no pedestrian level of service analysis, of which there are three parts: walkway, corner analysis and crosswalk analysis. None of that was done. The trip distribution of the replacement hospital was based on vehicles coming in from different directions into lot 11 and 13.

And that was used for distributing all hospital trips, yet most of the people using this,

according to the applicant's report, is interns and doctors with privileges who use that lot, that two lots. That doesn't necessarily represent the distribution by direction for all hospital trips.

The third thing is transit usage. It's based on a survey of hospital employees and it was used for all hospital trips, not just employee trips. So there's no indication that the trip distribution by direction is correct in what it is even today.

Also they based the transit usage on a 1989 WMATA report which is now almost ten years old. And that report specifically states the procedures should be used with caution and you should consider the site-specific conditions when you're trying to estimate the usage of transit at a given site.

And this was particularly true when they used this for the office -- the replacement building for the old hospital as an office building. And in the WMATA report there was not one single location that was in the database that was institutional.

So this kind of bothers me when you're saying an office in an institutional setting may have different transit usage than a regular office building. Very high transit usage of 60 percent. I mean, I'm not against transit. It would be good if

we could get to a 60 percent usage, but I think that's a little bit optimistic.

The applicant's report identified the vicinity development, several sites: the Health and Wellness Center, the Marvin Center, a number of sites on site -- I'm sorry, on the University property, and also non-University developments. They indicated zero trips for all except the 2200 M Street, where they use the word "some trips" would be added.

Site specific comments. The emergency entrance on New Hampshire Avenue has already been, I think, addressed by DPW with the problems. I agree completely there are real problems because you have in the morning and the afternoon, you have queuing on New Hampshire Avenue because you have very few vehicles that can get through at each signal cycle entering into the circle.

So there's queued waiting and if it queues more than about three or four vehicles, the emergency entrance is going to be blocked. And that happens quite frequently. Also, public access to the west side of 23rd Street has lots of difficulties.

You cross a very busy pedestrian sidewalk twice, as it is, in and out. And

northbound vehicles must turn left because two southbound lanes and exits that are going northbound would have to make a left turn across two southbounds, try to merge into northbound lanes on 23rd.l

And the left-turn lanes on 23rd, it's been testified they back up all the way to Eye Street during the peak hours. So I don't think this movement would be -- it would be very difficult to make. It also -- I've got the word "interfaces," it should be "interferes with" the shuttle and WMATA bus stops on 23rd.

The proposed loading dock is immediately adjacent to the pedestrian mall, with very heavy pedestrian walkways and crosswalks. It would also use 24th Street and New Hampshire for maneuvering and backing trucks on public streets, which is not acceptable.

And, finally, this is also going into the historic neighborhood, Foggy Bottom neighborhood. Twenty-fourth Street is a very narrow, 32 foot street with parking on both sides and is not conducive to additional traffic. It's already been testified to that it is already congested.

The pedestrian analysis which we did as

part of our study is shown in Table 1, I believe that's on page 12 in my report. The parking, as a final note, on-street is very limited and off-street at the proposed site is zero.

Finally, I would echo three words from the Department of Public Works' presentation: this is a very difficult site. I just don't see how you can fit it from a traffic standpoint, fit a hospital into this site. And I'd be happy to answer any questions.

MR. WATSON: Let me have several questions to you so we can highlight. I'm showing you a document here. Can you identify for the Board what this document reflects?

DR. CARTER: Yes. This reflects a pictorial view of the level of service for pedestrian facilities. As you can see in the top, once you get your copies --

MS. KING: Is it this document?

DR. CARTER: Yes. Level of Service A, you have a lot of space around the pedestrian. You can go at your own speed as a pedestrian. You don't bump into anyone, no conflicts. And if you look all the way down at the bottom at Level of Service F, you're rubbing shoulders with everybody, occasionally touching or bumping people. It's very,

very congested.

And Level of Service E, you can't pass. Your speed is restricted by the pedestrian in front of you and you're almost touching.

MR. WATSON: On the proposal from George Washington University that provides the entrance to the hospital on 23rd Street as well as providing an exit from the emergency room, what level of service do you expect exists on the sidewalk there coming up from the Metro station in front of the proposed hospital building?

DR. CARTER: Currently?

MR. WATSON: Currently.

DR. CARTER: A very poor level of service because you have an effective width of only three feet. It's a five-foot sidewalk, it's a fence immediately adjacent to it, and you have tree cut-outs so you really have what is referred to --

MR. WATSON: If we widen this, what do you expect the current level of service would be if there were a 12-foot sidewalk there?

DR. CARTER: It would be here, but probably Level of Service D, C or D.

MR. WATSON: And adding the hospital to it, what do you expect would be the level of service on this 12-foot sidewalk?

DR. CARTER: Well, let me put it this way. Eighty-seven percent of all of the parking at GW, George Washington University, is east of 23rd Street, 87 percent of all the parking once these two lots are taken out. So you're going to have all of the parking that's coming to the hospital, almost a hundred percent of it is going to be coming across 23rd Street.

And they're either coming up the west sidewalk or the east sidewalk. So if you move the hospital to the west, they'll be coming up the west sidewalk.

MR. WATSON: You mentioned parking here. Is there any parking be provided by George Washington University on the hospital site?

DR. CARTER: Not on this site.

MR. WATSON: With your familiarity of other hospitals in the District of Columbia Metropolitan Area, are you familiar with any other hospitals that don't have parking on site?

DR. CARTER: On site? No. I can't think -- Sibley I'm familiar with and they have parking on site. Suburban I'm familiar with; they have parking on site. In the District Sibley is about the only one I've been to.

MR. WATSON: Now, with regard to Sibley

Hospital and your understanding of the residential neighborhood around Sibley Hospital, are the traffic patterns around Sibley Hospital in any way similar to the traffic patterns around the proposed George Washington Hospital?

DR. CARTER: Not at all. I've been there several times and traffic is very light. It's almost residential in character as you approach the hospital and exit the road. As you return to the road, it's rare when you have to wait for a left turn.

MR. WATSON: Have you reviewed in the very short period of time we've had the proposals which have been made by the Department of Public Works with regard to mitigation of traffic problems from the applicant's proposal?

DR. CARTER: Yes.

MR. WATSON: The answer is yes?

DR. CARTER: Yes.

MR. WATSON: And do you believe if those mitigations were undertaken you would have an acceptable situation with regard to pedestrian safety, with regard to traffic flow around the proposed hospital?

DR. CARTER: Well, I agree it would be better than the current proposal that we're talking

about, if it were modified. There would still be serious problems and I think they testified to that. Particularly 24th Street would have an added impact because of the one-way nature of New Hampshire Avenue. And there would still be pedestrians on the sidewalks that would have some interference from the public access side.

MR. WATSON: Lastly, in comparing the location of the current emergency entrance to George Washington University Hospital and the proposed entrances, your expertise is in traffic and, therefore, in traffic laws of the District of Columbia.

The Washington Circle, where the current entrance is, within the District of Columbia does the traffic which is flowing on the circle have the right-of-way over traffic which is on streets entering into the circle?

DR. CARTER: The answer is two. One, when the traffic in the circle is not stopped by a traffic control device, i.e., a signal, then the traffic in the circle has the right-of-way.

MR. WATSON: So having the right-of-way to proceed through, is it less likely you will get queuing along the circle of cars backing up within the circle, traveling around the circle?

DR. CARTER: I'm sorry, I missed --

MR. WATSON: The difference between cars traveling in the circle, which have the right-of-way, as opposed to cars entering the circle, which do not have the right-of-way, is it more like then that cars would be backed up waiting to enter the circle since those cars don't have the right-of-way than cars which are within the circle having the right-of-way?

DR. CARTER: That's correct. The only time you get queuing is when circle traffic is stopped by a traffic signal or when you're over capacity, such as the entrance to go down to the Whitehurst Freeway and K Street.

MR. WATSON: But in the un-signalized parts of the circle, one has the right-of-way when one is in the circle?

DR. CARTER: That's correct.

MR. WATSON: And, effectively, has a stop sign when you're off the circle?

DR. CARTER: That's correct.

MR. WATSON: I have no further questions. The witness will be available for questions from the Board and cross-examination.

MR. FRANKLIN: Mr. Carter, if the emergency entrance to the hospital were on New

Hampshire, as proposed, but New Hampshire were made one-way southbound, would those emergency vehicles confront a queuing condition?

DR. CARTER: Probably not. I don't believe so. Not unless -- you'd have to see how the traffic patterns change when this happens. If you kept the same traffic patterns as today, the answer is no. But if you -- you may have more traffic trying to go south since it's one-way and there's not opposing traffic conflicts, so that you could get some queuing at Eye Street.

MR. FRANKLIN: Well -- okay. I think I heard you. The current George Washington University Hospital, is there parking on site at the current hospital?

DR. CARTER: I'm not positive. There's parking directly across 23rd.

MR. FRANKLIN: But I mean on site.

DR. CARTER: On site. I don't know. I did not examine the exact boundaries of the hospital.

MR. FRANKLIN: I just wanted to clarify in my own mind what you said about the level of service on 23rd Street with the hospital entrance on 23rd Street.

DR. CARTER: What I was referring to was

the level of service of the pedestrians.

MR. FRANKLIN: That's what I mean, yes.

DR. CARTER: Yes, the west -- west side sidewalk.

MR. FRANKLIN: With that entrance just a little bit north of the Metro exit, what is your opinion as to what the level of service of the sidewalk would be?

DR. CARTER: Well, the sidewalk --

MR. FRANKLIN: Were widened to 12 feet.

DR. CARTER: I didn't do an analysis. And at the point where you have a pedestrian conflict, you have to look at the number of conflicts per hour. And that's one of the things that goes into the determination of level of service.

MR. FRANKLIN: So you do not at this point have an opinion of what that level of service would be?

DR. CARTER: Not at this time. If it's somewhere south of there or somewhere north of that, where's nothing interfering except the width of the sidewalk and those kinds of things.

MR. FRANKLIN: Would the level of service be affected by the extent to which the hospital entrance was in a more normal position than

very close to the subway entrance?

DR. CARTER: Very close to?

MR. FRANKLIN: If the hospital entrance were still on 23rd Street but were not as close to the Metro exit, would that affect the level of service on a 12-foot sidewalk?

DR. CARTER: To some extent perhaps, because maybe some of the people would have already gone to their destination if they're going to the hospital. If they're walking all the way up to the entrance, it would be the same because the number of pedestrians wouldn't be decreased.

MR. FRANKLIN: Well, I'm just talking about the extent to which there might be congestion right at the exit itself.

DR. CARTER: At the exit from the Metro station?

MR. FRANKLIN: Yes.

DR. CARTER: Certainly there would be more congestion right there. You're absolutely right.

MR. FRANKLIN: At certain times of the day?

DR. CARTER: At peak periods, yes.

MR. FRANKLIN: You gave us a chart which had a number of counts of pedestrians at certain

times varying, let's say, at New Hampshire and Washington Circle, running from 280 to 480 or 20, I can't read the handwriting. Let's say 440. What are we to infer from those counts in terms of the level of service?

DR. CARTER: Nothing, to be honest with you.

MR. FRANKLIN: Okay. That's what I thought.

DR. CARTER: I intended nothing in terms of level of service other than if you look at the higher numbers, like the 1113 and the 800, 1678, just by looking at that number I know that the level of service would not be A or B, probably not even C. But the --

MR. FRANKLIN: What level of service would you associate with what would be considered a thriving commercial street in the central business district?

DR. CARTER: In the CBD, probably C or D would be acceptable. E is not very acceptable. But, now, if you're looking at a corner analysis, the corner where you -- some people go straight across, some people go right, some people go left, you start getting into pedestrian conflicts with other pedestrians. Then

you could get into an E or F pretty quickly if you had an E coming in.

MR. FRANKLIN: Well, would you say that in a downtown commercial district, Level of Service B or C would be associated with a commercial district that wasn't particularly thriving?

DR. CARTER: Could be, or it could be just a well designed pedestrian capability. I mean, I think usually Level of Service C is what we like to design for, realizing that sometimes you might have C part of the time but you're occasionally going to have B.

If it happened to be retail, I'd say during the holiday season you're probably going to get E or F for a couple of weeks or more if it's a thriving community.

MR. FRANKLIN: Now, this concept of level of service in terms of a pedestrian context, what are we talking about in terms of the extent of the space which is being assessed for its levels of service? I suppose we all experience at times walking along a sidewalk where we come to a corner and there's a certain amount of congestion while people are waiting for the light to change, et cetera,

DR. CARTER: Right.

MR. FRANKLIN: Or there may be a certain amount of congestion occasionally because people are looking at a shop window or entering a theater or exiting or what have you. The fact that there's a Level of Service F, let's say, or E at a given point, does that lead to an assessment that this is a condition that is unacceptable if it prevails for only five feet or ten feet?

I need an education on this. How many feet have to be at a certain level of service before we have to become concerned?

DR. CARTER: Oh. It's generally not feet. It's divided into three areas: the crosswalk across a street, the walkway or sidewalk, and the corner.

MR. FRANKLIN: Well, let's take a sidewalk.

DR. CARTER: Well, a sidewalk would be away from the corner and the corner --

MR. FRANKLIN: Yes, it's away from the corner. How many feet have to be experiencing a Level of Service E for us to become concerned? Or does that refer to an entire block?

DR. CARTER: Not necessarily. I mean, you could have Level of Service E in the corner. When you did your corner analysis, your corners

could be operating at a poor level of service and your walkways may be operating at an acceptable level of service. So it's -- you go -- and the crosswalk --

Well, for example, if you didn't have enough green time, you had a very short green time on a cross street, your crosswalk, you'd have a wide crosswalk but still have a poor level of service because you didn't have enough time for all the pedestrians to get across on your signal time.

MR. FRANKLIN: Let's focus on --

DR. CARTER: So it gets very complex.

MR. FRANKLIN: -- a non-crosswalk situation or a corner situation. You gave us an exhibit which explains the various levels of service and how they're characterized. And then the next page you give us a map and you indicate on the map that these are heavily used sidewalks. But you do not characterize them by their levels of service.

DR. CARTER: No. Basically, it's a matter of cost of doing the analysis.

MR. FRANKLIN: So what I need is a certain guidance from you as to what extent this level of service concept is applicable to any given location that is the subject of this hearing.

DR. CARTER: Well, it's used in some

jurisdictions quite frequently. New York City, for example, at least unless they changed a few years ago --

MR. FRANKLIN: Well, I guess that's the case. But I'd be interested in how it's applying to the site which is the subject of this hearing. Do you have a map that indicates that the current level of service is on various sidewalks associated with this site?

DR. CARTER: No, I did not do a sidewalk analysis. I did a crosswalk analysis only because the data were collected prior to the first hearing time. And at the conclusion of that I was told by the ANC that they were running out of funds.

MR. FRANKLIN: I have no further questions.

MS. REID: Thank you very much. Mr. Moore?

MR. MOORE: I'll try to talk loudly. I'll just be here briefly.

MS. REID: You have to come up again to the mike so it can be picked up by the recorder.

MR. MOORE: Good afternoon, Dr. Carter.

DR. CARTER: Good afternoon.

MR. MOORE: Just a couple of questions. When you indicated that the level of service, very

heavy pedestrian movements on the 23rd Street corridor, you say it's a very heavily traveled corridor, when did you do your count, sir?

DR. CARTER: I don't remember the exact date, but it was --

MR. MOORE: I mean times of the day?

DR. CARTER: Times of the day?

MR. MOORE: Yes, sir.

DR. CARTER: I first did counts at the P.M. peak.

MR. MOORE: At the P.M. peak.

DR. CARTER: Right. Between 4 and 6. And the counts were done by the neighborhood volunteers with instructions from me on what to do. Those were done in the morning peaks and the afternoon peaks.

MR. MOORE: These were on weekdays?

DR. CARTER: On weekdays.

MR. MOORE: And not on weekends?

DR. CARTER: Not on weekends.

MR. MOORE: The basis of your conclusion that is this is a very heavily traveled corridor is based on counts done from 4 to 6 on weekdays, is that correct?

DR. CARTER: Four to 6 and I think 7 to 9 in the a.m.

MR. MOORE: Okay. Is that the same for your count of very heavy pedestrian movement from Washington Circle to Eye Street, on 23rd Street and New Hampshire and 24th Street? Is that the same time of day, sir?

DR. CARTER: Same time of day. Also some of the counts were made by Mr. Slade.

MR. MOORE: During the same time period?

DR. CARTER: During the same time period.

MR. MOORE: Thank you. Moving on, you make reference to vehicles exiting -- and I'm talking about public access here -- vehicles exiting to go north must cross two southbound lanes. I'm assuming you mean coming out of the hospital entrance on the west side of 23rd Street.

You say vehicles exiting to -- going north must cross two southbound lanes and merge into northbound traffic, which is queued sometimes to Eye Street. Do you recall that?

DR. CARTER: Let me see. I may have -- oh, okay. Exiting to go north?

MR. MOORE: Yes.

DR. CARTER: Yeah. Must cross two southbound lanes and merge into -- yes.

MR. MOORE: Is that necessary for them

to do that if the applicant were to put a right-turn only sign coming out of the entrance? Would that situation be --

MR. WATSON: I object to the question as to whether or not things are necessary. If some undefined set of traffic -- you can put all sorts of signs there like "do not enter" and you'll have no traffic.

MR. MOORE: Your witness has made the conclusion that that's a traffic problem there. I'm asking him if there were signs put there would the same problem exist. That's all.

DR. CARTER: Assuming the signs were put up under authority of the city and assuming that the drivers obeyed them, yes, that would take care of it.

MR. MOORE: Twenty-fourth Street, moving on to your proposed -- you say that the applicant would use 24th Street and New Hampshire Avenue for maneuvering and backing trucks on public streets. Is that unusual?

DR. CARTER: It's -- I don't know if it's unusual, but it is unsafe and disruptive.

MR. MOORE: Are you aware of the 7-Eleven that the -- at 812 New Hampshire Avenue?

DR. CARTER: I've seen it, yes. I've

never been in it.

MR. MOORE: Have you seen trucks going in there?

DR. CARTER: I haven't seen trucks, no.

MR. MOORE: All right. Are you aware that that particular location uses trucks for deliveries there?

DR. CARTER: I'm assuming they use trucks of some size. I doubt if they would have 18-wheelers, but I'm assuming they have straight trucks.

MR. MOORE: You don't know if they have 18-wheelers?

DR. CARTER: I don't know that.

MR. MOORE: Would it surprise you if they did?

DR. CARTER: It would surprise me for a small store.

MR. MOORE: Okay. Are you familiar with the loading dock at Ross Hall?

DR. CARTER: No, I'm not.

MR. MOORE: Thank you very much, Dr. Carter.

MS. REID: Thank you. Ms. Miller?

MS. MILLER: Good afternoon. I'm Dorothy Miller and I'm Chair of Advisory

Neighborhood Commission ANC-2A. And attached to my statement is Resolution 98-11(a) in strong opposition to the applicant's request filed on November the 18th with the Board of Zoning Adjustment.

The statement also authorizes the Chair, myself, Commissioner Tyler, whose -- district is most seriously affected by this proposal, with the assistance of ANC-2A's counsel, Matthew Watson, and traffic expert, Dr. Everett Carter, professor emeritus of the University of Maryland, to present testimony on behalf of the Commission. And Dr. Carter has been previously approved as an expert.

George Washington University's request to the Board of Zoning Adjustment to construct a new building in Square 40, located at the Washington Circle between 23rd Street and New Hampshire Avenue, N.W., to be operated and used as a private profit-making hospital by a private entity in which GW does not have management control, raises the question as to whether a private profit-making hospital, not strictly for university use, may be operated within the approved campus plan.

This appears to be a ploy by GWU to sell its campus plan rights for a non-university and commercial purposes. As is stated by SHPDA, the

private hospital "will contribute 14.3 million annually to the University's graduate medical and 2.7 million annually to support the University's clinical programs."

Moreover, DHP is paying for the construction. The ANC has concluded, and we believe that the Corporation Counsel will agree, that based on these facts GWU may not lawfully operate a hospital at the location in question. This question was raised at the beginning of the hearing in November by ANC-2A's attorney, Mr. Watson.

And the Board asked the Staff to request an opinion from the Corporation Counsel. The question has been decided dispositively by the D.C. State Health Development Agency, SHPDA. The SHPDA has considered to grant an application for a certificate of need to the District Hospital Partners, LP of the King of Prussia, Pennsylvania.

George Washington University did not apply for and has not been granted a certificate of need for the proposed setting. Only DHP, which is not before you today, is authorized to operate a hospital as proposed.

Under Title X, Section 1349(1)(b) of the Comprehensive Plan Amendments Act of 1994, states that George Washington University should provide

written justification for non-dormitory development projects in lieu of providing additional on campus dormitory accommodations for its undergraduate students.

GW should also provide adequate on campus parking and take into account the residential and historic status of the Foggy Bottom in any future development. And I've attached a copy of that section of the Comprehensive Plan to my statement.

GWU has not met its obligation to the requirements of this section in its proposal. On New Year's Eve, the Department of Public Works filed with the BZA its report concerning the traffic impact, both pedestrian and vehicular, which will be caused by the proposed hospital at the new location.

DPW had available to it traffic studies prepared both by Greg Slade on behalf of the applicant by and Dr. Everett C. Carter on behalf of ANC-2A. The statement of DPW as to the destructive impact of the applicant's proposal on the adjacent historic neighborhood is particularly relevant to the Board's consideration before this hospital moves a large institutional facility from streets suited to the type of land use to streets that are largely residential in character. This presents serious

problems.

The highly undesirable -- between large number of pedestrians using Foggy Bottom Metro Station and the greater volume of vehicular traffic will increase. The emergency entrance's location is potentially very dangerous and is, therefore, unacceptable to the Department of Public Works.

The proposed hospital site moves the loading dock location to the doorstep of residential neighborhoods and associated traffic to narrow residential streets. The loading dock involves movement of trash and hazardous material, including medical waste and highly inflammable, combustible material.

Placing this facility abutting a residential area is, therefore, entirely inappropriate. The loading dock will create substantial and re-occurring traffic congestion on residential streets which are already overburdened.

And I'd like to add at this spot it's a five-way stop sign where 24th, Eye Street, New Hampshire Avenue, and all the streets converge. It's a five-way stop sign. Attached to the GW report are recommendations and observations submitted by the Chief of Traffic Operations and Safety Division.

These recommendations are not the position of the District. While the observations do highlight the inappropriateness of the proposed site, the actions proposed could not be made without proper notice and hearing, not to mention massive funding by the District or the hospital partners.

The observations would require making major streets one-way and pushing more traffic into residential 24th Street and New Hampshire Avenue, abutting the Foggy Bottom Historic District already overburdened with traffic. In addition, it would require action by the National Capital Park Service, which has not been consulted.

To give context to the neighborhood, I am presenting to the Board photographs. And I'd like to have someone put them up for me. Oh, there they are. And it shows you the Metro area there. We have an entrance and an exit on 23rd Street, we have a pedestrian crossing at 23rd and Eye Street.

We have a Metro entrance west side of 23rd Street, a drop-off area in front of the entrance, 23rd Street traffic in front of the Metro going north and south, trash trucks leaving the residential area after trash pick-up.

We have Washington Circle pedestrians leaving Metro going west to Georgetown and

Washington Circle. And that's where the heaviest traffic is because I was one of the ones that helped do the count. And it took two of us to count that one corner.

The Foggy Bottom Metro entrance on 23rd Street between Eye and Washington Circle; there's a vendor stand, and they take up almost the whole sidewalk; 23rd Street traffic in front of the Metro entrance going south on 23rd Street; and street parking and trash deliveries, truck deliveries on New Hampshire Avenue going toward Washington Circle.

And I have smaller pictures that I'm going to leave with my testimony. If you'd like to see them, I can give them to you.

The proposed massive building has a height for zoning purposes of 87 feet at the circle. But because of the slope of the land downwards to Eye Street, the height becomes 97 feet. This height is not permitted even in the underlying R-5-E district, and will overpower the adjoining residential neighborhood, contrary to the express Comprehensive Plan policy, and the District policy.

As noted in the DPW report, the District "has expended considerable time and resources to mitigate negative traffic effects on the historic Foggy Bottom neighborhood. The proposed hospital

will erode these efforts and will increase traffic on residential streets, including those in and abutting the historic district."

In addition to moving traffic impact, that will be serious reductions on parking and a greater impact on hospital parking in the neighborhood. The loss of 265 parking spaces on Square 40 being replaced by the proposed development of the new hospital, with no on-site parking, would create the only hospital in the Metropolitan Area without on-site parking.

A garage addition of only 200 spaces in a congested area over two blocks away, using valet service, defies imagination when you visually the drop-off and pick-up area is on 23rd Street at a Metro entrance. And you hardly can stop a car there.

And they mention that if they move that around to New Hampshire Avenue, it would then be five blocks to where they're going to be parking the car with this additional garage, which is a part of this process today.

During these peak rush hours, that was 8 to 9:30 a.m. and 5 to 6:30 p.m., approximately 20,000 pedestrians are also using these sidewalks and streets because this Metro stop at Foggy Bottom

is the closest to Georgetown offices, businesses and the Kennedy Center.

In addition to the Metro bus stop and taxis, there is a local drop-off and pick-up bus service at this Metro entrance transporting residents to and from Metro by the Kennedy Center, Washington Harbor and GWU. And I show you pictures where they're dropping off.

This local bus service blocks the right traffic lane for cars turning off of Washington Circle into 23rd Street. The medical residents and physicians are currently parking on the lot just across the street from the existing hospital.

But the addition to the garage structure of over two blocks away will cause over 300 vehicles to be moved to other parts of the campus. The proponent has not shown any evidence to indicate that off-street parking is appropriate to hospital use, and that the more distant location of hospital parking will not cause additional pedestrian and vehicle traffic on streets adjacent to the hospital, as well throughout the campus, aggravating an already unacceptable imposition on the neighboring residents.

GW again relies on its ultimate parking catch-all, the Kennedy Center. Such claims should

be totally discounted because such parking cannot be guaranteed. Although the contract with the Kennedy Center, belatedly submitted by GW, purports to be for five years, a period which will end just about at the time the hospital opens, in fact, is not guaranteed for even five years since the agreement may be terminated by either party without cause or 90-day notice.

The closing of approximately four parking lots by GW -- and I have that attached to my statement showing you where they're going to be, and I also have attached there off-campus parking. The yellow lines show you those are where places have been bought, are being constructed, or will be constructed. And there are even more that are not on there.

The closing of approximately four parking lots by GW in the next couple of months, totalling about 650 parking spaces, the Health and Wellness Center is already closed and they've started to build, the remodeling of the Marvin Center, the enlarging of the law school, which will be before you tomorrow, the new hospital and garage extension begs a review by the BZA of all GW's on-campus parking and a review of the off-campus parking, or places filed by GW to be off-street

parking, where construction is slated or is currently being done. And that copy is also attached.

The location of the existing hospital keeps the impact of traffic and pedestrian problems to a minimum. Washington Circle has four traffic lanes with no curb-side parking or traffic signals which favor vehicular traffic around the circle.

This is particularly true of the emergency entrance for ambulances which GW has stated is about ten a day, but the Fire Department says is 20. And that doesn't count the private ambulances. We are concerned with the presentation of the applicant, of expert testimony based on patently incorrect data, which apparently no attempt was made to verify.

The current arrangement allows traffic to adjust to the arrival of ambulances and permits ambulances to turn directly off Washington Circle into the hospital without conflicting with pedestrian crossing at New Hampshire Avenue or 23rd Street, and a major pedestrian flow on the west side of 23rd Street.

It is because the emergency entrance is one of the exits of the circle. It is not an entrance before the circle, it's at the end of the

circle. And there is no traffic back-up in front of the current emergency entrance.

And I'm using the Historic Conservatory's slides. They have taken care of supplying some slides to show you a little bit clearer what I'm trying to say. The proposed hospital has no entrance on Washington Circle but only New Hampshire Avenue, which has two-way traffic, is a heavy pedestrian traveled street. And that's slide 16 and 18.

MS. KING: Could you take down the other one, too? Thank you.

MS. MILLER: We need to focus it. We need to cut the light off over there so you can see it.

SPEAKER: This one is a little blurred.

MS. MILLER: Okay. But if they could cut one of the lights off over there.

This is the pedestrian island, because you cannot get across that on a light. And that circle has a blinking yellow light and, consequently, you have to really run to get it. And the cars coming through, the pedestrian can only get halfway across and stop.

Now, this is the -- I haven't got my glasses on?

MS. REID: What intersection is that, Ms. Miller?

MS. MILLER: This is at Washington Circle, crossing New Hampshire Avenue. And the paper the other day, they had removed this circle in one in Arlington and two or three people have since been killed because they cannot get across the street. They have no place now to stop and wait, or protection.

I need a light to see. That's -- and this is New Hampshire Avenue going north, to show you how narrow the street and how heavy the traffic is. Now, this is the -- and the queuing of the cars. And this backs all the way up to Eye Street.

MS. KING: Is there residential permit parking on New Hampshire?

MS. MILLER: Correct. Correct. There is on both sides of the street. And, also, there are five residential parking spaces where they want to put the loading dock. And one thing that isn't mentioned, where that delivery area is going to be, that's where the handicap elevator is for the Metro station, by the way, is on that pedestrian park area there on Eye Street.

MR. WATSON: It should be noted, however, the residential parking permits allowing

two hours parking would not interfere with visitors to the hospital who would be able to park and visit for an hour-and-a-half and then leave in the two-hour residential parking area.

MS. KING: I understand that. But I was just curious as to whether it was ---- .

MS. REID: What time of day was that, Ms. Miller?

MS. MILLER: This is New Hampshire Avenue coming south, and that's your Kennedy bus -- oh, excuse me.

MS. REID: I just was asking with regard to the previous slide what time of day was that?

MS. MILLER: This was in the afternoon and it was on a slow weekend because -- I mean, because you know we've had snow and rain and we had trouble getting the pictures. Nothing has cooperated.

MS. REID: What time?

MS. MILLER: Richard, what time was that? Was it about 4 or 5? Okay. About 4:00 in the afternoon. Oh, this one, Bob took, yes. On mine, they were taken about 4 or 5 in the afternoon. And this shows how narrow the street and the queuing of the traffic.

And this is just about the area where

the loading dock -- they want to put the loading dock and where I've said there are five-way stop signs. This is your Kennedy bus coming down, and GW's bus is even wider than the Kenneth bus.

When I go up 24th Street and a GW bus is ahead of me, I cannot pass them. Thirst not that much space and you back up there because only two cars can get across K Street to get to the other side of K Street to be able to get to Pennsylvania Avenue, where there are only two cars.

SPEAKER: That's New Hampshire and Eye.

MS. MILLER: New Hampshire and Eye. And you can notice the back-up of the traffic here again. This is where all of your stop signs are.

MS. KING: That's a four-way stop, is it not?

MS. MILLER: Five.

MS. KING: Five-way stop.

MS. MILLER: You've got about five streets coming there. And Mr. Moore mentioned the loading dock for 7-Eleven. They don't have a loading dock where you have to back up. They pull in front of the store and frequently overlap the pedestrian walkway so you can't see around it to see whether or not pedestrians are coming.

And, of course, pedestrians can walk

anytime and that, consequently, slows the cars even more. And I travel it every day so I'm very familiar with it. Can we have the lights again, please?

This is the area that the proponents have also chosen to use for the hospital loading dock, which I mentioned. Trucks arriving at the loading dock would have to cut across the intersection of 24th, New Hampshire, competing with heavy southbound traffic to Virginia Avenue to reach the following:

Which are the Kennedy Center, I-66, the Ronald Reagan Airport, the George Washington and Rock Creek Parkways, to reach upper Northwest Washington into Maryland. This is one of your main areas that pick up all the exits out of town.

The location of the loading dock is not situation so as to provide sufficient maneuvering space for large trucks, which will force delivery trucks and vehicles to maneuver within public residential, heavily traveled streets, blocking both streets while trucks back into the loading dock.

The traffic expert retained by ANC-2A believes that due to the dense spread of residential streets surrounding the proposed site and the diagonal section of New Hampshire Avenue that there

is no acceptable location in Square 40 for a loading dock.

Also, that the proposed construction of a hospital on Square 40 is inappropriate because of the significant impact it would have on traffic and pedestrian safety. The current hospital loading dock off 22nd Street, a one-way street, and 23rd and Eye Street, a dead-end street, is more suited to this institutional facility than the largely residential New Hampshire Avenue and 24th Street.

And in 1997, when they used to put more of this in The Hatchet, from January to June six students were struck on 22nd Street, which is a one-way street on the east side of the hospital because you have -- I wanted to recommend that DPW put one of these like they used to have at Woodies, cars can go and pedestrians can go.

And I think that would make it a little safer for the pedestrians because the students are about 20,000. And those 20,000 also use the Metro station, in addition to the people who live in Foggy Bottom.

The ANC considers the present site of the hospital to be more suitable for the operation of a hospital and considerably less intrusive on the neighborhood in terms of traffic and noise.

Therefore, the Commission strongly opposes the application for these special exceptions as a violation of the zoning regulations of the District of Columbia, 11 DCMR 2.10.

ANC wishes to remind the Board that the applicant has not met certain requirements of the Comprehensive Plan Amendments Act of 1994, to file a written justification for non-dormitory development project that have been submitted to the BZA.

And I've attached that to my statement, Title X, 1349(1)(b) is attached. The campus plan requires that GWU to submit with each application an updated calculation of the FAR. That's 11 DCMR 2.10.3, which has not been received.

In addition, GWU has not responded to the November 18th request by the Board for an updated student head-count enrollment, including the Mount Vernon campus as publicly stated by GW has been integrated into the Foggy Bottom campus.

I won't read the attachment. But the footnote, the footnote explains exactly what the certificate of need clarified as to who can operate the hospital. And I thought you'd be interested in that. And that concludes my statement.

And I've attached our resolution and the other things that I mentioned. And I'd like to pass

you these pictures so you can see the closer up.

MS. REID: Thank you. Is there any cross-examination of Mrs. Miller, the ANC-2A?

MS. MILLER: Now, we did coordinate, and I took the resolution primarily of the position of the whole community. And Mrs. Tyler is going to take care of the historic section.

MS. REID: Take care of what?

MR. WATSON: Ms. Miller testified with regard to general aspects. Ms. Tyler will mainly focus on the residential area abutting and the historic nature. Is there cross-examination from the applicant?

MS. REID: No. That has been already established, Mr. Watson. Okay? Next?

MR. WATSON: Maria Tyler will speak on behalf of the Advisory Neighborhood Commission.

MS. REID: Proceed.

MR. FRANKLIN: Madam Chair, I have just one brief question for Mrs. Miller before Mrs. Tyler begins.

Do I read your materials correctly to indicate, Mrs. Miller, that there are six single members, District members of your ANC?

MS. MILLER: Correct.

MR. FRANKLIN: And this resolution was

passed by three of them?

MS. MILLER: Correct. That's a majority of those present.

MR. FRANKLIN: A majority of those present.

MS. MILLER: Correct.

MR. FRANKLIN: There was one nay and --

MS. MILLER: There was a quorum present and that was the majority.

MR. FRANKLIN: A quorum present?

MS. MILLER: There was a quorum present and that was the majority. There was a quorum present. And my covering letter states that.

MR. FRANKLIN: Right. But as to the total members, it's 50 percent?

MS. MILLER: Not exactly, because one only showed up about 50 percent of the time and she is no longer a commissioner.

MR. WATSON: Having been done at a meeting where there was a quorum, however --

MR. FRANKLIN: I understand.

MR. WATSON: -- it is the determination of the Advisory Neighborhood Commission. If I could just say with regard to the photographs that have been passed up, if as in Congress we can revise an extend the remarks, we would like to afterwards

attach the labels to the --

MS. MILLER: Labels to the back of the pictures.

MR. WATSON: -- which we notice hasn't been done.

MS. REID: Now, I'm not clear. Did you have a quorum?

MS. MILLER: We sure did. We had five. And a quorum now is --

MR. WATSON: Is four, according to the written records.

MS. MILLER: We had four then. The quorum now, which was changed last year, because we had three -- we couldn't meet for three months because two commissioners didn't come and one had resigned. So that's been the problem of a lot of the ANCs.

But the Congress and the City Council approved that it's a majority of the seated members constitutes the quorum. So that was based on that. So we've had a quorum present and the vote was by the majority.

MR. WATSON: Of the quorum.

MS. MILLER: Of the quorum.

MR. WATSON: Four of six members were present, three being a quorum. It was passed 3 to

1.

MS. KING: Mrs. Miller, is the further testimony from the ANC going to dwell further on this question of whether it's legal or not, the height of the hospital as designed; at the or the south end is legal or not?

MS. MILLER: Not really. I had to stick to the resolution of what the group approved. And that was the big question that came up. And we put down the exact figures because that doesn't even include the penthouse or anything else. And that would be the tallest building in the area.

MR. WATSON: We believe that regardless of what the matter of right zoning would be there within a campus plan, the Board of Zoning Adjustment can put conditions and put requirements as to what the height of the building should be. This building cannot be built as a matter of right for a hospital at that location.

If this were not a campus plan, we would not be here today. A hospital building, to be built as a matter of right, would require parking within the facility, which this will not have.

What is being done and why it falls in the campus plan, if it's determined that it's properly in the campus plan, which we don't believe

for other reasons, the Board of Zoning Adjustment should have before it what the actual heights are because that has to do with the imposition on the surrounding neighborhood.

We're moving a taller building closer to residents than other buildings before.

MS. MILLER: And that's in violation of the DCMR for the zoning and also for the Comprehensive Plan.

MR. MOORE: I'm sorry. I have a question about that. Mrs. Miller, you just testified that the University heightened -- the University's proposed building is in violation of the zoning regulations. First, what is your basis for saying that, ma'am?

MS. MILLER: Because 90 feet is what is -- belongs there.

MR. MOORE: Ninety feet?

MS. MILLER: Ninety feet.

MR. MOORE: And the building is how tall?

MS. MILLER: Ninety-seven feet.

MR. MOORE: The building is how tall as measured by the criteria of the zoning regulations?

MS. MILLER: Yes. It's 87 at the circle and it's 97 at Eye Street.

MR. MOORE: Is 87 at the circle --

MS. MILLER: Right.

MR. MOORE: -- consistent with the zoning regulations?

MS. MILLER: But, unfortunately, all of it doesn't sit there.

MS. REID: Mrs. Tyler?

MS. TYLER: Thank you, Madam Chair, members of the Board. I'm Maria Tyler. I reside at 949 25th Street and am Advisory Neighborhood Commissioner for single member district 3 of ANC-2A, and also secretary-treasurer of ANC-2A. I speak on behalf of ANC-2A in strong opposition to the application before you.

I shall focus in somewhat greater detail on the adverse impact and objectionable conditions which the operation of the proposed building would cause in the adjacent residential neighborhood, in violation of the provisions of Section 20010.2 of the zoning regulations, 11 DCMR, including in particular the Foggy Bottom historic district, which is entirely in my single member district.

I would like to draw your attention to Attachment 1, which show the boundaries of my district; Attachment 2, which show the boundaries of the Foggy Bottom Historic District; and Attachment

2, as well, which shows the boundaries off the historic district as included in the National Register of Historic Places.

It was already mentioned by previous speakers that the location of the existing hospital to the east and south of the major residential areas of Foggy Bottom West End insulates the latter from the loading dock and the heavy hospital traffic, including emergency vehicles and trash collection associated with a loading dock.

Moving the hospital west to the proposed site would transfer its highly disruptive commercial traffic activity to the heart of the residential neighborhood with a drastic objectionable impact on the community, including the Foggy Bottom Historic District.

And I would like to draw the attention of Board members to Attachment 4, where you can see that the Foggy Bottom residential community has gradually been squeezed westward by the University. What remains in the west of residential Foggy Bottom is basically the six squares west of 24th Street, marked in yellow on the map of Attachment 4.

Square 43, which is the triangular square colored in yellow, bounded by 23rd and 24th Streets and Virginia Avenue, is virtually all owned

by George Washington University which bought the residential properties in this square, and recently razed about 16 townhouses, which is shown in Attachment 5.

The drawing provided by the applicant to ANC-2A and presented to the Board at the hearing on November 18, '98 is shown on Attachment 6, and gives a totally false picture of the location: isolated, as it were; in a park-like setting, with no traffic; lovely open green spaces, just like perhaps Sibley Hospital; lovely open green space on 23rd Street; no indication of the residential neighborhood to the west.

Even more importantly, by depicting a row of high-rise buildings in it to the west, which do not exist, it gives no indication of the contrast between the proposed hospital and the existing low density residential buildings to the west in the historic district.

Turning to Attachment 2 and 3 showing the maps of the Foggy Bottom Historic District, I would like to just point out that its eastern boundary runs along the center line of the 900 block of 24th Street, down to New Hampshire Avenue and then south, along the center line of the 900 and 800 blocks of New Hampshire Avenue.

The proposed hospital site is, therefore, at the very threshold of the historic district, with many properties even within 200 feet of the proposed construction. The zoning of the whole of the historic district is R-3, a very restrictive zoning category which has an objective, as stated in the zoning regulations, "to maintain a family's lifestyle environment." 11 DCMR Section 20.1.

The R-3 zoning was especially established through an overlay district by the Zoning Commission in 1992. With a few exceptions that are grandfathered, all the buildings in the historic district are low-rise residences. 1l DCMR Section 1521 is entitled "Foggy Bottom Overlay District."

And it states, among other things, that the Foggy Bottom Historic District is a unique source of the city which must be preserved and enhanced. Given the high density development pressures caused by the proximity of the central employment area and of George Washington University, strong protection is needed.

The objectives of the overlay district are quite a number and they are outlined in that chapter, but I will just quote a few. To protect

the integrity of the historic district, its small scale and open spaces; to enhance the residential character of the area; and to enhance the special human scale streetscape.

And I would now like to ask for some pictures to be shown. And I will describe what they are and I will subsequently show you some others on this cardboard. This is the entrance to the Foggy Bottom Historic District from Eye Street looking west.

You can see the sign, of course, and also the restriction on the buses -- not restriction, prohibition of buses. This is the -- again, the low-scale, very intimate streetscape of the 2400 block of Eye Street on the north side. It just shows one side of the street that was -- that preceded this particular slide.

This is further down on the corner of Eye Street and 25th Street, still on the north side of Eye Street, again showing these low-scale buildings of that historic district.

This is the 2500 block of Eye Street going farther west toward Rock Creek. And it shows there are two buildings there in white, which are perhaps not as focused, but they are twin buildings and specifically also described in the National

Register of Historic Places.

This is the south side of the 2500 block of Eye Street. Quite a number of these buildings are specifically mentioned in -- described in the National Register of Historic Places. And, again, it shows their low scale.

This is the 900 block of 25th Street. All of these houses that you have been seeing are contributing buildings to the historic district, and you see the low scale of these buildings. Again, these buildings as well are described in the National Register.

This particular slide is further down in the 900 block, southward, in the 900 block -- well, the side is on the west side, but it's going south from the previous slide in the 900 block of 25th Street.

Now, the Foggy Bottom Historic District has one of the very few remaining alley dwellings. It is particularly special and very intimate. These alley dwellings, as you probably know, originated before the Civil War.

And Foggy Bottom was years ago a neighborhood of only alley dwellings. Of course, they disappeared. But, historically, this is very important because these alley dwellings -- it means

that the street -- that the alleys that face the buildings are actually streets to the residents. And look how beautifully these properties are kept by the residents.

Again, one section of the alley of -- of the Snows Court alley dwelling, showing the intimacy of our Foggy Bottom Historic District neighborhood. And, again, another section of an alley dwelling. This continues on -- the Snows Court alley dwelling comes -- you have to enter it from the 900 block of 25th Street.

Now we go to the 800 block of 25th Street which is -- and this is the west side of the 800 block of 25th Street. All of these buildings are contributing buildings to the historic district.

This is the corner of the 800 block of 25th Street and H Street, and you can see the very typical -- well, typical, very special townhouse where it has a gabled roof, which unfortunately I couldn't get in. It is also mentioned in the National Register.

This is the 800 block of New Hampshire Avenue with the building to the right, the yellow building to the right is very -- would be facing the loading dock from very close proximity to this building.

Again, this is further down, the 800 block of New Hampshire Avenue, with all of these buildings contributing buildings and showing the narrowness of the streets on New Hampshire Avenue. And this is the final part of the 800 block of New Hampshire Avenue.

This is the 900 block of 24th Street, which is of course the eastern boundary of our Foggy Bottom Historic District. This is where they want to put the loading dock, propose to put the loading dock in. This is again showing where the loading dock is proposed to be located.

MR. WATSON: On the opposite side.

MS. TYLER: On the opposite side. Thank you very much. May I have the lights, please?

As you have -- well, I would like to kind of -- these have to be shown to the members of the Board. They're not slides. They're just photographs.

MS. REID: Additional photographs?

MS. TYLER: Yes. Additional photographs.

MS. REID: Thank you very much. Are there any questions?

MS. TYLER: My testimony is not finished. I would like to just state that these

pictures -- have they been passed on, Mrs. Pruitt?

MS. PRUITT: Yes.

MS. TYLER: These pictures show that this is a very small, intimate, very pedestrian oriented residential oasis in our city where people walk to work, to shop for food, to theaters and restaurants. Its very existence is, indeed, endangered by any further encroachment by the University.

I would also like to mention that the Comprehensive Plan which governs D.C.'s land use policies specifically recognize that many city neighborhoods are historic, unique and desirable places in which to live. It also recognizes that the qualities can lead to development pressures that threaten these very qualities that make the neighborhoods desirable.

It specifically states that these pressures and potential developments must be controlled to ensure that the character of our neighborhoods are preserved and enhanced. The Ward 2 plan of the Comprehensive Plan singles out established residential neighborhoods such as Foggy Bottom, Logan Circle, Georgetown, which the District should maintain and enhance and specifically mandates that George Washington University must take

account of the residential and historic district established as Foggy Bottom.

The proposed hospital, as already stated, would have an enormous density just facing that neighborhood that has just been shown to you. It's round the clock commercial usage of this particular building, with a loading dock and trash bins on 24th Street, and an emergency entrance on New Hampshire Avenue.

And I draw the attention of the members to Attachment 7, the location of the loading of the proposed hospital, and this intersection, this very complicated intersection with all these stop signs. It would remove a vital buffer which these residential streets now provide to the historic district.

Moreover, the placement of a commercial loading dock with the associated movement of hospital waste, trash and hazardous materials just in front of properties of the historic district, and in full view of residents walking from their properties along Eye Street in the historic district to reach the Metro station would vastly degrade the quality of life in this residential district.

The objectionable intrusion into neighboring properties will be aggravated by the

sirens of the ambulances, by the noise from the loud droning of the trucks on a street that is only 32 feet wide from curb to curb, with parking on both sides, and by the belching of diesel fuels.

The applicant stated that there are ten ambulance trips per 24 hours. This is a grossly inaccurate statement. Data from the D.C. Fire Department show that the average for the latest fiscal year, '98, plus October '98, Attachment 8 -- I draw your attention to Attachment 8, members of the Board -- was 20.09 per 24 hours.

One hundred percent higher than the number claimed by the applicant. Fire Department data do not include private ambulances, which frequently serve the hospital. So the actual number is likely to be considerably higher.

Regarding commercial traffic, even if the number of trips has not also been understated by the applicant, the number of arrivals and departures of trucks will be 64 per day, an unacceptable intrusion into a constrained residential neighborhood with its narrow streets and pedestrian-oriented lifestyle.

Given the misstatement about the number of ambulances, the applicant's words in their transportation study prepared by Mr. Slade, namely

that:

"The hospital will suggest limited operating hours to delivery drivers in order to minimize impacts on the neighboring community. The hospital will on average receive one tractor trailer delivery per day. Most of the deliveries will be made in small UPS mail-size vans" is simply not believable.

The hospital does not control the size of the trucks in which deliveries are made. In fact, residential streets would be turned into designated truck routes, seriously endangering the safety of a very large number of pedestrians, and causing substantial traffic congestion on these residential streets.

I do have some slides of the loading dock, but I can leave that to a subsequent speaker and just show you some photographs of the present loading dock and how -- what it depicts is how trucks have to queue up to get out, how trucks are parked on the street, et cetera, and the biohazardous material on the sidewalk.

But there will be slides shown by the following speaker and I just ask you to include that in the record. Let me read the stark contract between the statements of the applicant's staff

consultant, Mr. Slade, and the report of the Department of Public Works.

Mr. Slade's statement: "The transportation impact study has analyzed university-hospital truck loading requirements to ensure the truck loading facility is workable. Based on the analysis of this report, the development of the replacement hospital will have no adverse impact on traffic or pedestrians."

DPW's statement: "The proposed hospital will move a large institutional facility from streets suited to that type of land use to streets which are largely residential in character. As a result, traffic related to institutional land use, including large trucks and emergency vehicles, will be mixed with the residential type vehicles and a large number of pedestrians.

"In our mind this mix presents serious problems. And, further, the proposed hospital site moves the loading dock location to the doorstep of a residential neighborhood and the associated traffic to narrow residential streets.

"The loading dock involves the movement of trash and hazardous materials, including medical waste and highly flammable, combustible materials such as bottled oxygen. Placing this facility

abutting a residential area is, therefore, quite inappropriate."

To ANC-2A it is completely unacceptable to bring these ambulances, truck and dangerous hospital materials into a residential area to service a commercial cooperation. Now, as already stated we did not have very much time to look at DPW's recommendations.

However, one thing I would like to mention. The recommendation by DPW to move the loading dock and emergency entrance to 23rd Street transfers the operations of trucks and ambulances from the residential streets to non-residential 23rd Street. That is true.

However, the proposed placement of the main entrance on New Hampshire Avenue and making New Hampshire Avenue one-way southbound in the block between Washington Circle and Eye Street would generate very significant, additional traffic on 24th Street.

And 24th Street is a bottle-neck already. As stated in our ANC resolution, it services the West End traffic going down to I-66, it has a hotel on the corner of 24th -- on the corner of the service road of K Street and 24th Street.

That hotel is huge. It does not have a

driveway. And what happens typically is that guests get unloaded on the street, and cars and taxis and buses on 24th Street are parked on the street. Since I use this as a major exit to the north of the city, I can attest to the fact that adding more traffic is not possible there. It will become a parking lot.

So that is the major concern of putting this main entrance onto New Hampshire Avenue and making New Hampshire Avenue more accessible by making it one-way south.

In summary, the intrusive operation of the hospital on the proposed site would create a very serious and objectionable conditions to properties in the surrounding residential neighborhood and an important abutting residential historic district, in direct violation of 11 DCMR Section 210 and 1521, as well as specific provisions of the Campus Plan.

The applicant dismisses the possibility of renovating the existing hospital. No hard evidence is given to justify the economic reasons advanced. The plain fact is that throughout the United States and, indeed, throughout the world, there are many hospitals many decades and in some cases more than a century old that have been brought

to modern standards.

If put to other uses, the existing hospital will have to be reconstructed for its new use anyway. For GWU and the Hospital Corporation, it may be convenient to build a new hospital and renovate the old for other purposes.

But the residents and taxpayers of D.C., the people who use the streets and public transport in the area, and the quality of life of residents in the surrounding neighborhood, including the historic district, must not suffer damage through the creation of objectionable conditions to suit the preferences of the applicant.

If renovating the current hospital would cost more and take longer, that is of little consequence compared with the devastating affect on neighboring properties of the proposed hospital on Square 40. During this testimony there was a question in terms of what else could go on this particular square, Square 40.

I would like to mention to the Board that in the '80s there was perhaps a somewhat similar situation on F Street, in the 2000 block of F Street. The University at that time planned the construction of what is called a support building. The community was in touch at that time with the

University.

The University was quite responsive and took note of the neighborhood's concern. And what happened was that the support building was actually about two or three, perhaps three floors high, but I believe it's two. It was built in complete harmony with the residential community, even though across the street the apartments are high-rise.

But it can be done. And certainly construction so close to a residential community, including one that's a historic district, should not be of that density that is proposed and should not have the accompanying objectionable conditions. Thank you very kindly.

MS. REID: Thank you. Are there any questions?

MR. MOORE: No questions.

MS. KING: No questions.

MS. REID: Is there any cross-examination of Mrs. Tyler? Thank you very much. We will afford ANC-2A the great weight which is entitled by virtue of the fact that we did have a letter from you indicating that you did have a quorum present and you did have a vote in opposition to this particular application.

Let me get an idea now as to --

MS. PRUITT: Excuse me, Madam Chair, before you go on, for the record we will need --

MS. TYLER: I would just like to give your staff a copy of my testimony.

MS. PRUITT: Right. But Staff will need -- and you need to give it to the applicant, too. We need copies of the slides shown, either copies of the slides or photos of the slides from both you and Mrs. Miller.

MS. MILLER: I have labels to go on the back of the pictures.

MS. PRUITT: Plus the labels, so we need more things from you.

MS. TYLER: The photos which I distributed on the cardboard, they are for your record.

MS. PRUITT: Right. But they're not the same photos that we saw on the slides.

MS. TYLER: They are not the same photos and, therefore --

MR. WATSON: We'll get you copies.

MS. PRUITT: We'll need those, too, to augment the record.

MS. REID: Let me get an idea as to how many people are here to testify in support of this application. Show of hands? Five, six.

SPEAKER: You're asking for support.

MS. TYLER: Madam Chair, excuse me. I have a very brief statement to make, because I have party status for my single member district, and I also represent the Jefferson House condominium building, which is in the historic district and is on 24th Street.

They authorized me to record their opposition to the project.

MS. REID: Okay. Would you like to do that?

MS. TYLER: I will do that. It's just that short.

MS. REID: No, no. Wait.

MS. PRUITT: Mrs. Tyler, you must do that during the appropriate time.

MS. REID: We will have a segment for opposition. Now, how many people who are here, show of hands, who are in opposition to the application? All right.

Okay. We are going to take a recess for about ten minutes and then proceed with finishing up this case today. We should be able to do so if everyone is cooperative, and those who are in opposition and those who are in support not be redundant and repetitive; basically just -- we'll

give two or three minutes per witness.

MS. PRUITT: I believe it was stated that individuals get three minutes; organizations get five.

MS. REID: Three minutes to have your say. But please don't be redundant.

SPEAKER: There are a couple that are party status.

MS. REID: And don't use the three minutes if you don't have to. Yield to someone else --

(Simultaneous comments)

MS. TYLER: Madam Chair, I have party status for my single member district and the Jefferson House. I was given that party status on November the 18th. It was approved. I requested it and you approved it.

MS. REID: And you will have the opportunity to testify on behalf of -- what was that?

MS. TYLER: Jefferson House Condominium.

MS. REID: At the appropriate time. And both of you --

MS. MILLER: And Foggy Bottom has party status, too.

MS. REID: Who?

MS. MILLER: Foggy Bottom Association.

MS. REID: Okay. And those of you who are here today but did not -- were not granted party status due to whatever reason, then remember when you make your presentation, your testimony, you'll have a chance to testify and basically make whatever comments you have to say at that time.

And the other aspects of party status is receiving correspondence. And you can do so through your ANC commissioner, contact them and talk to them and make sure that whatever correspondence transpires between the two entities you will get a copy of.

MS. MILLER: And is the record going to remain open for us to file additional material?

MS. PRUITT: That's to be determined.

MS. REID: We will make that determination.

MR. WATSON: There was an indication that there was going to be rebuttal testimony.

MS. REID: There will be.

MR. WATSON: Can we get --

MS. REID: Closing statement by the applicant.

MR. WATSON: Well, I understand closing statement. But as I understand it, there was an

indication there was a proposal to put on rebuttal witnesses. Or am I incorrect?

MS. KING: That's what he said, and I got the impression he was going to have people testify.

MS. PRUITT: And you'll be able to cross-examine them.

MR. WATSON: I understand that one -- I'm not sure what is being rebutted.

MS. REID: Well, that will transpire, Mr. Watson, at a given time.

MS. KING: That is certainly what he said.

MR. WATSON: Well, I guess I find interesting whether the Government can be rebutted.

MS. REID: Ten-minute recess.

(Whereupon, a brief recess was taken.)

MS. REID: The hearing will continue. Persons in support of this application, please come forward. Remember that in the interest of time we're asking that you limit your remarks to three minutes or less and not be redundant.

There is no one in support? Come up as a panel, please.

(Simultaneous comments)

MS. PRUITT: We have Foggy Bottom -- and

Mrs. Tyler. They were granted party status.

SPEAKER: And Foggy Bottom Association also.

MS. REID: Okay. So they come up first.

MS. PRUITT: We usually deal with them and then proponents and opponents.

MS. REID: Let the two persons with party status come up first, and then the rest of the people who are in support.

(Simultaneous comments)

MS. REID: This is in support.

MS. KING: No, no, this is party status.

(Simultaneous comments)

MS. REID: This is party status of those who are in support of this application.

SPEAKER: There are no other parties in support.

MS. REID: Are you both in opposition?

SPEAKER: Yes. He's just with me. There's another --

MS. REID: Okay. Let's do support first and then opposition.

SPEAKER: You have party status.

MS. REID: You're in opposition?

SPEAKER: Yes.

MS. REID: Okay. We are going to --

persons and parties in support, first. Are there any persons here who have party status and in support? If so, come forward. If not, then all other parties in support come forward at this time.

MS. PRUITT: All other persons testifying.

MS. REID: I meant to say all other persons testifying, come up now.

(Simultaneous comments)

SPEAKER: There are parties in opposition.

MS. PRUITT: And they will be able to testify after proponents. We do those in support --

SPEAKER: Not persons, but parties.

MS. KING: That's right. Persons and parties in opposition come after persons and parties in support.

MS. PRUITT: Right.

SPEAKER: I'm representing an organization. Is that a party or --

MS. REID: You don't have party status, but you can come and testify in support. So come up. One, two, three, four --

MS. PRUITT: If you have written testimonies, I'll take them.

MS. REID: Everyone has been sworn?

MS. PRUITT: I don't believe everybody. So let's do it again.

MS. REID: Okay. Who has not been sworn? Do we have anyone who is in this room right now who has not been sworn but who will testify? Please stand and be sworn in at this time. I know people came in later. Everyone. Opposition and support.

(Whereupon, the witness were sworn.)

MS. PRUITT: Thank you. Please be sweated.

MS. REID: All right. Who is going to begin? Why don't we start here. Give your name and your address first.

MR. CURTIS: Good afternoon. Can you hear me?

MS. REID: Yes.

MR. CURTIS: My name is Wayne Curtis. I live at 2828 Wisconsin Avenue here in the District. I want to say thank you to the Board for this opportunity.

In part it's certainly inspired by my recent viewing of our new Mayor, Anthony Williams, who at his inauguration said to us to get off the sidelines, suit up and get into the game. So I welcome this opportunity to give these very brief

comments.

Washington, D.C. is a world-class city and as such should have world-class facilities in all of its communities. At a time when several institutions are abandoning our city and despair about our future is not hard to find, it is refreshing to see the District Hospital Partners, the partnership that currently owns and operates the GW Hospital, commit to invest nearly $100 million of its own money to enhance the quality of life in our city.

The facility will provide state-of-the-art medical research and care for the citizens of D.C. and, indeed, provide research to benefit others around the world. I am particularly impressed with the commitment to dedicate an entire floor to the women's health services in the plan.

In addition, to the several interim term jobs, vis-a-vis, the construction, the maintaining of the existing employee base is also reassuring. The additional economic benefits to the District that will be derived include tax payments on the new equipment and supply purchases also from the project.

Again, I thank you for the opportunity for these very brief comments. And I'll answer for

any questions. Thank you.

MS. REID: Thank you.

MS. KING: Are you aware that the D.C. Nurses Association testified before the State Health Planning and Development Administration against the women's unit because of the extremely close proximity to the Columbia Hospital for Women?

MR. CURTIS: I was not.

MS. KING: Thank you.

MS. REID: Next?

MR. TEMPLE: Thank you. Good afternoon. My name is Donald Temple and I'll be equally brief. I'm a resident of the District of Columbia and live on Kalmia Road, N.W. in Sheppard Park.

MS. REID: Can you give your address, please?

MR. TEMPLE: 1351 Kalmia Road. My testimony is equally brief. And I also want to state at the outset that I'm not insensitive at all to the residents' concerns. I am sensitive, and I think more sensitive in this particular instance, to the fact that you have a hospital that was built in 1948, three years after the end of -- after World War II, at a time when its infrastructure was sensitive to the particular needs at that particular point in time.

I think that some 50 years later we see where the needs of the hospital are much more dynamic. And I'm supportive of the expansion of the hospital if it means creating an infrastructure that's going to accommodate the needs of the city, the dynamic needs of the city, the ability to provide more critical care needs, to do research, to enhance the quality of technology.

An operating room, as it might have been planned and structured in 1948, may be far different than what an operating room would look like in 1999. I think this is an important consideration. We're talking about building a facility that's going to enhance the quality of medical care, that's going to enhance the quality of research and teaching, to advance the needs of a society and city.

And we're talking about a city where there are disproportionate cancer rates, where there significant AIDS crises, certainly a significant and contemporary need in terms of emergency care. I think that's very significant.

Certainly we have to weigh -- you have the charge to weigh and balance out these various competing interests. But in 1948, we didn't have a microwave, we didn't have a computer. We were typing on typewriters. We didn't have remote

controls. This is a different time period.

And it's inherent upon us as citizens in a partnership, in terms of the private sector, the public segment, certainly the teaching community, to develop some balance in terms of the needs of this particular city. It's in that spirit that I think that the citizens and the leadership of the city can converge and that we should expand the hospital.

It will mean, I think, greater efficiency, from my understanding of the development. It will mean a greater quality in terms of the health care needs of the city. And I think that in and of itself is compelling enough to support the proposal. Thank you.

MS. REID: Thank you.

MR. MAUERY: Good evening, ladies and gentlemen. Thank you for giving me this opportunity. My name is D. Richard Mauery. I live at 216 11th Street, N.E. in Ward 6. Thank you for giving me this opportunity to testify in support of George Washington University's application for the construction of a new hospital.

I've been a resident of the District of Columbia for the last 25 years. I am speaking today as a private citizen. However, you should know for the record that I am Chairman of the Statewide

Health Coordinating Council, the advisory board for the D.C. Statewide Health Planning and Development Agency, which recently granted GW's certificate of need request for this project, although I abstained from the deliberation of the project when it was before my committee.

I'm also a research scientist for the Center for Health Policy Research at GW University's School of Public Health and Health Services, where I'm also a candidate for the Doctor of Public Health Degree. However, I am not employed by nor do I receive any compensation from GW Hospital or its partner.

I live in Ward 6. I work in Foggy Bottom and I first became interested in health care policy when my local hospital, Capitol Hill Hospital, was shut down in 1992. We are still feeling the effects of that action and it is not one that I will wish on any other neighborhood in this city.

It is my hope that the question of the need for this hospital is not at issue here. As an academic teaching hospital and part of D.C.'s largest private employer, GW Hospital serves a vital role in training the health care professionals of the future.

With the second busiest emergency room in the city after D.C. General, this hospital is an important part of the safety net that we must have in place for the health and welfare of all D.C. residents. The hospital's historic and ongoing commitment to uncompensated care is also central to the safety net, and one that I believe each hospital employee takes seriously.

Physicians have choices as to which hospitals they choose to seek admitting privileges. With construction of the new hospital, GW Hospital will be able to attract the best medical practitioners in this city both because they prefer working in an up-to-date facility with the latest equipment, as well as because their patients will prefer to be treated there.

I have heard and I understand the concerns of Foggy Bottom residents about the impact on traffic safety and parking with construction on the new site. A project of this magnitude inevitably involves changes and disruptions to neighborhood life.

I do not take these concerns likely, as I have been a long-time advocate for active citizen involvement in projects such as these, which have a significant impact on neighborhoods. Indeed, my

history is that I came up out of the streets as a citizen activist fighting a corporation that was shutting down a hospital rather than trying to build a new one.

I do, however, believe that the hospital officials are sincerely willing to work proactively with the neighboring residents to address these concerns. With both sides engaged in good faith, in an open dialogue, I believe there are ways for us to preserve the critical role GW Hospital plays in the D.C. health care system, as well as to enhance the quality of life for all.

Thank you again for this opportunity. I would be happy to answer any questions you may have.

MS. REID: Thank you.

DR. COOPER: Chairperson Reid and members of the Board of Zoning Adjustment, I'm Dr. Byron Cooper. I'm president of the Medical Society of the District of Columbia. I'm a pulmonologist in private practice in D.C., and I'm appearing today to voice the Medical Society's support of this project application, specifically GW University Hospital currently before the Board of Zoning Adjustment.

The Medical Society of D.C. has approximately 2500 physicians as members, many of whom utilize GW Hospital in some capacity, either as

a member of the staff, faculty member, admitting physician. On behalf of those members and the patients we serve, I urge you to employ all of your Agency's resources to ensure that this facility remains open.

It's extremely important for the people living and working near the hospital that GW remains a viable entity. And to close the facility, which I think would be inevitable without a massive change, would be equally devastating on the remaining hospitals as well.

It's the longstanding policy of the Medical Society of D.C. that we must do everything possible to ensure access to quality health care for persons of the District of Columbia. The maintenance of existing facilities in all parts of the District is crucial to such health care delivery.

The members of the Medical Society's leadership have met with various representatives of the hospital to discuss the plans for construction of a replacement hospital. We're convinced that this plan will clearly benefit the District of Columbia and its residents and surrounding neighborhood.

In addition to the city benefitting from

a new state-of-the-art facility, the city would benefit from the generation of additional taxes and jobs. We're pleased to hear that the State Health Planning Agency approved the plans, and we urge you to do the same.

Thank you very much. I just want to add parenthetically that I listened to a lot of the testimony that preceded this, and I have been a physician on the staff at GW, although I'm not in their employ and never have been for the past 18 years.

And it's my impression that the traffic pattern would be -- is vastly unrelated to hospital ebb and flow. Most of the people coming up and down 23rd Street, New Hampshire Avenue and so forth are not going to and from the hospital, but to businesses in the neighborhood and the like.

And it's hard for me to see that moving a facility one block in either direction is going to drastically change the egress and ingress of traffic to and from Foggy Bottom. Thank you.

MS. REID: Thank you. Questions?

MS. KING: You don't feel that having an 18-wheeler backing out onto New Hampshire Avenue is going to disrupt traffic on New Hampshire? Is that what you just said?

DR. COOPER: No. I said that my observation that most of the traffic --

MS. KING: Pedestrian traffic, you're talking about, or car traffic?

DR. COOPER: I think that most of the pedestrian and automobile traffic coming to and from New Hampshire Avenue, 23rd Street, Pennsylvania Avenue, most of that traffic is unrelated to the inflow and outflow of people in the hospital.

And moving the facility one block across 23rd Street, it's hard for me to imagine that that vast majority of that traffic is going to change very much, through my observations of having worked in that neighborhood for the last 18 years and observing where the cars and people are heading in either direction.

I can't really comment on how many 18-wheelers are going to be backing in and out of the facility.

MS. KING: You do understand that the loading dock and the emergency entrance will both be on New Hampshire Avenue?

DR. COOPER: Yes.

MS. KING: And you don't feel that will make any significant change in the traffic patterns on New Hampshire Avenue?

DR. COOPER: I don't think in the long run, no.

MS. KING: I see. Thank you.

MS. REID: Thank you very much. Next speaker?

MR. KEANE: Good evening. My name is Vincent Keane. I'm Executive Director of Unity Health Care whose central office is located at 3020 14th Street, N.W., Washington, D.C. 20009. I am speaking today on behalf of Unity Health Care, which is a non-profit health care agency that has been serving the poor and the homeless of the District of Columbia for about 12 years.

I am speaking today to express my unconditional support and that of my organization for the George Washington University Medical Center's application to be allowed to build a replacement hospital for its existing institution.

In September of this year, I testified before the D.C. State Health Planning and Development Agency to express not only my personal support but that of Unity, formerly Health Care for the Homeless, that that replacement hospital be approved.

I believe -- and I speak again entirely to the issue of health care which is George

Washington's primary mission. I believe that George Washington Health Center has an outstanding record of providing care to its patients and, most particularly, to a large segment of the medically under-served population of D.C., which my agency is primarily tasked to serve.

I would like to outline here a series of commitments that George Washington University Medical Center has made to Unity Health Care over the past 12 to 15 years. In the beginning, when homeless people were living in the District in the streets of the District of Columbia and shelter was being provided for them but no other supportive services, such as health care and social services, George Washington University Medical Center, under the leadership at that of Mike LeBarge and others, began to take a lead role in the establishment of Health Care for the Homeless Project, which is now Unity.

And during that time, throughout that time, the University hospital has provided free lab services for all our uninsured homeless who seek care at our clinics. That's an outstanding number of free labs that are provided each year.

George Washington University Medical Center has facilitated on a regular basis the

admission of uninsured, non-paying, homeless patients to use its facilities. Many of these people come to GW because it's downtown, it's accessible. They're homeless, they have no resources.

And they are admitted to the hospital, to the emergency room. And it is our hope to reduce that but at the same time when admissions are necessary, GW is willing to accept them. GW has actively been involved in placing volunteer physicians in homeless shelters, and when necessary arranging for them to have access to specialty care services in the hospital.

It was my privilege some years ago when I first worked with Unity Health Care and Health Care for the Homeless to meet Dr. Giordano, who was the exact same doctor who was treating at that time an amputee homeless individual who had suffered from frost bite. He was the exact same doctor who had treated President Ronald Reagan when he was shot here in D.C.

GW has worked with community-based facilities, clinics and facilities, for the placement of interns in these clinics, insuring that future providers of health care would receive community-based training and hopefully attract them

back into intercity medicine, which is greatly lacking at this time.

I believe that we have to tell the story as it is and take people for what they are. GW are people who live up to their word and they have been good neighbors. And I believe that with an improved state-of-the-art facility they will continue this outreach commitment to caring for the under-served.

And we know that the job of SHPDA was to make sure that some of that would happen, in a sense kind of legislate some of that. But I believe that the current leadership at GW has already expressed a willingness to go even beyond the basic requirements.

And I believe -- I would hope it is an example that other hospitals in the District would be willing to undertake as well. Many poor, uninsured and homeless citizens of D.C., if GW was not there, would lack access to critical and tertiary care without GW being there.

Transportation continues to be a major barrier for health care access for inner-city poor and older residents of D.C. The presence of GW at a Metro station provides easy access and does address that issue for these people.

In addition to the medical advantages

that I've just outlined, in particular for the medically under-served of the District of Columbia, I believe that a new hospital would greatly enhance the economic development and the artistic appeal of that particular downtown area when it is finally constructed.

The appearance of the state-of-the-art facility would be a great improvement over the existing structure. And this improved ambiance would be reflected by economic growth, the return of shoppers and sightseers because of Metro and others, and thus improvement of our tax base, which is greatly lacking right now and prevents us from perhaps providing many of the social services as we would need in the District.

In closing, I would like to encourage the Board of Zoning to accept the endorsement of Unity Health Care and the 27,000 patients we serve annually. I would like to endorse wholeheartedly GW's request to be approved for the construction of this new facility.

And I urge the Board of Zoning to expedite this approval process in a timely manner so that critical medical care can continue to be provided to the District of Columbia through this hospital. Thank you for your time and attention.

MS. REID: Thank you. Could we have a copy of your testimony?

MR. KEANE: Sure.

MR. SLAUGHTER: My name is Lance Slaughter. I'm a resident of Foggy Bottom. I live at 922 24th Street, N.W. and the owner of a condominium there at the Jefferson House. I've owned that unit since 1986, I believe, and have become a Foggy Bottom resident since 1995.

I think I have -- I just want to make a couple -- I already submitted a letter to the Commission earlier, which is here, but I want to just touch on a couple of things from my perspective as a resident and also a property owner in the area, also as a consumer of the services of GW I've had occasion to use.

I don't know whether any of the committee members or Board members have had the opportunity to use the health care facilities at GW. I don't know whether any of you have been in the emergency room? Has anyone had to use the emergency room at GW? You have been?

Or perhaps have gone and had to use the surgical services of GW. I have been in the emergency room a couple of times for twisted knees and this and that, nothing major, thank goodness.

But I can tell you if you've been through the process there, the emergency room, it's in sad shape.

When you come in there where -- first of all, the room itself is about as wide as this table. And I'm not kidding. It's slightly bigger than the width of this table. So if you're there with a twisted knee and someone has pneumonia or the flu or something, you will get it.

I mean, you're sitting right opposite in that waiting room. It's very, very tiny. It's long, but it's very, very narrow. So you're sort of on top of each other in the waiting room. If you have to go out to where they take patient information, well, you step outside there and you're in the main thoroughfare where the ambulances drop people off who are really ill and really --

I mean the emergency cases which rush right into the emergency room. So if you're walking across here, you know, you have to be careful. You're sitting here and patients are whizzing by you, you know, with stuff going on and people doing this and that to them. The hospital is not in good shape.

I also had my tonsils removed this March. And my doctor is located and I ended up

having the procedure done at Sibley. And if you've been to the two hospitals, it's like night and day. I mean, GW is in bad shape. It's been mentioned a few times by now, and more than once, that it's 50-years-old.

I think it's a couple of issues going on here. One, Foggy Bottom as a neighborhood and community, and the surrounding people who take advantage of that, need a state-of-the-art health care facility or a much improved. Now, I'm not a scientist or a physician, but we need a better health care facility in the neighborhood than we have.

And I think it's -- there must be a way for everybody, for the Commission, the neighborhood association, for the hospital, the architects, everyone to work it out and figure out how we can get a better facility there that works in the neighborhood for everyone. I think it's that important. Thank you very much.

MS. REID: Thank you. Questions? One more and then we'll have cross-examination. Go ahead.

MR. KEANE: We switched since.

MS. REID: All right. Cross-examine, please?

MR. WATSON: Since the quality of medical care is not an issue in this proceeding, we won't ask questions, except for one question, with regard to -- Dr. Mauery, when you testified with regard to the State Health Planning Commission, can you tell me who the applicant for the certificate of need was at that proceeding?

MR. MAUERY: That was District Hospital Partners, which I under --

MR. WATSON: Can you tell me who the applicant is in this proceeding?

MR. MAUERY: Again, it's my understanding it's the hospital which is co-owned by the hospital, DHP and GW, which has a 20 --

MR. WATSON: Who --

MS. REID: Let --

MR. MAUERY: -- percent stake.

MS. REID: Let him finish answering the question.

MR. WATSON: Well, I asked a specific question.

MS. REID: But let him finish.

MR. MAUERY: And he answered as best as he could. If he doesn't know --

MR. MAUERY: Right. I certainly know it's not MedAtlantic.

(Laughter)

MR. WATSON: ---- certificate of need --

MS. REID: Would you repeat your question because it was blocked by the laughter.

MR. WATSON: Does George Washington University have a --

MR. MAUERY: Mr. Watson, if you want, I can tell you the certificate of need was granted.

MR. WATSON: To whom?

MR. MAUERY: To whom? To District Hospital Partners.

MR. WATSON: Does George Washington University have a certificate of need to operate a hospital?

MR. MAUERY: I'm not a lawyer, sir.

MR. WATSON: Well, you're a member of this committee.

MR. MAUERY: If he doesn't know, Mr. Watson, he doesn't know.

MR. WATSON: If you would not interrupt my questions, they have counsel who can --

MR. MAUERY: He's not represented by counsel.

MR. WATSON: I meant he is a person who is a member of an official body of the District of Columbia --

MR. MAUERY: But I'm here as a private citizen, sir.

MS. REID: Okay. Let's move on. What's the next question, please. Next question, please.

MR. WATSON: I have the right to inquire as to witnesses, and I will make a record --

MS. REID: But --

MR. WATSON: -- I will object --

MS. REID: -- go on to the next question.

MR. WATSON: -- for the record, should we appeal.

MS. REID: The next question.

MR. WATSON: I'm putting an objection on the record as to the cutting off of testimony, as well as to the point that we were instructed to keep within time, which was not given to the applicant.

MR. FRANKLIN: Mr. Watson, your questions are all a matter of record. Who has applied for this is a matter of record. Who got the certificate of need is a matter of record. And if the intention is to cast doubt on the credibility of the witness, that's another story.

MS. REID: All right. Is there any other cross-examination of these witnesses? Okay, thank you very much. Now, parties in opposition

please come forward.

SPEAKER: Those with party status or everybody?

MS. REID: Those with party status first and then we'll have the --

MS. BECKER: Good evening, members of the Board. I'm Ellie Beck, President of the Foggy Bottom Association. You have our letter which reflects the decision of the FBA executive board that it cannot support the application unless certain conditions are met.

The FBA board is not unalterably opposed to the application but shares with the ANC and others many serious concerns about pedestrian safety, parking and traffic. The parking solution advanced by the University may solve the problem for staff but is woefully inadequate for visitors who we believe will gravitate to the closest on-street parking in the nearby residential area, already far beyond its limit.

For that reason we strongly suggest that the applicant again explore the possibility of underground parking or include parking on the first floor. Since approval has been given for fewer beds, there should be room for use of the first floor for parking.

The applicant's testimony, via its architect at the last hearing, raised some disturbing questions. He was unable to fully explain why they are unwilling to do extensive excavation, in other words, more below-ground space. It's not just enough to say they can't do it. He should know why and be able to articulate it.

That testimony also threw doubt in my mind on the hospital's contentions that re-habbing the old building is out of the question. And that solution would be infinitely more acceptable to the residents.

Also, as noted on our letter, we have concerns, even real worries about the University's use of the current hospital building if the new one is built. The GW campus offers woefully inadequate dormitory space, and housing should be the first priority for that site. Thank you.

MS. REID: Any questions of the witness? Proceed.

MS. TYLER: Thank you, Madam Chair. I have already identified myself. I wish to present evidence --

MS. REID: Mrs. Tyler, give your name and your address again for this segment.

MS. TYLER: Okay. My name is Maria

Tyler. I reside at 949 25th Street, N.W. And I'm Advisory Neighborhood Commissioner for ANC-2A03, and I'm testifying on behalf of my single member district and also as property owner at 922 24th Street, which is the Jefferson House Condominium, and also on behalf of the Board of Directors of the Jefferson House Condominium Owners' Association.

I wish to present evidence as a party to this case, and I already outlined who I represent. For the record, in these stated capacities, I completely support the position presented to the Board by the representatives of ANC-2A in strong opposition to the proposed construction of the hospital on Square 40.

The hospital would generate seriously objectionable conditions in violation of 11 DCMR Section 210.2. In addition, I've been asked by the board of directors of the Jefferson House Condominium Owner's Association to record to the Board of Zoning Adjustment the Association's opposition for the same reasons to the application before you.

I might add that the Jefferson House Condominium is within 200 feet of the proposed hospital and has been -- property owners and residents have been notified of this proposed

project.

MS. REID: Is that it, Ms. Tyler?

MS. TYLER: Because I share the -- I share the -- in my capacity as a single member district, I share the testimony that we have presented.

MS. REID: Thank you very much. Board members, any questions for Mrs. Tyler?

MR. FRANKLIN: No questions.

MS. REID: All right. Cross-examination for these two witnesses?

MR. MOORE: No questions.

MS. REID: Okay, very well.

MS. TYLER: So I -- this test --

MS. REID: Yes. Now, all the persons who are in opposition to this application, please come forward.

MS. PRUITT: If you have written statements, if you could hand them to me, please? Thank you.

MR. ABBEY: My name is Douglas Abbey and I currently reside at 828 25th Street, N.W. I have been a resident of the Foggy Bottom resident since 1986. I am also a proud graduate of the George Washington University as well as secretary of the Foggy Bottom Historic District Conservancy.

My house can be seen in the middle of this slide. It offers a panoramic view of the historic district. For reference, the large building in the background is the Four Seasons Hotel in Georgetown.

Unlike the majority of the applicants who spoke so eloquently in November and, indeed, the supporters who spoke just before, none of which live -- or few of which live neither within eye nor ear-shot of the proposed building, my neighbors and I will be subjected to its numerous and varied impacts 24 hours a day, seven days a week, 365 days a year.

While hospital employees, visitors, teachers, students, suppliers, and hopefully the patients themselves will hopefully get to leave the hospital, sooner or later we, the neighbors, will have to endure the attendant noise and traffic and safety and associated quality of life issues without respite. Ever.

I have submitted for the record more than 100 signatures which were obtained primarily from residents of low-rise, single-family dwellings in a roughly four-block area near the proposed hospital, who also feel that the location, size and scope of the proposed building will be detrimental to the quality of life in our neighborhood.

They represent an extremely diverse sample of the population which includes GW students and senior citizens, as well as homeowners and renters alike. This slide shows typical Foggy Bottom residences, as you've seen it before.

Our concerns are fairly straightforward. Fundamentally, the proposed development site is simply to constrained by its geography to support a building which requires the unique traffic, safety and environmental needs of a busy urban hospital, academic center and trauma facility.

As a result of these limitations, our neighborhood is being asked to bear more than its fair share of the burden. They are as follows. First, despite glossy and emotional presentations to the contrary, the issue before you is about land use and not about medical science, health care, patient services, the recruitment of doctors, professors and students or anything of the kind.

The simple fact is that academic medicine in this country is in a critical and precarious state everywhere. And to put forward the notion that the construction of a new hospital building will somehow remedy a complex and multi-dimensional state of affairs is both shortsighted and diversionary, at best.

Second, the prima facie notion that an entirely new hospital building is either the ideal or only solution to modernizing the existing GW facility is spurious at best. Hospitals as old and older than this one are successfully renovated, rehabilitated and reconfigured every year.

Third, characterizing the proposed building site as simply being on the "other side of 23rd Street" from the current one clearly relegates the neighborhood to an afterthought at best. It is also analogous to moving, for example, the National Cathedral from the east side of Wisconsin Avenue to the west, or any of the House office buildings from one side of C Street to the other without taking into consideration the potentially significant impact on local residents.

Fourth, our neighborhood already sits midway between two very large-scale developments which will also have a long-term impact on downtown traffic flows and on Foggy Bottom in particular. The Kennedy Center renovation effort, three blocks to our south, and the Millennium site between 22nd and 23rd and L and M Streets, two blocks to our north.

As you can see, our neighborhood already endures both levels of vehicular and pedestrian

traffic today. Fifth, despite characterizations by the applicant to the contrary, hospitals are neither attractions nor destinations for visitors in the modern urban context.

While architectural embellishment has been applied to the entrance of the facility at 23rd Street, the Foggy Bottom neighborhood is confronted with the posterior of the building on the 24th Street and New Hampshire Avenue sides. Indeed, the proposed loading dock stands within 200 feet of a sign proudly announcing our historic district.

The proposed loading dock, it should be noted, is the site from which the proposed hospital's most critical resources will both enter and exit the building. While I do not profess to be an expert at such matters, I would only note some of the more common ones I have witnessed lately include:

Medical waste and biohazardous material, compressed and highly flammable gases, garbage of all description, food waste, dirty laundry, et cetera. The following slides are representative of the views we can look forward to seeing close up, day in and day out. And for those that can't see, that says "biohazard."

That also -- sorry -- well, the slide

that preceded showed trays or racks of biohazardous materials actually leaving the present hospital for disposal.

Let me close by saying how appreciative many Foggy Bottom residents are for the opportunity to have our voices heard. I thank you in advance for your consideration of our neighborhood.

MS. REID: Thank you. Board members, do you have questions? Okay. Proceed.

MS. LEMIRE: Good afternoon. My name is Jacqueline Lemire and I'm representing the Foggy Bottom Historic District Conservancy. I currently serve as the president of the Conservancy. I also own property and live in the historic district. My residence is located at 824 25th Street, N.W.

I have abbreviated my comments in order to stay within the time frame, but my extended comments have been submitted.

The Conservancy was established in 1989 to promote the preservation of the historic resources and historic character of the Foggy Bottom Historic District. The proposal before you to construct a new hospital, which will not be operated by GW but rather by a commercial interest, on Square 40 in Foggy Bottom is a great concern to our association due to the numerous adverse impacts that

such a building would have on the Foggy Bottom Historic District.

Except for five non-conforming buildings as you have seen in the slides, the historic district is made up mainly of single-family townhouses with narrow residential streets. And it also has the visual appearance and social demeanor of a village.

The proposed siting of the hospital would change that dramatically. DPW is to be applauded for its analysis of the traffic situation. However, not all of its recommendations to correct the problems are to be applauded.

It is certainly ironic that at a time when it is acknowledged that the District needs to increase the number of residents in the downtown area and to attract people back into the city from the suburbs, that a city department is proposing changes to our traffic patterns and routes, which would have a very negative impact on a stable and functional inner-city neighborhood, as well as changes to sidewalks, pedestrian crossings and traffic lights, all in order to accommodate a commercial enterprise that could function equally well, if not better, if built or renovated on its current site.

The tail here appears to be wagging the dog. We recommend that there are pros and cons to living in center city. Currently, most people who live in Foggy Bottom, I dare say, believe that the pros outweigh the cons, and that is why they and I live there.

However, it's a delicate balance. And when you add the potential of ambulance sirens at any time of the day and night, seven days a week, heavy and continuous traffic caused by commuters racing through our residential streets morning and night, frequent noise from trucks that are backing up, great difficulty in parking, and near gridlock in our residential streets, the balance can easily swing to the con side.

And then you have a destabilized neighborhood, more urban flight and a reduced tax base. Truthfully, I believe that if the hospital is built on Square 40 that the neighborhood is headed in that direction.

In summary, the Foggy Bottom Historic District Conservancy strongly opposes construction of the new hospital on Square 40. It is a bad place to build a hospital. We are not opposing a replacement hospital in Foggy Bottom and we believe that there can be a state-of-the-art health care

facility in Foggy Bottom.

But we also believe that the best solution would be to retain the hospital on its current site by either renovating the existing structure or demolishing and rebuilding it.

The historic district and its residents should not have to pay the high price that a hospital built on the proposed site would continually cost them in trend and quality of life. We urge you to reject their request. Thank you very much.

MS. REID: Thank you. Questions? Okay. Next witness.

MR. McLEOD: My name is James McLeod and I'm here testifying as a citizen. I was here in November helping the Foggy Bottom Association during cross-examination. I didn't testify. These views are mine.

I've lived in the area, 2424 Pennsylvania Avenue, about two blocks away from the site full-time since '83. There are three basic areas where I'm in opposition to the project and three basic areas of concern.

One, the reference to SHPDA, I agree that the issue of whether or not the medical needs can be met, that's not before this Board. But to

the extent it's been discussed and the CEO has noted that it would be an exorbitant cost to renovate the existing hospital in order to provide the same technology which they seek to have put in the new building, the fact still remains that that same technology can be put into the existing building.

There is no reason that the concrete of the new building is different than the concrete of the old building. The structure is different, the problems are different, but technologically it can be done. And that's in the record.

The issue of, well, should this Board deny the application on what are referred to as "good neighbor" issues, in contradiction it may feel what another state agency has said: should it be addressed simply by knowing that the existing hospital will provide at least the same number of beds.

If you deny this application, 371 beds won't be built, but they currently exist. So that should not be a problem for this Board. And I would note specifically, and I've submitted written testimony, on page one I refer to it.

Page 18 and 19 of the SHPDA report, they specifically say there, the record indicates the spectrum of "good neighbor matters are before the

Board of Zoning Adjustment, staff believes BZA is the appropriate forum for the resolution of these matters."

I testified before that board and I said to them I'm concerned you're going to give deference -- that BZA will give deference to that agency and vice-versa. I believe the Board understands its role here and --

MS. REID: You testified before which board?

MR. McLEOD: SHPDA.

MS. REID: Okay. It wasn't clear.

MR. McLEOD: Just on my own behalf as a citizen. Okay, that's the first area, you do have jurisdiction to address and the only board that I know of to address the issues of public safety. And those are really the ones that got me interested in this issue.

The pedestrian traffic along 23rd Street, most of it is not from the hospital. Most of it goes to Georgetown. I live in the 2400 block of Pennsylvania Avenue. I get constantly asked "where is Georgetown" by pedestrians going there.

In terms of numbers, testifying in a previous hearing before the Zoning Commission on the 22nd and M Street project, there are 455 persons who

catch the bus at the northeast corner of Pennsylvania and 24th. In other words, Foggy Bottom is the last Metro station in D.C.

People who go to Georgetown take the subway, get off there and walk through our neighborhood. It's not just Foggy Bottom attractions that bring people to that neighborhood. Most of those people walk north on 23rd, that sidewalk on 23rd, we've all been talking about, more than a thousand per hour based on my own counts of watching pedestrians go by. It's very crowded there.

I attached a couple of photographs. The copies didn't come out. The originals you can look at. Again, covering areas that the -- that the intersection that they propose for the emergency entrance there, the southeast corner of New Hampshire and Washington Circle, you have pedestrian traffic coming from the circle to the island.

You have pedestrian traffic, all the people I've talked about getting off the subway going to Georgetown go across there as well. Photograph number 2 of my attachment, it's a photo from approximately where that entrance would be, looking across the parking lot to the existing hospital.

And I would note, it came out during the presentation in November, there's virtually no public space proposed for the new site. And you can see the set-off you have here. The windows you see at the highest places is as close as you will get patients to the street, most of the -- the existing building.

At the new hospital, you have virtually no public space, no buffer between the traffic noise. Therefore, this applicant proposes to build a state-of-the-art hospital where the people won't be able to open the window to get fresh air without getting an earful of noise at the same time. That doesn't reflect to me progressive thinking.

So I think those are the legitimate reasons. The word "vibrant" was used to describe the area. That's a word I associate with life, it really denotes life. But I think in the same sense it's intelligent life I presume that we are talking about here.

We do not propose to build something in a place where you have such congestion already. It just does not make sense. And I'll leave the data you've been presented with already to explain that. But after thinking about this for quite a while, it occurred to me, and I would refer you to my second

attachment which is an illustration of most of downtown, the area.

And you'll note how -- on the original, it particularly sticks out. But note the site of this proposed hospital stands out. It is standing out there. It is connected to Washington Circle, which is the statue of George Washington, the person the University is named after.

And after giving it a great deal of thought, the suggested uses of the existing building are perhaps have some dorm space. It would make a tremendous amount more sense to put the dorm space and a campus yard, a true campus yard.

At the College of William and Mary there's a very similar triangular shape at the campus, which is called the ancient campus there. You have brick walls about five feet tall on each side, you have a beautiful yard there, you have a dormitory and the president's home.

The University -- as long as I've lived at the University, there's no place on it that really says to me this is Georgetown -- this is GW University. This particular site is a perfect keystone, not just where it's located.

The tremendous number of people that will go by it every day would see that as the

landmark for this university. It makes a great deal of sense. I have had contact with the government relations person at the University who told me he liked the idea.

And I would ask this Board to consider the safety concerns which I think are the most legitimate and valid as to why this application should be rejected. And by doing that, it gives us and the community, both the community and the University, a chance not to forego this opportunity.

This is a prime spot in the whole city, at least in this part at Foggy Bottom that should be a beautiful campus there, which is calming, pleasant to look at for the thousands -- 36,000 people who go use the subway every day. Twenty-seven thousand I think is the figure of traffic along 23rd Street that look at it every day.

It would be a constant reminder. Either this Board is going to have a vibrancy, which some may consider an absurd vibrancy. And annoying traffic noise, people being injured on sidewalks because of entrances which shouldn't be there.

The hospital should stay where it is. It makes sense. As the traffic people indicated, it makes sense it should be where it is. And instead of that, let some of that in the community fight for

what we think should be there, what the University -- the University as opposed to a for-profit institution who wants to use this site.

Really, it would just be something that would be beneficial to all of us. And I think we would all be better off for that. And it would be a vibrancy we could live with. Not one that's going to be a daily annoyance. Thank you.

MS. REID: Thank you. Questions?

MS. KING: No questions.

MS. WILSON: Good evening. My name is Patricia Wilson, and I'm President of the Board of Directors of the Foggy Bottom Mews Condominium Association. I have given this report to you. And I would like you to turn to page five, which is the first page of photographs.

I represent the owners and residents of the Foggy Bottom Mews. Our 14 townhouses are located at 900 24th Street, N.W. The principal entrance residents and the exclusive entrance for visitors into the Mews is located right at the corner of 24th Street and New Hampshire Avenue, across the street and less than 200 feet from the proposed hospital site.

I ask you if you lived there if you would like to see a loading dock every time you walk

out your door. And this is true for residents, it's true for the visitors that come in and out visiting the Mews.

I will not repeat what has already been said regarding vehicular traffic and pedestrian safety because this will undoubtedly be affected by the placing of a hospital in this site. Not to mention the fact that where the site -- especially where the loading dock will be placed is not only in direct sight of the residents that live along those streets, but especially the Mews who have this as their front yard.

Some of us in the Mews also have decks that overlook only this site. I'm going to maintain my comments very briefly. And I'm going to conclude by urging if it's not typical to make an exception for you to sometimes take a few minutes and visit our neighborhood because I think you will find it's a very quaint and warm neighborhood.

I think you will see firsthand and experience with all senses what impact the hospital being placed on this site will have on our neighborhood. That's all. Thank you.

MS. REID: Thank you. Questions?

MS. KING: No questions.

MR. FRANKLIN: No questions.

MR. FARBSTEIN: Madam Chairperson and members of the Board, my name is Charles Farbstein. My wife and I live at 950 25th Street, N.W. in the Claridge House, which is a large cooperative apartment complex. And we've been owner-residents there for over 19 years.

The Claridge House has 352 units, it's just outside the historic district, occupied by 463 owners-residents and other residents. It's located at the intersection of 25th and K Streets, N.W., adjacent to the historic district and one block from the proposed new hospital.

This presentation is in opposition to the application and it's on behalf of my wife and myself as Foggy Bottom residents and property owners. I'm also the vice-president and a member of the Board of Directors at the Claridge House.

On September 8th, 1998, the board of directors, opposing construction of the new hospital facility, passed a resolution overwhelmingly in opposition. I'm also appearing here in a representative capacity on behalf of the Claridge House in opposition to the application.

Among the reasons stated in that resolution are the adverse impacts from the additional traffic on the already dangerous traffic

situation in Washington Circle and on the surrounding streets, and from the absence of provisions for adequate on-site parking.

The failure of GWU to announce its intentions regarding the use of the current hospital facility or its site if the new hospital is constructed, and the failure of the applicant to demonstrate why future needs for the hospital could not be met by appropriate renovation of the current facility, which would cause vastly less disruption and congestion in the Foggy Bottom neighborhood.

I'd add parenthetically that the recent ruling by SHPDA, granting a certificate of need to District Health Partners for construction of a new hospital in place of the current facility, should not in any way preclude this Board from denying the applications under consideration here.

The current facility would still continue to operate and serve the need addressed by SHPDA, and could be upgraded to meet any additional needs the owner and SHPDA deem appropriate. In fact, as the executive summary in the owner's application to SHPDA pointed out, the limited partnership agreement specified the intent of the parties:

"To substantially reconstruct, renovate

and equip the existing hospital facility." The applicant's stated reasons for the subsequent rejection of this alternative are self-serving and unconvincing and pale to insignificance when set against the environmental, economic and social devastation the proposed new hospital would visit on the property owners and residents of Foggy Bottom, including the historic district and on the broader surrounding community.

For example, the worst aspect, as I think you've heard, of the facility is the location of a loading dock which alone would blight the neighborhood and turn 24th Street and New Hampshire Avenue from local roads into truck routes.

Other opponents will no doubt and have presented cogent testimony on the legal and practical reasons why the application should be rejected. To save time, I endorse all of those arguments. And, in addition, I want to refer to the DPW memorandum of December 30, 1998 to this Board.

That memorandum, though phrased in the polite language characteristic of a government department, reveals the total inadequacy of the transportation impact analysis prepared by the consultants to Universal Health Services.

In contrast to the excellent study

prepared by a truly independent expert, Dr. Everett Carter who testified here for ANC-2A, it also captures in bold relief the truly horrendous vehicular and pedestrian problem that would be created by a hospital at the proposed new location.

And concludes that the proposed site "will have a substantial negative impact on traffic on surrounding streets, as well as have a negative impact on the historic Foggy Bottom residential neighborhood." Unfortunately, it would be too much to expect that a bureaucracy unaccustomed to opposing proposals for commercial development would, with regard to a proposal that found as deficient, as the current one, take the logical next step and oppose the application.

Instead, it proposes changes, which though clearly improvements on the project's design are essential palliative in effect. There would still be a massive development abutting an historic district, generating serious additional traffic, safety and parking problems.

And Foggy Bottom would greatly suffer. As the memorandum so cogently states, "Given the nature of the proposal facility, it's likely there will be substantial traffic activity 24 hours a day. At the present hospital site, there is a buffer and

separation of this traffic activity from the neighborhood, created by the existing parking lot.

"With the development of the proposed hospital on this site, this buffer would be eliminated. As a result, the continuous traffic disruption will be brought immediately adjacent to the residential neighborhood."

It now remains for the Board of Zoning Adjustment to take the logical and appropriate next step: demonstrate that it can act boldly in exercising its authority on behalf of the citizens of this city at the time a new Administration is beginning, and reject these insupportable applications. Thank you.

MS. REID: Are there questions?

MR. FRANKLIN: I have just one brief question for Mr. Farbstein. I was unaware, Mr. Farbstein, until your testimony that the limited partnership agreement had specified the intent of the parties to substantially renovate the existing facility.

You went on to state that the reasons for their objection of this alternative are self-serving, which is no surprise. Everyone's testimony is self-serving. But then you said they're unconvincing. Could you expand on that?

MR. FARBSTEIN: Basically, the only indication I've seen is that it would cost somewhat more. In the application to SHPDA, I believe the amount was something like $6 million more out of a hundred dollar cost, which to me was not overwhelming when you consider the devastation visited on the neighborhood by building a new hospital on the site that they're applying for now as opposed to renovating the current one.

And I also realize it would take longer. It would be somewhat more inconvenient for them to do it. But I think when you balance the interests, there's absolutely no question that the additional cost and inconvenience in time weigh very little against the costs of the community of destroying this buffer that separates the community from a massive commercial development like the hospital.

MR. FRANKLIN: The data that you cite in terms of cost, was that something that was elicited in the SHPDA proceeding?

MR. FARBSTEIN: It was in the application of the applicant before SHPDA.

MR. FRANKLIN: Thank you.

MS. REID: Cross-examination?

MR. MOORE: I won't be long, Madam Chair. Mr. Parks, is that your name?

MR. FARBSTEIN: Farbstein.

MR. MOORE: I'm sorry. Mr. Farbstein. You testified --

MS. REID: You need to give your name.

MR. MOORE: Jerry Moore for the applicant. You testified that SHPDA had opposed the renovation of the hospital, is that what you --

MR. FARBSTEIN: No, I never said anything like that.

MR. MOORE: What was your testimony on that point, sir?

MR. FARBSTEIN: No. I said SHPDA did not have before it at the time an application for renovation. It had before it an application to build a new facility on the current site that we're discussing tonight.

MR. MOORE: Are you aware that SHPDA considered the renovation of the existing hospital before passing on the new replacement hospital?

MR. FARBSTEIN: I don't think they ever had an application, to my knowledge, I could be wrong, to renovate the current site. What they had was an application that showed that that was the original intent of the applicant and is in the limited partnership agreement.

I don't recall that SHPDA ever made a

ruling regarding renovating the current site.

MR. MOORE: May I read you from SHPDA's report, sir?

MR. FARBSTEIN: Yes. I could be wrong because I haven't read everything in the report.

MR. MOORE: "SHPDA agrees that the renovation of the operating facility will be costly, disruptive and time consuming. SHPDA, therefore, supports the proposal to build a replacement facility. This alternative will allow the partnership to design an efficient, state-of-the-art facility that incorporates accepted and anticipated standards of modern technology in patient care.

"This option avoids the disruption of services and the inconvenience to patients, visitors and staff that would occur if the applicant were to renovate the existing hospital. SHPDA is encouraged by the fact that the estimated cost to building a new facility is lower than the estimated cost to renovating the existing facility."

Have you seen that?

MR. FARBSTEIN: Yes. And I don't think that contradicts anything I said. In fact, it supports it. It shows that they did not in depth consider the difference between renovation and new construction. And, in fact, there was nothing in

the application before SHPDA except for a couple of columns of figures, unsupported in any other way, to indicate the additional expense of renovating this facility.

MR. MOORE: Are you aware of the expenses of renovating the facility, sir?

MR. FARBSTEIN: I'm aware of what was in the application before SHPDA.

MR. MOORE: You're not a building engineer?

MR. FARBSTEIN: No. I'm not a building engineer. I'm basing it solely on what the applicant put in its application to SHPDA.

MR. MOORE: No further questions. Thank you.

MS. REID: Further cross-examination? Okay, thank you very much. We will now move to closing remarks by the applicant.

MR. MOORE: Madam Chair and members of the Board, the applicant is mindful that we've been here for four hours and a half. However, there are some issues that have arisen since the last hearing, not only at the request of the Board but also as presented by the Department of Public Works and by the loyal and faithful opposition that need to be rebutted.

It is our intention and our endeavor to be efficient in our presentation. However, we do have several witnesses that we would -- that have testimony to offer this morning as rebuttal witnesses.

MS. REID: All right. Mr. Moore, approximately how long are you --

MR. MOORE: One hour. We need that to rebut all the -- to, one, address the issues that we have been asked to address by the Board; and, two, to rebut some -- all of the testimony that has been presented by the opposition, particularly the Department of Public Works.

And I might add that we just got the Department of Public Works' report on yesterday afternoon. And so we had to scurry to address that. And we propose to put on witnesses to specifically address the transportation and parking issue presented by that report.

We will endeavor to be efficient in our presentation.

MR. FRANKLIN: Madam Chair, I hope Mr. Moore will endeavor to be efficient because that was not the case in the first presentation. And I have to leave in about an hour's time. So I would like to have this done, if you don't mind, in a most

expeditious way.

MS. REID: Absolutely. Mr. Moore, I'm certainly --

MR. FRANKLIN: I don't think, frankly, an hour is necessary for this purpose.

MS. KING: I don't think so either.

MS. REID: Given the lateness of the evening, I would think that perhaps you may be able to abbreviate some of the presentation, some of your rebuttal. Basically, give us the salient points, highlights, to make sure that we are clear on your position, but perhaps not have to extend it for an hour.

MR. MOORE: We will, of course, accommodate --

MS. REID: That includes also your closing remarks?

MR. MOORE: Yes.

MS. REID: So everything will be done --

MR. MOORE: In less than an hour.

MR. FRANKLIN: Including questions from the Board?

MR. MOORE: I can't control those, Mr. Franklin. The things that I can control, I will endeavor to do in less than an hour.

MR. WATSON: On behalf of the applicant,

we would object to any testimony which does not go strictly to factual matters. Rebuttal is for the purpose of correcting facts, not for giving other opinions you've had every opportunity to give.

And, therefore, we will object to any testimony that does not deal with a rebuttal of factual matters presented in this case.

MR. MOORE: I believe you meant to say on behalf of the ANC, Mr. Watson.

MR. WATSON: I did mean to say on behalf. I should correct as well, the Department of Public Works is not in opposition to this case. They are clearly a neutral party.

MR. MOORE: First, Madam Chair, there were several questions raised by Board Members Gilreath and Franklin with respect to the facade of the southeast portion of the building. The applicant has taken those comments very seriously and has gone back and looked at the option that the applicant has available to it.

And we intend to be very brief in presenting a response to that. To do that, I'll call on Ron Skeggs and Phil Tobey, both of whom have been qualified as experts and both of whom have been sworn in as witnesses. Mr. Tobey?

MR. TOBEY: Good evening. My name is

Phil Tobey. I live at 11592 Newport Cold Lane, Reston, Virginia. As was just stated, at the last Board of Zoning Adjustment meeting the suggestion was made that the architect review the design of the proposed main entrance facade of the facility.

It was suggested that a reduction in the amount of glass and possibly some configuration of that wall be studied and perhaps an alternative could be brought forth that might be more compatible with the neighborhood.

I will make my testimony very brief. We did in response to your suggestion examine a number of options and developed them in some depth. Included in the options were such ideas as the deletion of one full bay of glass on that facade in an attempt to reduce the total amount of glass utilized.

A careful examination of the terminus, where the glass drum meets the brick facade on both sides; the introduction of more brick and other materials that might soften the drum configuration; and the revised spacing of some of the bays along that side of the building.

Without getting into detail, I will tell you that the elimination of glass on one bay, for example, had serious detrimental affect on the

internal functioning of the building. Each patient room on that elevation is required by code to have windows.

And by manipulating some of those major facades, particularly the terminus in the intersection between the glass and the brick, we were finding that we were forced to begin to eliminate patient rooms.

I will say, however, that we have determined that the optimum way to address the glass facade is really to look more carefully at some of the details that made up that facade. And we believe that the results that you see before you, and I have presented each of you with the rendering that we showed you last time, and an interim sketch.

MS. KING: Which is which?

MR. TOBEY: Which is which?

MS. KING: I don't see any difference between them, which is my concern.

MR. TOBEY: Well, there is a difference unless you have two copies of the same rendering. If you look carefully, I'll point out the differences. The one in your right hand is the original rendering, the one in your right hand. Yes.

And the one in the left hand is a sketch

which is suggesting some alternatives to begin to deal with the issue that was raised. What we have done is look carefully at the modularity of the facade. We have taken the vertical elements on that facade and increased them in width and added brick to those elements.

We have taken the cornice line at the top of the building and eliminated that in metal and introduced that as a pre-cast concrete element. We have introduce a significant amount of brick at the lower level of the building, at the pedestrian level and above the canopy line.

In addition to that, we have also made an attempt to soften and perhaps humanize the ground plane even more so with the introduction of more canopy elements along the face of the building and along the entire face of the drum. This is a work in progress. We have a long way to go with regard to the drawings.

But we've made a concerted effort to begin to respond to your comments, but at the same time maintaining an open facade that we feel is so important both as a symbol and as a very real sense of welcoming to this hospital.

We thank you for your attention on this issue and I'd be happy to answer any questions.

MR. MOORE: Why don't you go, Mr. Skeggs.

MR. SKEGGS: Good evening. My name is Ronald Skeggs. I reside at 5229 Windjammer in Plano, Texas.

I'm just going to briefly address -- after having the opportunity to review the recent DPW report, what I would like to comment on are the reasons why the access points to the building are located where they are. And we have a diagram here that Mr. Barrick will point out as I quickly touch on these items.

Firstly, the main entrance is located on 23rd Street comprising the core of the medical center, essentially serving as a funnel from the medical school and the medical ambulatory care facilities.

It is important that there be good accessibility for public parking, which is only half a block away from the public parking structure. A relocation to 24th Street as an entrance would be more than two blocks away.

Additionally, the proposed entrance is directly accessible to the Foggy Bottom and George Washington University Metro Station, which is ideal for public access. And we have surrounded that with

a large plaza for disbursement of the public.

The emergency entrance is positioned to support highly critical diagnostic and treatment relationships and is provided on a higher level. It's ten feet up, which is to allow the public functions to be separated from these diagnostic and treatment functions, and ideally relates to Washington Circle supporting emergency vehicle flow, similar to the arrangement at the hospital currently.

The grade differential that I've mentioned ideally separates this emergency from public access. Ambulances can arrive immediately, disembark and exit onto 23rd at a low rate of speed after they disembark the patients being brought.

Concerning the loading dock, it is ideally separated from public access that I just talked about and emergency access, which is extremely important. It is at the lowest point of the site, accessed from 24th Street as a feeder road.

A landscaped island separating and 24th and New Hampshire serves as a buffer. And this side of the site, as we'll be discussed by Lou Slade, has the lowest level of traffic and pedestrians in the entire area. I might mention concerning the trucks,

when they are parked they do not block the street.

There's another plan that shows even with the large trucks that they stand behind the sidewalks, which he will point out here and show where the large trucks would be.

MS. KING: Do they go in head first?

MR. SKEGGS: No. They back in.

MS. KING: They back in?

MR. SKEGGS: They back in. And I might add that when the dock is not being used it will be closed by overhead doors.

One last comment, maybe two, the sidewalk widths that were referred to by DPW, under the conditions that exist there's no technical problem for providing 12-foot sidewalks, which can be established through further work with the city and we intend to do that.

There was a comment about a handicap elevator. I'd like Noel to point that out. The handicap elevator for the Metro is totally away from the loading dock, facing Eye Street Plaza. That concludes my remarks. Thank you.

I might just add one additional point. If we were to move the emergency room up on 23rd Street, we would have to lower it another floor and it would cause total conflicts with the overall

hospital operation. Also, providing a turn-around where you drive into the building, as DPW suggested, would essentially eliminate half of a floor and also the floor above to get the clearances that are required for the loading dock.

MR. FRANKLIN: Is that the sum of your testimony in terms of the re-design or --

MR. SKEGGS: Yes, sir.

MS. KING: In other words, you're saying you've changed nothing, that you don't see any need to change anything in order to respond to the concerns expressed by DPW and the neighbors? Nothing? You are not proposing any changes whatsoever to the design that was presented to us a month ago?

MR. SKEGGS: As was stated earlier by Mr. Tobey, it still is a work in progress. As I mentioned, we do intend to widen the sidewalks, which is certainly a change, and we will be doing other improvements as necessary. But we do not propose to change the entrances, that's correct.

MS. KING: Or the loading dock or anything. Just the sidewalks, that's the only change you propose?

MR. SKEGGS: That's not the only change. But, again, as I said, as far as the --

MS. KING: Well, what are the other changes?

MR. SKEGGS: -- entrances, which includes the loading dock, we do not propose to change those; that's correct.

MS. KING: What are changes do you propose?

MR. SKEGGS: We talked about the exterior to the building, the changes that we're looking at accomplishing there.

MS. KING: And that's it?

MR. SKEGGS: At this time, that's it. It's a work in progress.

MS. KING: Okay. And when will the work in progress be complete?

MR. SKEGGS: At the time we go for a building permit.

MR. MOORE: Actually, Mrs. King, the design that we are presenting to the Board is the design that we'd like the Board to act on. Insofar as the DPW report, as I indicated, we just got it last night. We weren't served with a copy. We got it from the record of the Staff here.

We've had some time to look at it, but the majority of the time that the architects and engineers and applicants have spent over the last

month are addressing the questions that were raised by Mr. Franklin and Mr. Gilreath with respect to the southeast facade of the building.

MR. FRANKLIN: Is your position now, Mr. Moore, that the proposals of the DPW are infeasible so far as you're concerned?

MR. MOORE: We would ak that the Board leave the record open to give the applicant ten days to respond to the design related issues that have been raised by the DPW. The reason we ask that is we've just had an opportunity to look at the remarks.

MR. FRANKLIN: I understand that.

MR. MOORE: Frankly, we were stunned by it, and we just saw it. So there isn't sufficient time for us to react to design issues because that's a very big number.

MR. FRANKLIN: Well, I just wanted to clarify whether you were, in effect, closing the door.

MR. MOORE: We are not.

MR. FRANKLIN: Okay. I just want to make that clear.

MR. MOORE: We are not. The testimony that you hear today responds to the issues that were raised at the November 18th hearing and, just

generally, to the issues that DPW raised yesterday. But it is not closing the door.

That's the conclusion of the testimony of these architectural experts.

MR. FRANKLIN: I understand. The Board sometimes assumes the role of a commission of fine arts. And to hear that this is a work in progress on the one hand is encouraging because I think there's still a lot of progress to be made. On the other hand, at the time of decision at least I would like to know pretty well what you propose to have this building look like.

MR. MOORE: The statement "work in progress" referred to our request to leave the record open to give us ample opportunity to respond to the design issues as raised by DPW.

MR. FRANKLIN: Okay. Now, let me turn to the modifications that were made in the entrance area. The position you have taken is that this provides a sense of transparency and openness that you think is critical. Could you remind me of what the glass will be?

MR. TOBEY: Yes.

MR. FRANKLIN: How transparent will it be?

MR. TOBEY: Well, there are functions

behind the glass wall, obviously, that in many cases need windows. There are some -- all of the patient areas, patient rooms, are required by code to have windows.

And the lower levels of the building you have arrayed behind that wall all of your public spaces, including waiting, admitting, pre-admit testing, and other functions that relate very specifically to the entrance point of a hospital and, in a sense, to the outside community.

MR. FRANKLIN: I don't want to be understood as being against windows.

MR. TOBEY: Okay. But my point simply was that we and the owner feel very strongly that this is an opportunity to take what is traditionally a very inward type of facility and open up the entrance area to the community.

So that at night, for example, the windows are allowing a great spillage of light out into that intersection, and there's a great sense of warmth and human activity in there.

MR. FRANKLIN: But what will be the treatment of the windows? I mean, I heard many descriptions of this -- you know, in abstract terms. Not just this project but others. And then you find out that there are curtains drawn or there is tinted

glass and it has a reflective --

MR. TOBEY: Oh, okay.

MR. FRANKLIN: -- aspect in the daytime, and it's not transparent. I'd like to know what you really are intending to do with all this expanse of glass?

MR. TOBEY: Well, our intention at the moment is that the glass is not reflective. It has --

MR. FRANKLIN: You intention at the moment?

MR. TOBEY: Our intention is that it is not reflective glass, that it will be slightly tinted, that there will be a great deal of transparency so that you will see what's happening inside and outside, that --

MR. FRANKLIN: It will not be reflective in the daytime?

MR. TOBEY: That's correct. That there are elements of spandril glass where the floors intersect with the elevation. They will obviously not be transparent, but you do have in that location a sense of continuation of the glass plane.

At the moment, on the lower levels in particular there will certainly not be curtains. It's entirely possible in the evening there may be some blinds in certain of the patient-care areas

that might be closed, but there will always be spillage of light.

MR. FRANKLIN: Mrs. Tyler gave us a rendering that apparently you had given to a community group which does differ in material respects from both of these versions which you handed out tonight. And I notice that there was a certain articulation horizontally and a setting off of the glass so it didn't have quite as drum-like an appearance. Was that projected for a specific reason?

MR. SKEGGS: That was a very early sketch back when we were -- even prior to block-planning, to give an idea of what we were thinking it would be before we got into further development.

MR. FRANKLIN: So what you're saying is that the interior of the building has dictated a different result on the exterior here?

MR. SKEGGS: Well, partly the interior of the building and partly the development of the building systems.

MR. FRANKLIN: I, frankly, thought that that was a --

MR. SKEGGS: Possibly we should reconsider that.

MR. FRANKLIN: -- of that rather solid

drum-like quality of this treatment that was more attractive than what we're looking at now. I'm not an architect, but I guess I know what I like and don't like.

But I do think at such time as we're called upon to decide this case, we ought to have before us your best and final treatment of this, which is as contextual as contemporary technology would permit.

MR. MOORE: That will be the case, Mr. Franklin, should the Board allow us the time to respond.

I have no further questions of these witnesses. If the Board doesn't, they're available for cross.

MS. REID: I have a question. With regard to the report by DPW, do I understand you to say that on the face of it you don't agree with some of its recommendations?

MR. MOORE: That's correct.

MS. REID: Then do you intend to meet with them and talk to them to see how you all can reconcile what differences you have?

MR. MOORE: That is our intention, Ms. Reid, yes.

MS. REID: Because --

MR. MOORE: And they admitted they had not spoken with us about this, and we just got it last night.

MS. REID: Right. It appeared that it spoke to a lot of safety issues that causes great concerns, as far as we're concerned. So we'd like in your submission to respond to their recommendations. And if, in fact, you can't reconcile it, demonstrate to us why not.

Because my understanding from hearing their testimony was that while they had proffered to you suggestions as to how to diffuse some of the negative impact, that that was still not without problems. And, in other words, it be curing one problem and causing another. And that also concerns us.

So, hopefully, when you submit your report to us you will address all those concerns.

MR. MOORE: That will be our charge, Ms. Reid.

MS. REID: And one of the greatest ones that I've heard over and over and over today was the loading dock and the placement of the loading dock. And it appears that it was an aesthetic kind of issue as far as the residents were concerned, not having to look at the loading dock; as well as the

safety aspect of it.

So I was thinking that perhaps there would be something that you could do if, in fact, the loading dock -- if it's just impractical or infeasible for it to be moved, something that could be done to it that could possibly --

I don't know if you do this with loading docks, but I've seen those doors that you pull down where you actually camouflage the appearance of the loading dock itself and with something more attractive that would completely eradicate that particular problem, perhaps as a possible solution to it.

But, obviously, that is something that I think you definitely want to look at because we have heard every other person practically mention that loading dock as being very problematic. I'd appreciate that.

MS. KING: Madam Chair, I'm concerned about -- we've been told that the design is not final.

MS. REID: Right, a work in process.

MS. KING: Work in progress. I mean, regardless of DPW, it's not final. Now, I don't recall in the year-and-a-half that I've been on this

Board any precedent for our giving BZA approval to something that is not final.

Usually the design of a building such as this is incorporated into the record and becomes "the" design for which they apply for a building permit. Am I incorrect in that?

MS. REID: No, we don't. I mean, we don't. Obviously -- again, not to belabor the expression, but it's work in progress. So --

MS. KING: I understand that.

MS. REID: -- we have to expect for them --

MS. PRUITT: Madam Chair, one possibility would be to ask the applicant to submit revised designs that you can then use for your decision. That would --

MS. REID: That would have be --

MS. PRUITT: -- give them time to respond.

MS. REID: -- a part of that, the submission. I just assumed that that would be done.

MS. KING: What I'd like to do --

MS. REID: -- Mr. Franklin had asked earlier, as well.

MS. KING: -- is to finish my thought. That was one issue. The other is that Mr. Moore has

just told us that they are going to meet with DPW. And I will not disguise from anyone the fact that I find DPW's report to be deeply disturbing, and to be deeply disturbed by what we've just heard now, which is that they might consider widening the sidewalk but that everything else, the professionals from the D.C. Department Public Works said is they don't agree with and, therefore, they aren't even willing to -- don't appear to be -- the architects don't seem to be willing to consider it, although their lawyer seems to be willing to discuss it with DPW.

I'm wondering if we're not looking at another continuance of this hearing until the conversation with DPW has been completed, until final designs are prepared to be set before the BZA. Not a work in progress, not sketches that are here one day and gone the next, and so forth.

But something that when we come to making a decision we can say these designs which you have submitted are acceptable or unacceptable, depending upon --

MR. GILREATH: Madam Chair, from what I've heard I'm not prepared to render a judgment today. I think they need to meet with DPW, see what they can work out. And then if you can't reach agreement, you can come back and refute, saying they

want the emphasis changed. You explain to us here's what they're proposing but here are the problems.

And if you convince us that your proposal is best, then we would accept that. But I think we need more information because you just got it last night. In all fairness to you, how could you possibly respond to something of such complexity and give us a -- you need to have time to analyze and meet with them and come back with your best judgment how you think this should be dealt with.

MR. MOORE: That's precisely what we are asking for Mr. Gilreath. The "work in progress" phrase was generated by the -- last night's receipt of the DPW report. We thought that we had a final drawing. Then we saw the DPW report. And we, frankly, have not had sufficient opportunity to respond to it. That is the genesis of my comment.

MS. REID: Fully digest it. I would agree. And we would not, I don't think, have been able to render a -- nor was it even requested that we give a decision today because of the fact, of course, that we did have opposition and parties in opposition. So, therefore, I would think that leaving the record open to allow you time to get the additional information in to us. And do we need to also give time to the other side to

respond to it?

MS. PRUITT: Then it has to be served on the parties and the parties will also have an opportunity to respond.

MS. REID: Before -- before --

MS. PRUITT: So we have to build all that in prior to when you would like to --

MS. KING: I disagree. I --

MS. PRUITT: -- consider this for.

MS. KING: I would infinitely prefer that we continue this hearing so that all parties have adequate time to do what they need to do, make any revisions in the plan, that they can be circulated to all interested parties and the ANC. Everybody has a chance to look them over, not -- and finish this hearing in a normal course of events with everything that is germane before us.

MS. REID: Mr. Franklin?

MR. WATSON: I would also object to it merely being on the record, on behalf of ANC-2A. In the event there is some --

MS. PRUITT: Can't hear you.

MR. WATSON: In the event there is some change agreed to with DPW, I believe we have the right to cross-examine DPW as to what caused the change from when they originally testified to when

they do something else in camera.

MR. MOORE: I would think that that is a decision that the Board should take up at the appropriate time. Whether there will be a change --

MS. KING: I think this is the appropriate time, Mr. Moore.

MS. REID: Mr. Franklin?

MR. FRANKLIN: Well, I agree with Mrs. King, that I think that the applicant ought to have an opportunity to revisit the suggestions of DPW and incorporate them or not, for whatever good reasons they might have one way or the other.

And I would not -- I think that having another hearing or continuation makes some sense so that we can ventilate this, not repeating the same objections but just focusing on very discreet issues. And then we'll give everyone an opportunity if, in fact, they come back with some changes.

As Mr. Watson said earlier on, he wasn't quite sure what proposal he was dealing with. Now, it may be that they'll come back with essentially what we have, in which case it will be very short continuance. But I don't see any way of doing it short of that because there may be some significant changes. I don't know.

MR. MOORE: That's exactly right.

MS. REID: Okay. If we continue this, then it would be for the purpose of giving the applicant an opportunity to re-present their design and whatever changes are made after having met with DPW and to allow the opposition an opportunity to cross-examine.

And if it is the consensus of those here, this is what I would like to see happen. I have no problem with that. Does anyone object to that?

MR. GILREATH: I think that's fair. This is very complex. You've got two kinds of interests here, the citizens have an interest, but the city needs a more hospital. Now to just try to find the ground for it by having the citizens' interests protected by a modern hospital for the area.

I don't know we get there. But hopefully meeting with them and so forth, further discussions would achieve that.

MS. KING: That's a very creative idea, Jerry. I think the concept of the opponents and the applicants sitting down and trying to work out some kind of a compromise after -- would be a refreshing change in the relationship between GW and its neighborhoods, and the neighbors and GW.

So maybe you can come to some kind of compromise. But in any event, I think we should adjourn and, you know --

MR. FRANKLIN: Mr. Moore, did you have additional rebuttal testimony that you wanted to present at this time?

MR. MOORE: Yes. That's not the answer you want to hear, but we do --

MR. FRANKLIN: Well, no. It's an answer I did want to hear because I think it might be helpful in sharpening at least my thinking in terms of what we might want, if anything, at a continuation. So if you have something, I'm willing to listen to it and that may help sharpen the issues.

MR. MOORE: Thank you. Any further questions from the Board for these witnesses?

MS. REID: Mr. Watson, did you want to cross-examine? Because that would be --

MR. WATSON: If we're going to have a continuation there's no need to cross-examine at this time.

MS. REID: Okay. So we'll do it at the continuation.

MR. MOORE: Madam Chair, our next rebuttal witness is Arthur Bean. As you recall,

these are two cases and he will briefly talk about the options that he has considered, the University has considered with respect to the addition to the hospital parking garage, given Mr. Gilreath's and Mr. Franklin's comments at the last hearing.

There has been a redesign and Mr. Bean will speak to that.

MR. BEAN: My name is Arthur Bean. I reside at 6349 Soft Thunder Trail in Columbia, Maryland. I am a licensed architect, and I'm representing the George Washington University for the university parking garage as project manager.

I'm responding the comments made at the November 18th hearing regarding the materials and the facade on the 22nd Street side. And we've explored various alternatives over the past six weeks and we're very pleased to present these, what we hope are final elevations.

In our current design we've articulated the concrete pre-cast panels at the base. In the vernacular of the new university buildings, we've created a combination of brick and pre-cast panel in the mid-section of the structure. And then we've lightened the cornice line by using an architectural rail system at the very top.

We think this addition works within the

context of the existing structure and it presents itself as a distinct building and not a continuation of the existing building. We've added the vertical members to the horizontal bands to enhance the vertical rather than the horizontal appearance of the building.

And we've separated the existing -- excuse me. We have separated the addition from the existing garage with a seven-foot setback from the face of the existing building on the 22nd Street side. On the Eye Street elevation we continue to have the glass stair tower, again for safety and as a transition from Munson Hall to the new addition.

The internal function of the parking garage remains the same.

MR. GILREATH: I think you've much improved it. I think it's broken this massive linearity of the building now. ---- it's just not one big extension. So I'm very satisfied with it. Mr. Franklin may want to object.

MR. FRANKLIN: No, I agree.

MR. GILREATH: You've done a fine job. We appreciate that.

MR. BEAN: Thank you.

MS. KING: Do you have final plans for your proposed structure? Final plans, not a work in

progress?

MR. BEAN: No, ma'am. These are final.

MS. KING: You're prepared to submit them to the Board?

MR. BEAN: We are prepared.

MS. KING: Thank you.

MS. REID: Okay.

MR. MOORE: Cross-examination.

MR. WATSON: We need to reduce time. We'll not cross-examine. But I would just note that this involvements embellishment and a moving around of the deck chairs on the campus. We're faced with serious land use --

MS. REID: No. This is cross-examination.

MR. WATSON: We're faced with a serious --

MS. REID: You can't testify.

MR. WATSON: -- land-use problems.

MS. REID: Mr. Watson!

MR. WATSON: We would --

MS. REID: Mr. Watson!

MR. WATSON: We would reserve --

MS. REID: Mr. Watson!

MR. WATSON: -- the right to respond.

MS. REID: Mr. Watson!

MR. WATSON: We haven't seen this before

today.

MS. REID: This is for cross-examination.

MR. WATSON: Well, I don't understand --

MS. REID: You cannot testify.

MR. WATSON: -- how we're expected to respond to what --

MS. REID: Well --

MR. WATSON: -- we see initially.

MS. REID: We have now decided to continue this case. So, therefore, you will have an opportunity to do so, but this is not the time for that. Thank you.

MR. MOORE: Madam Chair, members of the Board, we have two more witnesses in rebuttal testimony. Then we're done.

MS. KING: Is this rebuttal of DPW, the same organization that you're going to be meeting with and talking with in order to work out your differences?

MR. MOORE: Actually, Mrs. --

MS. KING: Wouldn't it be more useful, therefore, to -- after you have talked to DPW and gotten further sharing of information and ideas and so forth, to come back rather than doing it now?

MR. MOORE: Mrs. King, that was

precisely my thought. However, Mr. Franklin indicated he'd like to hear more testimony on the DPW report. We're prepared to do that.

MS. DOBBINS: Good evening, Madam Chair and members of the Board. I'm Madeline Dobbins. My address is 2105-B Suitland Terrace, S.E., Washington, D.C.

I've come before you this evening and this application to talk to you about the DPW report from a planning standpoint based on my 13 years in the District of Columbia Government, beginning with the Department Public Works, the Office of Planning, and then the Office of Zoning.

As it's been said here --

MR. WATSON: I object as to whether or not she's an expert. We've not seen background. I really don't know in what expert capacity she is testifying. It's my understanding --

MR. MOORE: Mr. Watson, we haven't --

MR. WATSON: -- representing --

MR. MOORE: We have not offered her as an expert.w

MR. WATSON: Well, then I object to her testifying.

MS. REID: Proceed.

MS. DOBBINS: Thank you. As has been

already indicated, we did get this report yesterday. I read the report the first time, and I wasn't quite sure what I read so I read it again. In my capacity as a planner with the Office of Planning and as the Director of the Office of Zoning, I have seen many DPW reports.

I've seen excellent reports come out of that office and I have seen bad reports come out of that office.

MR. WATSON: I object again. This is opinion evidence from someone who is claimed not to be testifying as an expert.

MS. KING: I agree.

MR. MOORE: She is testifying --

MS. REID: Wait one second.

MR. BERGSTEIN: I would be happy to advise the Board on this. If she is going to give opinion testimony, then she needs to be offered as an expert.

MR. MOORE: I'm not sure I agree with you, sir. If you are correct, then any witness that comes before the Board that offers opinion needs to be qualified as an expert. And I don't that's the case.

MR. BERGSTEIN: If she's giving an opinion based upon a particular expertise, not just

observation, not just a sense of community, based upon a particular expertise, and you're asking the Board to give credence to her testimony based upon that expertise, then she should be qualified as an expert.

If you're saying that she is a layperson without qualifications who is simply giving an opinion based upon a sort of commonality of knowledge, that's fine. But there will be less weight to that testimony.

MR. MOORE: Ms. Dobbins is offering testimony as a witness with an opinion who happens to be experienced in the area of planning and zoning, particularly with respect to DPW reports.

MR. BERGSTEIN: But what you're saying is that she is not -- you're not offering her as an expert. So it seems to me inconsistent, what you say. If you intend for her testimony to be given greater weight because of an expertise, it would seem to be she must be qualified as an expert.

MR. MOORE: Then reserving our question -- reserving that question for later, I would ask the Board to consider Ms. Dobbins as an expert witness based upon her years of experience with the Office of Planning on planning and zoning issues; based on her years of experience with the Office of

Zoning on planning and zoning and transportation issues.

MS. REID: I have no objection.

MR. WATSON: I object on the basis -- I don't know the capacity that Ms. Dobbins appears here. It's my understanding she was appearing as counsel earlier in this proceeding. Is that not correct?

MR. MOORE: Ms. Dobbins has appeared as a witness. I have appeared as counsel.

MR. WATSON: Who is Ms. Dobbins' employer?

MS. PRUITT: Ms. Dobbins was sworn in, so she
-- in order to testify. Usually the attorneys are not sworn in, attorneys of the applicants are not sworn in unless they plan on testifying.

MR. WATSON: I ask again if -- we're qualifying as an expert, I have the perfect right to ask who her employer is. I not would like her then qualified as an expert if I don't know her expertise.

MS. REID: Ms. Dobbins, if you'd just please give us a background, a very brief background so that we could clear the matter.

MS. DOBBINS: Okay. I'll start with an

educational background. I have a B.S. Degree in sociology and psychology, Master's Degree in city planning, and a law degree. I was talking about my experience in the District Government for the last 13 years.

I worked at the Department of Public Works in the Transportation and Traffic Bureau Division, basically dealing with legislation related to traffic and transportation; hearing examiner for insurance as it relates to traffic and hearing traffic cases at the Bureau of Traffic Adjudication.

After that, I went to the Office of Planning as a supervisory community planner, responsible for the Zoning Services Division which provided documentation, reports, information to the Board of Zoning Adjustment and the Zoning Commission, making recommendations whether projects and programs before the Board and the Commission should or should not be approved.

And after that I came to the Office of Zoning as its director and served in that capacity until April of '98.

MS. REID: And who is your employer?

MS. DOBBINS: My employer was the Office of Zoning.

MS. KING: No. Now, your current

employer.

MS. DOBBINS: My current employer is the law firm of Arter & Hadden.

MS. REID: I have no objection to accepting her as an expert witness.

MR. GILREATH: I concur.

MR. WATSON: For the record --

MS. REID: Wait one second, please. I'm referring to Board members. Ms. King?

MS. KING: No, I have no problem.

MS. REID: Then we would accept her as an expert witness. And you're saying?

MR. WATSON: I understood I would have the -- in checking the expertise should be before the Board has decided have the right to cross-examine.

MS. REID: Cross-examine?

MR. WATSON: On the question of expertise. I have every right to determine the expertise of a witness presented. But you've decided already.

MR. BERGSTEIN: I'm going to agree with Mr. Watson here. When a witness is proffered as an expert, the party has a right to inquire into their qualifications. Then the appropriate thing to do would be for Mr. Moore to offer her as expert, for

Mr. Watson to state any objections he might have, and then for the Board to rule.

MS. REID: Okay. Thank you very much. I was not aware of that. I apologize to you, Mr. Watson. I did not realize that was a procedure that you were entitled to actually engage in.

MR. BERGSTEIN: But, Mr. Watson, please it's limited to her qualifications.

MR. WATSON: Yes. No question. You indicated your Bachelor of Science Degree is in sociology, is that correct?

MS. DOBBINS: That's correct, Mr. Watson.

MR. WATSON: Did you take any engineering courses?

MS. DOBBINS: I took an engineering course in planning school.

MR. WATSON: In your B.S. you have no engineering course?

MS. DOBBINS: No.

MR. WATSON: In planning school you indicated you took one engineering course?

MS. DOBBINS: That's exactly right.

MR. WATSON: And what is that course?

MS. DOBBINS: It was transportation planning. It was related to traffic and

transportation. It was simulation-related, et cetera. And I decided that was enough.

MR. WATSON: You've had one course?

MS. DOBBINS: Uh-huh, in transit.

MR. WATSON: When you were at DPW you were involved with legislation?

MS. DOBBINS: Yes.

MR. WATSON: Does legislation involve turning radiuses of trucks?

MS. DOBBINS: No, it doesn't.

MR. WATSON: You followed that by being an examiner in traffic adjudication?

MS. DOBBINS: Uh-huh.

MR. WATSON: That considers traffic tickets?

MS. DOBBINS: Traffic tickets and then, also, the insurance branch.

MR. WATSON: Now, does insurance have anything to do with design of loading docks?

MS. DOBBINS: No.

MR. WATSON: Now, you were then a community planning in zoning services?

MS. DOBBINS: That's correct. At the Office of Planning.

MR. WATSON: Would you give me your experience there in the width of traffic lanes?

MR. MOORE: What specifically are you asking?

MR. WATSON: I asked whether she had any experience in the width of traffic lanes?

MR. MOORE: What do you mean by the width of traffic lanes? Who has --

MR. WATSON: -- definition is.

MR. MOORE: -- experience in the width of traffic lanes?

MR. WATSON: Dr. Carter had experience in the width of traffic lanes, DPW had experience in the traffic lanes. They talked about adding one.

MS. DOBBINS: Well, I don't think I was offered as a transportation expert. I was offered as a planner.

MR. BERGSTEIN: Can I suggest that Mr. Moore state what it is he's offering Ms. Dobbins as an expert in. And perhaps that will allow Mr. Watson to narrow his inquiry to those qualifications, if I may make that suggestion.

MR. MOORE: Certainly. We're offering Ms. Dobbins as an expert in planning issues and one who is experienced in reading and understanding transportation reports.

MR. WATSON: I will ask no further questions. I object to her treatment as an expert

on several grounds. Number one, she has a sum total of one course somehow related to traffic engineering. There is no recognized expertise in reading of transportation reports.

But more than that, the reason for calling an expert witness is to get an independent opinion. It's an independent unbiased opinion. It's not an opinion from someone who is the employee of counsel. I object, first, that she is not expert, and, second, even if she is an expert her testimony is incompetent because it's prima facie, not independent.

MR. BERGSTEIN: Could I just advise the Board on one issue? I think that the issue of who she is employed by goes to the weight and bias of her testimony. It does not go, and I respectfully disagree with Mr. Watson, to whether or not she's qualified to testify.

So I would advise the Board to separate the issue from her qualifications as opposed to her bias, which goes to the weight that you would give the weight her testimony, assuming that you found her to be an expert.

MS. REID: Well --

MR. FRANKLIN: I am stilling willing to accept her.

MS. KING: I beg your pardon?

MR. FRANKLIN: I'm still willing to accept her as an expert, as offered.

MS. KING: I'll listen to anything she has to say as long as we can get home tonight.

(Laughter)

MR. GILREATH: I have no objection.

MS. REID: The Board has no objection. So we will accept her as an expert.

MS. KING: But say it fast now.

MS. DOBBINS: I sure will, Ms. King. I basically want to deal with some of the planning issues that are raised in this report. The first and initial one being that when you talk about this lot, the parking lot that sits on the site now, we're talking about a prime piece of property in an urban area.

So there's no question that at some point that property will be developed, so we're not talking about maintaining a parking lot. And we keep hearing about it being a buffer to this and a buffer to that, at some point it will be developed.

The second issue that I think is a planning issue that's raised by the Department of Public Works, and it comes up all the time in planning issues, it has to do with the mix of

traffic, truck traffic, other traffic related to pedestrians.

I just wanted to indicate that as a planner we know that this is not an unusual situation in an urban area. The issue is to plan, to manage the mix and interaction of the various kinds of traffic. I can't talk about how much traffic or any of that, just that there's a mix of traffic and that traffic has to be managed.

And we're talking here about an institutional building that's allowed as a matter of right, in a residential-zone district. And, again, the task is to manage the impacts of a building that's allowed on the surrounding community.

MS. KING: Allowed by what?

MS. DOBBINS: The zoning regulations in a residential area, in a residential district. Yes, it is. It's one of the uses that has been determined by the zoning regulations to be appropriate in a residential district.

The other issue I wanted to make sure that the Board was aware of was that we got wonderful testimony today about the historic district, the Foggy Bottom Historic District. And DPW did refer to in its report. The Foggy Bottom Historic District, the Foggy Bottom Overlay District

both stop before it gets to the site that we're concerned about.

MR. WATSON: Object to the relevance. Is Ms. Dobbins now an expert --

MS. DOBBINS: This is planning.

MR. WATSON: -- on historic districts?

MS. DOBBINS: This is planning. And when the Zoning Commission determined the Foggy Bottom Overlay District, it looked at the historic district and made sure that there was some relation to that. But in planning, you have to stop at some point. So the Foggy Bottom Overlay District and the Foggy Bottom Historic District do not cover this site.

The only other thing I wanted to take a look at would be just from a planning point of view some of the recommendations made by DPW. This is not from a design point of view, it's not from a transportation point of view, it's from a planning point of view.

I think the Foggy Bottom -- the ANC itself has been concerned about making some of the changes, so I won't go over those. The ones that I wanted to talk about briefly would be the loading dock, that there is a buffer. Planning requires buffing those kinds of -- and the use and treatment

of.

When you look at the loading dock, if you put it on 23rd Street, just from common sense, if you put a loading dock there, if you put an emergency room there, you have all of your pedestrian traffic already there. You already have it there.

If you maintain the hospital as designed, and this is from a planning point of view, you are basically stopping development at that point. You're not opening up the New Hampshire Avenue area by allowing the pedestrians to go around, come in and then disperse themselves back through the residential district.

If you have it as it's designed, you've got a buffer on 24th Street, the little island for the -- the loading dock, and you also have an emergency entrance and exist that goes through and continues on out of the site.

One other thing that I did -- you may already be aware of this, but I wanted to touch on it tonight because DPW did talk about it. And it's difficult for me to leave it unsaid, the Board's authority. When the Board has approved projects on private property, typically that is the Board's --

MR. WATSON: I object. We are now going

into the Board's authority based upon --

MS. DOBBINS: That's be --

MR. WATSON: -- one semester course in engineering.

MS. DOBBINS: No, it has nothing to do with engineering. But it has to do --

MS. REID: Mr. Watson, I'm going to --

MS. DOBBINS: -- with rebutting what DPW-- MS. REID: -- overrule that and let her -- MS. DOBBINS: -- said, their authority.

SPEAKER: We can't hear you.

MS. DOBBINS: I'm sorry, Ms. Reid.

MS. REID: I overruled that objection and let her finish that thought, that is, basically her giving her testimony on her views.

MS. DOBBINS: And just to end it, it's basically to indicate that --

MS. REID: Could you repeat the last thing you said because I really didn't hear it.

MS. DOBBINS: I was saying that the Board of Zoning Adjustment has the final authority on this project on private land, which means you can approve it with the entrance where you think it's most appropriate, or based on a design that you approve.

And it will not be changed in a further processing. But if there's something on public space, then that's another issue. That's all I was saying.

MS. KING: You're saying -- but we have no authority to determine what happens on public space?

MS. DOBBINS: That's what I'm saying.

MS. KING: And, therefore, we can approve a design, but we don't give them authority to have curb cuts. So they could have -- we could approve the design as drawn up today and DPW could deny them the authority to make curb cuts for the emergency entrance to the hospital. Is that not correct?

MS. DOBBINS: Only if it doesn't meet code.

MS. KING: Right. And then -- but we cannot impose upon DPW the responsibility to give you the curb cuts.

MS. DOBBINS: Nobody expects you to do that, Ms. King.

MS. KING: Okay. But I just wanted you to understand, I want everybody to understand --

MS. DOBBINS: You still --

MS. KING: -- that we understand that.

MS. DOBBINS: Okay. And they're separate.

MS. KING: What you were just trying to say is that we could do whatever we damn please and DPW could blow it out their ear if they didn't like it.

MS. DOBBINS: That's -- that's --

MS. KING: And that is not true.

MS. DOBBINS: That's not what I said, Ms. King.

MS. KING: Okay. That's what I heard.

MS. DOBBINS: I said private property you have the right to make that determination. That's all I'm saying.

MS. KING: Okay, great.

MS. DOBBINS: That's all I'm saying, the difference between --

MS. KING: As long as we all know we're talking about the same thing.

MS. DOBBINS: -- private property and public space. And, finally, I just wanted to indicate that, as I said before, the issues concerned with buildings in urban areas has to do with management of the many complex issues, people, traffic and uses. And this is a land use consideration.

MR. MOORE: Questions from the Board or cross-examination from Mr. Watson?

MR. FRANKLIN: No questions.

MR. WATSON: The lack of expertise I don't think merits cross-examination.

MR. MOORE: That's a comment. But we'll move on.

MS. REID: Move on.

MR. WATSON: I'm an expert.

MR. MOORE: Madam Chair, Ms. Pruitt, Mr. Wills needs to be sworn in, please.

MR. GILREATH: I'd like to offer one comment. Mr. Watson, we certainly respect the options you have to ask questions. But we would expect a little decorum. To me it's a personal -- getting on a personal level to say that you refuse to offer a comment because of her expertise not worthy of it. It's the way you said it. I think a little decorum is appropriate.

MR. WATSON: I certainly apologize to the way I said it. But I think I have serious problems since the Board made a decision on the matter of expertise before giving me an opportunity to speak, which I think raises an even greater question.

MR. GILREATH: Well, I appreciate you

expressing your views, but I think a little more decorum and a little more tact would be appropriate.

MS. REID: Mr. Moore, is that your final witness?

MR. MOORE: No. We have one more.

MS. REID: Two more witnesses?

MR. MOORE: Well, it's one more.

MS. REID: One more, okay.

MR. MOORE: But Mr. Wills needs to be sworn in.

(Whereupon, the witness was sworn.)

MR. MOORE: Sir, would you state your name and address for the record?

MR. SLADE: Yes. I'm Louis Slade, 3500 Quisada Street, N.W., Washington, D.C.

MR. MOORE: Mr. Slade has been previously admitted as an expert and he is here to offer rebuttal testimony on the DPW report. With him is -- would you state your name, sir?

MR. WILLS: I'm Byron Wills.

MR. MOORE: And are you employed, sir?

MR. WILLS: Yes, I am employed.

MR. MOORE: And how are you employed?

MR. WILLS: At George Washington University.

MR. MOORE: And what is your capacity

there?

MR. WILLS: I'm the program manager for parking services.

MR. MOORE: Thank you.

MR. SLADE: Members of the Board, I'm going to offer some comments about the DPW report. We've had it at this point about 26 hours. And I think with enough time, however, to have some germane comments that we will make to DPW when we meet with them as a starting point to discuss this with them, I personally felt that it was important for you to hear these comments because I think they balance a little bit what you heard from DPW.

I want to start by saying I've been sitting here for four-and-a-half hours, or whatever it has been, and there's an elephant in the room that no one has talked about except to call it something else.

MS. KING: Five-and-a-half.

MR. SLADE: Five-and-a-half hours. And that's the existing parking lot on the site, the 265-car parking lot. Mr. Franklin referred to it as a vacant lot at one point, and other people referred to it, both the DPW report and other testimony as a buffer, as a traffic buffer.

Quite unusual to refer to a parking lot

as a traffic buffer. This parking lot is assigned to residents and doctors who work at the hospital. There are 700 decals issued for use at this lot. The lot is close to being full every time I've observed it. We think it turns over at least twice a day.

That means that two completely different sets of cars use it, about 530 cars. And that means 530 cars arrive at some time during the day and 530 cars leave at some time during the day. That's a thousand trips on New Hampshire Avenue. There's only one driveway and it's on New Hampshire Avenue.

New Hampshire Avenue carries 6000 cars a day, according to the Department of Public Works' estimates of average daily traffic. So a little more than one-sixth of the traffic on the street is generated by the existing surface parking lot that's on that street, that's on that site.

We are removing that. I testified to this last time. We're taking all that traffic away. This, frankly, is miraculous, if you're concerned about traffic on residential streets, and we're replacing it with a loading dock that generates, let's call it, 30 truck trips a day.

We did surveys for a full week, counting every truck that came in and went out, and it

averaged about 27. Let's call it 30 a day. That's 60 trips, 30 arrivals and 30 departures. And an emergency room entrance for vehicles and a -- Ms. Tyler found some additional information. Let's call that 40 emergencies a day.

The hospital told us they averaged ten, had 20 on Sundays. I'm going to talk about an interview we did with Emergency Medical Services with regard to that. They think it's in that range. But let's call it 40. So we've got 60 trips generated at the loading dock and another 40 at this emergency entrance that we're proposing; a total of a hundred.

We're replacing a parking lot that generates a thousand cars a day directly on New Hampshire Avenue, with a loading dock at one end and an emergency entrance at the other end. Now, remember, the emergency entrance is about 50 feet south of the crosswalk.

So it's not a lot of traffic in the neighborhood. Most of the emergency vehicles come from the north and east, around the circle to New Hampshire, and they turn in within 50 feet. So they barely enter the neighborhood.

The existing neighborhood traffic has been characterized as residential traffic. But that

residential traffic is not passenger cars going to and from homes. There's a lot of encroachment. This is a downtown setting and downtown neighborhoods have a lot of other traffic in them.

The University has the medical school one block to the south, with the Ross Hall loading dock which generates another set of trucks today, currently, on 24th Street. The hotels on New Hampshire Avenue, as Mrs. King said, people stay overnight.

They eat meals, there's laundry, there's trash from -- and garbage and waste from the kitchen in hotels as well as hospitals. Those generate trucks. There are buses to those hotels. There's a tractor-trailer truck delivery to the 7-Eleven once a week, as well as a lot of other commercial activity related to that small little commercial area.

So this section on 24th and New Hampshire is not just residential traffic associated with the community. There is already traffic encroaching on it. But part of that is this thousand cars a day generated by this parking lot which we're going to take away and replace it with less than a hundred vehicle trips a day, to a loading dock and to an emergency entrance.

This is a major premise of the DPW report and it's something that I professionally have trouble with. I think the tradeoff there is quite a reasonable one. And it's not an unreasonable one and it's not a major encroachment, but it's a very reasonable tradeoff to take away a thousand to replace it with a hundred.

One last point on that, and that's the concept of this parking lot as a buffer. A parking lot certainly isn't a very good visual buffer. It's a parking lot. And even though I'm in the business and Byron Wills is also, I don't think anybody finds parking lots by themselves very attractive, surface parking lots.

And as a traffic buffer, it seems to me a total contradiction to call that a traffic buffer because it's generating a thousand trips a day, buffering from a hospital that only generates about a hundred or less trips a day.

Other points which the DPW report makes which I want to comment on, and I'll just do this very briefly. Pedestrians on the west side of 23rd, DPW recommends sidewalk widening; we concur with it. DPW recommends crosswalk widening; we concur with it. It should be done now. It shouldn't wait for this hospital to come along. It's a bad situation

as it is.

And that sidewalk widening and crosswalk widening completely eradicate all the concerns about levels of service which were raised in Dr. Carter's testimony. It's the width of these facilities that cause the low level of service problem.

DPW raises a concern about the emergency entrance. I want to take a moment to talk about that. We contacted the Department of Fire and Emergency Services of the District of Columbia and met with in our office, in our conference room, Captain Blaylock, who's responsible for liaison between that agency and hospitals in the city.

He knows the people who run the emergency rooms, he knows the dispatchers and so forth, and he makes sure everything works smoothly. He was the man who was identified by that agency as the person who should look at a new emergency room to see that it's going to operate well.

We laid out the site plan and talked to him about it in detail, and we raised the same concerns that you've raised and that the opposition has raised about this. There's a lot of pedestrians here, there's a lot of vehicles here. He's very familiar with George Washington University Hospital as it currently is located.

For several reasons, he does not have a problem with --

MR. WATSON: I'm going to stop --

MR. SLADE: -- the design.

MR. WATSON: -- and object to this on the basis of hearsay. Administrative bodies --

MS. KING: I was going to do exactly the same thing.

MR. WATSON: -- take hearsay.

MS. KING: I mean, if this gentleman is such an expert, it seems to me -- do you have anything in writing from him?

MR. SLADE: No.

MS. REID: Sustained.

MS. KING: It is hearsay. And I think --

MS. REID: Sustained.

MS. KING: Pardon?

MS. REID: I said sustained.

MS. KING: I was so busy talking I didn't hear you.

MS. REID: It's the lateness of the day. Let's go on.

MR. SLADE: The majority of emergency vehicles coming to the hospital currently, and we'll continue these patterns in the future, come from the

north and east around the circle so that the location of the entrance, just south of the circle and New Hampshire, is the first opportunity and the most convenient opportunity for those vehicles to get to this entrance.

We believe, and we presented this in a report which was submitted to you as an amendment to our first report, and DPW agrees with us, and this is embedded in their report, that with the emergency entrance where we have located it, placement of the signal stop-bar, which you approach an intersection with a traffic signal there's a bar painted on the pavement and you're supposed to stop there.

Putting that signal stop-bar south of the emergency entrance, with a sign indicating to motorists that there's an emergency driveway and they should stop on a red signal at that location, will eliminate the problem of vehicles queuing and blocking the driveway. Emergency Medical Services agrees with that and DPW --

MR. WATSON: I object again --

MR. SLADE: -- did state that in their report.

MR. WATSON: -- to Emergency Medical Services agreeing to anything. They had an opportunity to respond Mr. Bastida gave them, and

they have not.

MS. REID: Sustained.

MR. SLADE: The next point I want to make about the DPW report has to do with the loading dock. I simply want to characterize the traffic that's generated at the loading dock and make it clear as to the nature and volume of that traffic.

I've mentioned that we've done our survey over a period of a week. On the average, there was 27 vehicles a day. The hospital has on average one tractor-trailer truck per day. Sometimes there are two, but most days there is only one.

The remaining trucks, the balance of the 26 trucks are smaller, of course, than tractor-trailer trucks. Some are what we call single-unit, 30-foot trucks, but many are very small panel trucks. Some are automobiles and some are vans.

So this traffic does not consist of a lot of very large trucks. It consists of a few large trucks and many small trucks and smaller vehicles.

MS. KING: And all of the vehicles will have to back out of the loading dock, is that correct?

MR. SLADE: All the vehicles will back

into the loading dock.

MS. KING: Back into the loading dock.

MR. SLADE: And, Ms. King --

MS. KING: Thirst no sort of driving in front-first and driving out? I mean, they're going to have to maneuver to get in no matter whether it's a semi, 18-wheeler or private car. They're going to have to back in and then go out frontwards.

MR. SLADE: That's correct, which is commonplace in, I would say, well over 90 percent of the loading docks in the city.

MS. KING: On intersections such as that one of five --

MR. SLADE: On situations that are similar.

MS. KING: Many loading docks that we have seen frequently are in alleys and things like that. So let's not talk about -- I mean, you have to -- first off, you've got to eliminate the ones that are on alleys, and then you've got to tell me what the percentage of back-in, you know --

MR. SLADE: I stand --

MS. KING: -- places there are in busy neighborhoods like this where five streets intersect.

MR. SLADE: And if it would be --

MS. KING: And then let's talk about 90 percent.

MR. SLADE: If it would be useful to you, we can provide you with -- certainly not a survey of every loading dock in the city --

MS. KING: No, that's --

MR. SLADE: -- but enough information.

MS. KING: -- not necessary. But, I mean, don't give me 90 percent.

MR. SLADE: And I won't take your time tonight to cite a few, but we did identify several that are in similar and certainly worse situations.

MR. FRANKLIN: That would be helpful if you could supply them.

MR. SLADE: I want to conclude about the DPW report to say that I think one of the compelling arguments that has to be discussed with them and with you is the tradeoff between the parking and the traffic it generates and what we're replacing it with. I suppose it would not be useful to go through their specific recommendations at this point.

The second part of my testimony tonight and what Byron Wills is here to help me with is the supplement which we submitted to you in the last two weeks.

MR. MOORE: Yesterday.

MR. WATSON: We didn't get a copy?

MR. SLADE: Just yesterday?

MR. MOORE: Your lawyer got a copy. A copy was sent to your lawyer by first-class mail yesterday.

MR. WATSON: I don't how we can respond. By being sent by first-class mail yesterday for a 2:00 hearing, I'm sorry, but we've not had an opportunity to see it at all.

MS. KING: Is this the document that we were given for the first time this morning?

MS. PRUITT: Yes.

MR. MOORE: The document Mrs. --

MS. KING: December 31st and received by us on the 4th of January, is that the one?

MR. MOORE: Yes. We came to present it to the Office of Zoning at 2:00 on the 31st and found it, like most other offices, it was closed. So we filed it the first thing on the next Monday morning.

MS. KING: But I was in Miami and I read it in the "Washington Post," so I knew it was going to be -- I knew several days in advance.

MR. SLADE: The points in this report we can cover pretty quickly. And they all respond to

issues that were raised at the first hearing. The first has to do with the campus parking plan and the short-term changes to the parking supply which are going to occur over the next couple of years as a result of the hospital and other projects, plus how the hospital parking fits into the overall campus plan.

Let me quickly recall for you that the campus plan requires that George Washington University maintain 2700 to 3000 parking spaces, and that it stay under certain ceilings for students, faculty and staff. And this report presents a summary of information that shows that those numbers are still being met.

Then we wanted to answer the question as to whether or not the 2700 to 3000 is still the right for parking to supply the University. In order to do that, we looked back at the basis for what originally established that range, which was a detailed study carried about by a consultant for the University in 1985, where a detailed survey was done and it was concluded that that was the right range for the number of parking places.

Is it still the right range? We didn't -- we weren't able to redo that study, which was a lengthy telephone -- random telephone survey. But

we were able to look at a few facts and I'll just cover those very quickly.

First of all, what's happened since the campus plan. A new hall, a residence hall has been constructed; renovations to the Marvin Center have been made and others are currently underway; and a small basketball court has been built.

That's all that has happened since 1985. And those had a net effect of a few parking places. I can't even find the number here in my notes, but it's relatively minor. I think it was seven parking places. More recently, the Health and Wellness Center, Media and Public Affairs have been before the city and they will result in an increase of 39 parking places, still within the range.

And the hospital is now proposed with a closure of one facility and an addition to another facility. And we presented to you at the last hearing a three-year forecast of how parking additions and deletions would raise and lower the supply but would always stay within that range.

We've augmented that with a chart that looks like this, which we think is more readable, and covers in detail what's going to happen in the most critical year, which is this current year, 1999, when parking will reach its lower ebb.

I'll just take a moment to explain the chart to you. Each bar represents a project that affects parking. The white numbers with parentheses are deductions in parking, and the black numbers without parentheses are additions to parking. Along the bottom for each month of 1999 is the total parking supply on campus.

Up until recently we had about 2800 parking places and we added the Kennedy Center parking spaces, which brought us up to that 2928 total, which is under the word "current" on the bottom. Then as we go into March '99, we have a series of deductions as the garage expansion begins construction and some spaces have to be closed down.

But valet parking at the Marvin Center garage would take place and would have 125 spaces there, which compensates for that large. So we actually increase in the first month. And so on, month by month increases and decreases for each of the projects represented by each of those bars.

So when we get to the end of '99, we have almost 3000 parking spaces. As we proceed into the next two years, the Health and Wellness Center and the media facility come on board. Parking is closed down on those sites, which have surface parking now. We drop back down to the 2700 range.

Then when those projects are finished, we add parking back on those sites and actually get a net increase, and we come back up into the 3000 range. So the green bar chart is simply a detail of 1999 of the chart that was presented at the last hearing and that you have in your file. And when I finish I'll be glad to answer questions about that.

MS. KING: May I ask a question? Lots 11 and 13 are -- parking lots 11 and 13 are the site of the proposed new hospital, is that correct?

MR. SLADE: Correct.

MS. KING: And you intend to close those off at the end of April, a few months from now?

MR. SLADE: Pending this hearing.

MS. KING: And my understanding was at our last hearing you testified that the new parking garage with the 200 new spaces, to replace the 265 spaces that are being destroyed on lots 11 and 13, would be completed before you took away the lots 11 and 13.

Now, I heard that testimony last time. Was I mistaken?

MR. SLADE: Yes, you were.

MS. KING: So what you're going to do, you're going to take away at the end of -- you know, in three months time you're going to get rid of 265

spaces. And there's going to be a period of how many years before the new garage, if we give you approval for it, is on line?

MR. WILLS: Well, you're looking at six months, 200 spaces from the UPG, which is --

MS. KING: I'm sorry, I can't hear you.

MR. WILLS: Two hundred spaces that's created from the completion of the university parking garage --

MS. KING: But we haven't even given --

MR. WILLS: -- December.

MS. KING: -- you permission to build that yet.

MR. WILLS: This is a proposed plan based on --

MS. KING: How long is it going to take -- you know, suppose on the first of February you have all your permits from us, from DCRA, from everybody to build the new parking garage. How long is it going to take you?

MR. WILLS: The estimate is eight months.

MS. KING: And during those eight months you will have already closed the parking lot that it's to replace, is that correct?

MR. WILLS: During the time, ma'am -- if

you look at the chart, we'll have created enough spaces to accommodate the displaced 265 spaces from that lot.

MS. KING: Where?

MR. WILLS: The 125 from the Marvin Center, Academic Center, Ross Hall garage, there's staff parking lots. And we'll have a total space to accommodate. If you look at the closure of lot 13, which is the last three bars, you'll notice that we would transfer spaces to the university parking garage from spaces that we have created through staff parking.

MS. KING: So you are going to be doing -- contrary to what was testified at our last hearing, you are going to be doing the construction of the parking garage and the construction of the hospital, if you get permission to do either or both of them, at the same time, not in sequence, is that correct, Mr. Moore?

MR. MOORE: I believe it is correct, yes.

MS. KING: So the testimony that we hard a month or two ago about we'll have all these wonderful new parking spaces so there will be no disruption and no, you know, so forth is -- that the new building -- the new parking will be built before

the hospital is -- ground is broken for the hospital is no longer operative?

MR. MOORE: I believe, Mrs. King --

MS. KING: That also isn't working --

MR. MOORE: No, ma'am. I believe the testimony was that there would never be less than 2700 parking spaces with both --

MS. KING: No. Well --

MR. MOORE: -- construction projects.

MS. KING: -- that isn't what I heard. I heard that the new building that we were being asked to -- I mean, we were asked to consolidate these two cases because one -- because they were so closely related. You were destroying 265 parking spaces, you were going to build 200 more parking spaces before you destroyed the 265. This is the way I heard it.

MR. MOORE: Well --

MS. KING: And then you wanted to build a hospital. But now it turns out that these two elements we've been asked to consolidate are, in fact, totally unrelated?

MR. MOORE: Well, I wouldn't say they were totally unrelated.

MS. KING: No. Totally unrelated because you've just said, or your people have just

said that the parking to replace the 265 spaces in lot 11 and 13 is not coming from the new construction of the new garage.

MR. MOORE: We're saying --

MS. KING: That's what I've just heard, is that not --

MR. MOORE: We are saying two things, Ms. King. The first is that the number of parking spaces that are available to university users during the entire next four years -- what is it, a four-year period there? Three-year period. Will never ever fall below the minimum number of approved spaces that are contained in the campus plan.

Second, we are saying that -- we are asking that the Board approve the addition to the university parking garage because that will help to ease the parking situation at the University during the period of construction of the hospital. But at no time --

MS. KING: But the two are going to happen at the same time.

MR. MOORE: At no time --

MS. REID: Let him finish.

MR. MOORE: -- does the number of parking spaces that have been required by this Board fall below the 2700 level. Does the parking garage

help? Yes, it does. But at no time will parking -- the number of parking spaces, off-street parking spaces fall below the required number, even during construction of these two projects.

MS. KING: And construction of the two projects you hope will take place at the same time?

MR. MOORE: Yes.

MS. KING: So that the destruction of the parking lot and the building of the new parking are totally unrelated and, therefore --

MR. MOORE: I don't want to say they're unrelated, Mrs. King, because the number of parking spaces that are supplied by the addition to the parking garage are helpful to the University. They are more parking spaces than the University now has.

But for your deliberations we would offer it to you to consider that at no time will the minimum number of parking spaces that have been required by this Board be falling below. No time will that ever occur. And that's the point -- those are the two points we're trying to make to you, even during the construction of both of these projects. Are they related? Yes, they are.

MS. PRUITT: Excuse me. Mr. Slade, just for our understanding, could you repeat again the white numbers represent additions or deductions?

MR. SLADE: White numbers are deductions.

MS. PRUITT: Thank you. That's all I needed.

MR. MOORE: Mrs. King, it's important that you understand what we're saying to you. And I don't want to leave without you having a clear idea as to what the position of the applicant is. It's very important to us.

MS. KING: I remember very well what we were told as to the reason why we needed to consolidate these two cases, was that they were related. Now, one is related to your overall parking problem and the other is related to building a new hospital.

MR. MOORE: That is correct.

MS. KING: And they are not -- it is not specifically to relieve the pressure of destroying 265 parking spaces, nor is it going to be done prior to that, as we were told at our last hearing.

MR. MOORE: It's going to be done at -- it is the intention of the University to move these spaces to construct the addition to the parking garage at the earliest practical date. It is the intention of Universal Health Services to construct the hospital, new replacement hospital, at the

earliest practical date.

MS. KING: But in any event, at the end of April that parking lot will be closed, no matter what?

MR. MOORE: I'm sorry, Mrs. King?

MS. KING: No matter what, that parking lot will be closed at the end of April?

MR. MOORE: Pending approval of this Board, yes. And no matter what, there will be enough parking spaces, off-street parking spaces supplied by the University to meet the requirements of the campus plan and to be sufficient to supply a reasonable number of off-street parking spaces to the users at the University.

MS. KING: Could I ask either counsel or Mr. Williams whether -- since the two cases are consolidated whether the Board is in a position to -- that we either grant them both or disapprove them both?

MS. REID: They've been consolidated. They're now consolidated.

MS. PRUITT: For hearing purpose. For hearing purpose only. You have to rule on them independently. But for the hearing purposes, they're presented together. You can approve one, deny one, approve them both.

MR. MOORE: Mrs. King, perhaps it will be helpful for you to know that the construction of the hospital itself is a two-year project. Construction of the parking garage, addition to the parking garage, as Mr. Wills has said, is an eight-month project.

Certainly, the construction of the parking garage will help to ease -- will address off-street parking spaces during the entire period of construction of the hospital. But, but, I don't want you to leave here with the impression that these two cases are not related.

They are related but only to the extent that the addition to the parking garage will help to ease the parking situation on the campus. But never so much -- it's not needed to ease the parking situation to the extent tat parking falls below the required minimum at any particular time.

MS. REID: And the parking garage will be completed when?

MR. MOORE: Eight months from beginning to end.

MR. WILLS: December of 1999.

MS. REID: It would have been --

MS. KING: Eight months from when?

MR. MOORE: Whenever we begin.

(Simultaneous comments)

MR. WILLS: Whenever it begins. The date is for March 2 and will be --

MS. REID: So eight months, eight months out from that date.

MS. KING: But in any event, the doctors and the interns ---- to park at 11 and 13 on the 1st of May, is that right?

MR. WILLS: Could you say that again?

MS. KING: In any event, according to what you've given us here, the doctors the interns who are presently using lots 11 and 13 will cease to be able to park there on the 1st of May --

MR. WILLS: Correct. They'll --

MS. KING: -- of 1999, whether we give you approval or not, whether -- no matter what happens.

MR. WILLS: No. It's all pending your approval. Nothing will happen unless this Board approves these projects. It's important to know that staff parking will create spaces to accommodate the 265. So we're not trying to absorb them within the inventory that we currently have.

We will create the spaces to more than adequately accommodate --

MS. KING: Eight months --

MR. WILLS: -- the 265.

MS. KING: -- after you've destroyed them.

MR. WILLS: No. During the time of construction.

MS. KING: Pardon?

MR. WILLS: As soon as we've displaced them from lot 11 and 13, they will be accommodated through staff parking.

MR. MOORE: On campus.

MS. KING: I can't figure out how you do it, but that's okay. Let's go on.

MR. MOORE: Well, it's not okay, Ms. King. I want to be sure you understand.

MS. KING: Really. I -- I'm fuddled tonight. And we've got to wrap it up in ten minutes or we will lose our quorum.

MR. MOORE: All right.

MR. SLADE: I want to just hit another couple points on the parking --

MS. REID: We only have ten minutes. We only have actually about 12 minutes. So, Mr. Slade, if you could wrap yours up fairly quickly, and then give the other gentleman an opportunity --

MS. PRUITT: We also have to determine the next hearing date, so there's going to take some

time for negotiation of that.

MS. REID: Is it took much? Do you want to continue it when we have the continuation?

MR. MOORE: We'd like to do the latter. We'd like to continue this. Madam Chair, I think we've been here for six hours now and people are getting tired.

MS. REID: Since we are going to have to have a continuation anyway, it doesn't make sense for you to just go through it very quickly.

MR. MOORE: This is important and --

MS. REID: We can postpone that part to the continuation and pick it up with you, Mr. Slade, if you'd like.

MR. MOORE: And I just want to be sure Ms. King understands what we're saying. So with your permission, we'd like to continue.

MS. REID: Sure. And at the same time perhaps give a little more clarity. Go back, look at the record and see -- I don't have the same understanding as she did. So let's go back and look at the record and see where the discrepancy is and let's clarify it and get it straight so everyone will be on the same page.

MR. WATSON: For the record, I do object to the separation of the cross-examination from the

testimony because it makes it very difficult to understand what's going on.

MS. KING: What are we doing now? Are we going home?

MS. REID: We have to go home because we'll have no quorum. And we don't have any choice, Mr. Watson. We don't have any choice.

MS. PRUITT: You have to establish --

MS. REID: We'll have no quorum.

MS. PRUITT: We have to determine a new hearing date along with what item will be submitted so that we can reconvene this.

MS. REID: Okay. Let's do that. Mr. Moore --

MR. MOORE: Yes?

MS. REID: -- let's stop at this point and --

MR. WATSON: Could I ask one question.

MS. REID: -- pick up with these two witnesses and then the cross-examination, and give us the continuation date and --

MS. PRUITT: Well, this is something that needs to be negotiated because you want to meet with DPW, is that correct?

MR. MOORE: Yes.

MS. PRUITT: And then have time to do a

design response?

MR. MOORE: Yes.

MS. PRUITT: And then, also, that would have to be served on all the parties.

MR. MOORE: Yes.

MS. PRUITT: That's a lot of time. How much time do you think you need? I mean, I guess because it's

-- do you think you can meet with DPW and respond within two weeks?

MR. MOORE: That's what we'll try to do.

MS. PRUITT: Right. The problem is we don't know have DPW's schedule.

MR. MOORE: We will endeavor to meet in two weeks.

MS. PRUITT: Excuse me?

MR. MOORE: Two weeks.

MS. PRUITT: You would have served everybody in two weeks, too?

MS. TYLER: But doesn't DPW have to have to be consulted also? Because they have very, very

-- MS. PRUITT: Mrs. Tyler, you're not on the reword. The concern is I would think we should provide more time because you don't know if DPW can accommodate you in two weeks.

MR. MOORE: All right.

MS. PRUITT: And we don't want to have a continuation --

MR. MOORE: I think the Chair has decided that there would be a continuation hearing. If we could have the continuation hearing the first of February and just give us a --

MS. PRUITT: Mr. Franklin won't be available.

MR. MOORE: The week before that?

MS. PRUITT: Oh, he will?

MS. REID: When is he next available?

MR. WATSON: I object to this. Talking about the first of February, we would like to have a minimum of ten days to respond to this design review.

MS. PRUITT: Well, Mr. Watson, they have -- we don't know what DPW is doing.

MR. WATSON: I understand. I don't think --

MS. REID: We're trying to establish the first date, Mr. Watson. Then we'll talk about --

MS. PRUITT: You'll still have time to --

MS. REID: -- the dates --

MS. PRUITT: -- service you. We're first trying to figure out how long it's going to

take the applicant to talk to DPW and respond, then give you the opportunity to respond to what they sent you, and then have the hearing.

So everybody has had enough time to respond and we don't have this issue of "I got it yesterday and so I can't deal with it." That's what I'm trying to -- I also want to make sure that we're going to -- we're requesting everything that everybody has wanted so that we will hopefully be able to do that all at one time.

MR. MOORE: Ms. Pruitt, gave us a month.

MS. PRUITT: Excuse me?

MR. MOORE: Give us a month. That includes 20 days, plus ten days for Mr. Watson to respond.

MS. REID: Let's see when Mr. Franklin is available.

MS. PRUITT: Yes. We have to fit it into the Commissioners and Board Members' schedule.

MR. BASTIDA: Madam Chairperson, for the record, Alberto Bastida. I think that the Department of Public Works will have sufficient time because the Department of Public Works ---- will have to provide another report.

Accordingly, then the opposition will have to have that report to answer and be

knowledgeable of that report. I think that with the transition team as it's going and the new work that DPW will have to do, I don't think that, with all due respect to the applicant, that a month is really a reasonable period of time to have that hearing.

MS. KING: I agree.

MS. PRUITT: Additionally, Mr. Franklin is available February 10th, which is too soon. The next time would be March 10th or March 17.

MR. MOORE: We would request February the 10th. And the burden of dealing with DPW would be on the applicant.

MS. KING: You mean one of our regular meetings?

MS. PRUITT: No, it is not a regular meeting.

MS. KING: I am not available.

MS. PRUITT: The 3rd and the 17th hearing dates are jammed packed. We have very heavy cases on both of those days. We're going to be here late on both of those days as it is. We have a chancery and a university on the 17th.

MR. MOORE: We request the 10th, 2/10.

MS. KING: I won't be available.

MR. WATSON: I think we have difficulty with this in terms of what is said as timing and

what we can respond. Great weight that's provided in the statute means not only the formal opinion but means the opportunity for a volunteer commission, such as the ANC, to be able to adequately respond to such matters.

The ANC after all is not funded to the exist that George Washington University is. And I would respectfully submit that we have a question of great weight if the ANC is not given sufficient time to see a final report and not rely on what report comes from the applicant as to what DPW does.

And I would suggest March 10th is a much more reasonable date to give everyone a fair chance to respond.

MS. PRUITT: Mrs. King, is it my understanding that you cannot make it on any alternate Wednesday?

MS. KING: That's correct, not until after the 20th of April.

MS. PRUITT: So March 10th is out. I'm just trying to understand the timing. Which then, if we move back from the 10th, it would either be the 2nd of March, which is a Tuesday preceding a hearing, or the 16th of March, which is also a Tuesday preceding a regular hearing date.

MS. KING: I can do either one.

MR. MOORE: The second.

MS. PRUITT: The applicant is requesting the second. The Board has a decision to make on what they would want to do and how they'd like to go. Mr. Franklin has not indicated anything on that. That is, of course, based on his availability. He did not indicate whether or not he could make a non-Wednesday day.

MS. REID: Like today he did.

MS. PRUITT: Correct.

MS. REID: Probably he can.

MS. PRUITT: Barring he's out of town, I think he could work his schedule as much as possible.

MR. WATSON: I might say that the applicant will endeavor to put most of the case on the record so that this Board wouldn't be burden with a great expense of its time on that day, unless Mr. Watson chooses to.

MS. REID: What are the dates? March 2nd?

MS. PRUITT: Or the 16th -- I'm sorry -- yeah, March 2nd or the 16th.

MS. REID: I thought we had narrowed it down to the 2nd.

MS. PRUITT: I'm sorry. You have agreed

to that. I know there was some discussion. I didn't know it was final.

MS. REID: March 2nd --

MS. PRUITT: That's the hearing date. At the hearing, my understanding from what the Board would still request included slides and photos shown by Mrs. Miller and Tyler. Also Mr. Franklin would like that in the redesign that you include information on building materials proposed, possibly samples or at least some facsimile of what you anticipate it to be.

And also he asked, Mr. Slade, for you to provide the analysis of the parking -- loading docks with similar types of conditions. That's what I have down. I'm not sure if there's anything else.

MR. GILREATH: Well, after you meet with DPW there may be some areas where there will be joint agreement.

MR. MOORE: We're going to try our best, Mr. Gilreath.

MR. GILREATH: Some areas there will not be. So that you would submit in your report to us saying these are the things you accept, these are the things you're going to stand firm on.

MR. MOORE: That is our intention, sir.

MR. GILREATH: And then DPW can -- will

they be available to come in and explain their argument? If they couldn't reach agreement and they couldn't change theirs, they can give us a rationale as to why they have to stand firm on theirs.

That way we can evaluate and decide which has the stronger argument.

MR. WATSON: Could I specifically follow that and request of the Board, specifically request that DPW have witnesses here at the hearing?

MS. PRUITT: The Office of Zoning can request that DPW --

MR. WATSON: Now, could we --

MS. PRUITT: -- come to the --

MR. WATSON: -- also set times? Because unless we can meet times it's not going to be possible -- this is December 31st that this came through and was mailed. But basic information was available weeks if not months before that.

I would like, if we're going to do this, to have fixed times. If we don't meet the earlier times, we will not go ahead with this hearing.

MS. KING: I agree.

MR. WATSON: And I think this should include the time the report will come from DPW.

MR. MOORE: I have no objection to that.

MS. PRUITT: So you're requesting that

all this information be served to you by a certain date prior to the hearing?

MS. KING: Or the hearing is automatically canceled.

MS. PRUITT: I mean submitted to this office prior to the hearing?

MR. MOORE: Give him some time to --

MS. PRUITT: I just want to be clear so that, you know, we're addressing everybody's needs. I'm sorry, Mr. Watson, can you continue?

MR. WATSON: Ms. Tyler wants to speak, and she is a party.

MS. TYLER: I would respectfully ask for a later date. As has been mentioned previously, our ANC is running out of money. We have to retain consultants, we have to retain traffic experts, we have to retain an attorney, and we have expenses that -- and the locations have not been forthcoming.

We do not want to have outstanding bills unpaid, and we haven't got the resources. So, therefore, we need to do more stuff ourselves. We don't have a staff assistant. We've got to do all these copies, everything out of pocket.

We probably will have to have a fundraiser. So in view of these conditions that we find ourselves in, I would respectfully ask for more

time. This is not something that's going to fall down into place if two weeks or three weeks more time is given to us.

MR. MOORE: Madam Chair, I would ask that the Board continue with the March 2nd hearing. The burden is on us to meet with DPW and to come back with a reasonable solution to this, and we can do that by the 2nd of March.

MS. KING: But let's talk about some deadlines that you will have -- that you and DPW will have submitted a report and you will have submitted new designs by? Fill in the date.

MR. MOORE: The 15th of February.

MS. KING: Received by us and the ANC --

MR. MOORE: The 15th of February.

MR. WATSON: I would respectfully suggest at least a week prior to that. The 15th of February, less seven days, would be the 8th of February.

MR. MOORE: I'll go with the 15th. That will give Mr. Watson more than 15 days to respond.

MR. WATSON: I understand this. But we're noting that the well-funded body is going to take six weeks to do this preparation, and you are asking the volunteer citizens to do it in two.

MS. REID: Okay. How long do you need?

Mr. Watson, how long do you need?

MR. WATSON: Well, I was suggesting, because we are trying to accommodate, that this be ready by the -- everything be served on the ANC, including DPW's report, by the 8th of February.

MS. PRUITT: Well, Mr. Watson, I guess --

MR. WATSON: That's roughly five weeks from now.

MS. PRUITT: My question is, what happens if DPW can't accommodate that? Since we have no representative from them, we can't hold them to that.

MR. MOORE: A new hearing date would have to be set.

MS. PRUITT: I just want to have your understanding.

MS. REID: Okay. We're saying tentatively --

MS. PRUITT: I don't know if the Board agrees with that, but --

MS. REID: -- not knowing what DPW's position is, we're going to set it for March the 2nd.

MS. PRUITT: Have a hearing for March the 2nd. We're requesting --

MS. REID: And the --

MS. PRUITT: -- that applicant and DPW respond by February 8th, is that correct?

MR. MOORE: Fine.

MS. PRUITT: I just need to -- a definitive number so I can put it down and --

MR. MOORE: Spirit of cooperation, of course.

MS. PRUITT: February 8th --

MS. REID: -- and that's the request. We comply with your request.

MS. PRUITT: With information served on all parties.

MR. WATSON: We're willing to compromise on these things.

MS. KING: And DPW -- and if the architect -- you know, all this stuff that Sheri just talked about is not in this office by the 8th of February, that automatically cancels the 2nd of March.

MS. REID: We'd have to reschedule.

(Simultaneous comments)

MS. REID: We have to conclude this because Mr. Gilreath has gone out the door, and once he's gone we cannot do anything. So let's conclude this momentarily.

MR. MOORE: One point. Ms. King just --

MR. BASTIDA: Excuse me, Jerry.

MS. PRUITT: Right.

MR. BASTIDA: You will have to give DPW a given time and then give the applicant time to respond to DPW's report that is officially in the record. And then you have to give enough time to the ANC to respond to both reports.

MS. PRUITT: -- at the hearing. We haven't closed the record.

MS. KING: We haven't closed the record. The DPW --

MS. PRUITT: We're looking for additional information --

MS. KING: -- altered the photographs and altered -- and the final design from the architect are all due on the 8th of February. Any of those aren't available, the meeting on the 2nd is --

MR. MOORE: Wait --

MR. BASTIDA: The applicant will claim they don't have enough time to respond to the DPW report.

MS. REID: No, no, we're not saying that.

MS. PRUITT: Yes, you did. You said if

all the stuff is not here --

MS. REID: Sheri?

(Simultaneous comments)

MR. BASTIDA: I'm talking about the applicant, not the agency.

SPEAKER: And we may not do --

(Simultaneous comments)

SPEAKER: -- report --

SPEAKER: Everybody is talking over each other, for the record.

SPEAKER: -- can't reach an agreement.

MS. REID: That's what we said.

SPEAKER: We can only have a DPW report --

MS. REID: Sure. Clarification. I think that there's some misunderstanding. If in fact these dates aren't met, then we would have to then reschedule or continue again. We're not saying that would automatically mean that we would not have -- would not have any hearing whatsoever.

It just simply means that we cannot keep those dates. We would have to continue to a later date.

MR. MOORE: Well, that's fine, except that I don't want to be held responsible for DPW not submitting on time, having my hearing canceled because they didn't come back on time.

MS. REID: Not canceled but continued.

MR. MOORE: Or continued. I'll get my stuff in on February the 8th, and DPW does what DPW does.

MS. KING: Yeah. But if DPW's stuff isn't here on the 8th of February, we can't go forward.

MR. MOORE: Well, that's not my --

MS. PRUITT: We can adjourn with the understanding --

(Simultaneous comments)

MS. KING: No, it's not your fault. But it's a fact.

MR. MOORE: I shouldn't suffer because DPW doesn't get its report it. We'll try.

MS. KING: Well, it behooves you to do so. But I think it is totally unfair to expect that the community or anybody in opposition should be denied adequate time to respond.

MR. MOORE: Oh, I agree. But it is also unfair for --

MS. KING: Anymore that you should --

MR. MOORE: -- me to have a hearing --

MS. KING: -- be denied --

MR. MOORE: -- canceled because DPW doesn't respond.

MS. KING: I mean, we're continuing it because you --

MS. REID: Okay.

MS. KING: -- you didn't have adequate --

MS. REID: We don't have a quorum anymore so I have to adjourn. But it will be on the record the finalization of this dates and times. We can do that. But I have -- I cannot not let him -- he has to leave.

MR. MOORE: Okay. What time, what time on the 2nd?

MS. REID: I'm going to adjourn.

MS. PRUITT: Wait. Time? I would suggest we start it at 9:30 in the morning so we don't run into a very late evening. Hopefully, we'll be out by noon, but I would suggest --

MS. REID: Nine thirty is fine.

MR. MOORE: Thank you.

(Whereupon, at 8:20 p.m., the hearing was adjourned, to reconvene on March 2, 1999 at 9:30 a.m.)