

October 5, 2006

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

Application No. 05-42
Sibley Memorial Hospital Consolidated Application for
a Planned Unit Development and Zoning Map Amendment
Hearing Date: October 12, 2006
Advisory Neighborhood Commission 3D Report

Dear Ms. Mitten:

Sibley Hospital made an initial presentation of a long-range campus plan to Advisory Neighborhood Commission 3D at the Commission's regularly-scheduled meeting in October of 2005. Sibley's Master Plan included a 130,000 GFA medical office building and replacement auditorium, a new hospital and patient tower, and an above-ground parking garage.

Following an initial series of meetings with the community, the Commission asked the hospital to limit the scope to a smaller project with less up-zoning. The hospital agreed and revised its proposal to focus on the medical office building, auditorium and parking garage. It subsequently filed with the Zoning Commission in December, 2005.

The hospital returned to the ANC in March, May, June, and September to provide additional requested information on the proposed project. The hospital also attended a Special Meeting of the ANC on September 20th at which the Commission received an update from DDOT before proceeding to its vote.

Meeting notices appeared in the Northwest Current two weeks prior to all meetings and were announced on the Palisades Listserv and through postings in the community.

ANC VOTE

On September 20, ANC 3D voted 4-2-0 to approve the hospital's application conditioned on specific reductions in the height of the building; the number of floors; and the number of doctors that will practice out of the facility (Recommendations). The commission voted separately 5-0-1 to adopt 11 Conditions.

RECOMMENDATIONS

1. Recommendation: The proposed Medical Office Building shall be reduced in height and square footage as described below:
 - The building, not including the mechanical (18 feet permissible) shall be reduced in height from 90 feet to 65 feet.
 - The number of floors shall be reduced from 7 above grade to 5 above grade.
 - The above-grade square footage shall be reduced from 130,754 to 92,624.
 - If Sibley recalculates its proposed above-grade square footage to eliminate mechanical (a portion of Floor 7 at 8,907 square feet, all of Floor 8 at 4,315 square feet, and all of Floor 9 at 260 square feet), this recommendation shall be similarly adjusted so that the end result is elimination of two floors or roughly a 40,000-square-foot reduction.
 - Neither the footprint of the building nor the density of space shall be increased in such a way as to replace the above-eliminated height and square footage.

2. Recommendation: The number of doctors to occupy the Medical Office Building shall be reduced from 90-100 to 60. This reduced number of doctors tracks the reduction in square footage while adhering to the assumptions below:
 - A standard doctor's office is 1,200 square feet.
 - Under the current application, it appears Sibley will house approximately 1.3 doctors per office. [Total square footage of 5 doctors' floors divided by 1,200 feet, which they say is the standard office size, would allow for 74 offices. So 95 doctors in 75 offices allows 1.3 doctors per office].

Furthermore, should any of the above assumptions change or prove incorrect, including the number of floors dedicated to doctors' offices, the intent of the recommendation is to reduce the number of doctors practicing in the Medical Office Building (e.g. who would have their names in the directory) from 90-100 to 60.

3. Recommendation: The number of parking spaces in the new garage would be reduced from 750 to 525 in direct proportion to the reduction of MOB square footage.

Further, in the event Sibley moves its existing helipad onto space now used for parking, any net loss of parking spaces shall be added into the new garage.

This recommendation is concurrent with the following assumptions:

- The current Underutilized Inventory of parking spaces has been estimated at 360. That this number of spaces is *consistently* un-used should be confirmed before these spaces are subtracted from the new spaces required for the Medical Office Building.

4. Recommendation: With respect to the requested zoning map amendment, which was set down as SP-2, we oppose the SP-2 designation as inappropriate for the proposed site. Our advice from the Office of Planning is to focus on building characteristics rather than specific zoning designations, however under no circumstances should an amendment be granted for anything in excess of SP-1.

ANC Vote on Recommendations: 4-2-0 with Commissioners Shapley and Mullane opposing.

CONDITIONS

Traffic

Condition 1: DDOT shall optimize the signalization of the traffic light at the intersection of Loughboro Road and MacArthur Boulevard to improve the current Level of Service and traffic flow.

Condition 2: Sibley shall provide a regularly-scheduled free shuttle bus to the Friendship Heights Metro Station starting no later than one hour before the start of regular Medical Office Building hours and ending no earlier than one hour after the close of regular Medical Office Building hours. This shuttle bus shall also be available for use, free of charge, by all area residents. Sibley shall regularly promote availability of the shuttle bus to all of its employees, on its website and in the local newspaper. The hospital shall track use of the shuttle in regular reports to DDOT and ANC 3D.

Condition 3: Sibley shall take other steps including promoting ride-sharing and providing financial incentives (subsidies for public transportation) to encourage its employees to use public transportation. The hospital shall set meaningful goals for employee use of shuttle bus service and both track and report these programs' effectiveness.

Condition 4: Sibley shall move its helipad from Little Falls Road to a location in its parking lot nearby the hospital's emergency room as shown on a diagram provided to the ANC. (Appendix D).

Condition 5: Sibley shall implement all DDOT recommendations for the redesign of the Loughboro Road and Dalecarlia Parkway intersection; and, shall incur all costs associated with the redesign and construction of any new intersection configurations required for the purpose of traffic mitigation and safety.

Condition 6: Pending the results of a WMATA rider survey concerning relocation of the D6 drop-off on Loughboro Road to behind Sibley on Little Falls Road, DDOT shall actively undertake to work with ANC 3D to overcome remaining barriers to re-routing the D6 bus off of the southbound side of Loughboro Road to a new drop-off and lay by behind Sibley. The D6 pick-up on the northbound side of Loughboro Road near the front of the hospital will remain in place.

Condition 7: DDOT shall work with the ANC and surrounding neighborhoods to develop a comprehensive traffic calming plan for streets and intersections outlined in Appendix A that are likely to experience reduced safety and increased cut-through traffic as a result of additional medical office building traffic.

Landscaping, Noise and Light

Condition 8: Sibley shall proceed with a plan for landscaping and visually-mitigating the impacts of the new medical office building that maximizes plantings on and around the parking garage and parking lots, minimizes the visual impacts along Dalecarlia Parkway and Loughboro Road, and reduces as much as possible the impacts of noise and light on neighbors.

Condition 9: Sibley shall comply in all respects with stormwater mitigation needs in accordance with the Department of Health's requirements.

Amenities

In consideration of the impacts of its proposed medical office building on the surrounding community, and in accordance with PUD requirements, Sibley has proposed the following amenities:

- A contribution of \$35,000 to the Department of Transportation to help fund a walking/bike path along Dalecarlia Parkway.
- A grant to Iona Senior Services in the amount of \$105,000 for the purchase of two passenger vans to be used for providing transportation to area seniors for shopping, doctors' appointments and other activities.

ANC 3D encourages the strengthening of the partnership between Sibley Hospital and Iona Senior Services with an especial focus on serving residents of the neighborhoods of ANC 3D affected by Sibley's proposed medical office building.

Condition 10: ANC 3D supports Sibley's proposed grant to Iona Senior Services. Based on the strong interest in Palisades and other Washington, D.C. neighborhoods in the so-called "Beacon Hill Village" model of retirement-in-place programs, we would like to see Sibley explore with Iona a possible two-year follow-on grant to be targeted for the programmatic needs of the senior population in ANC 3D. Such grants would enable Iona to begin developing its own model program for retirement-in-place, with an especial focus on residents of Palisades and Spring Valley that could evolve to serve all Ward 3 seniors.

Condition 11: ANC 3D recommends the \$35,000 contribution to DDOT to help fund a walking/bike path along Dalecarlia Parkway be directed toward the proposed grant to Iona Senior Services as noted in Condition 10. While we recognize that increased use of bike transportation is a positive element of any PUD application, in this case the

proposed walking/bike path is in the pre-design stages and it will take upwards of \$1 million to complete. There has been little public discussion on the project and we are aware of some opposition to the trail location among Spring Valley residents.

Vote on Conditions: 5-0-1 with Commissioner Mullane abstaining.

COMMUNITY INVOLVEMENT

ANC 3D previously supported the following four Special Exception Applications by Sibley Hospital: 1) a skilled nursing facility in 1995; 2) a 124-bed for-profit assisted living facility, Grand Oaks, and a 96-bed skilled nursing facility, in 1998; 3) a breast cancer treatment facility in 2000; and 4) an additional 36 units in a second Grand Oaks building in 2004. [Please see Exhibit B for previous ANC 3D votes on Sibley Hospital, including traffic conditions].

In January of 2005, Sibley invited Loughboro Road residents and ANC representatives to two briefings about its Master Campus Plan. Drawings showed a medical office building and garage, and a new main hospital building and patient tower. All were situated toward the rear of the lot

According to a July Washington Business Journal article, “First up is a medical office building, which [Sibley president Robert] Sloan envisions as a 90,000-square-foot facility with room for 60 to 70 doctors. A physician’s building is important for two reasons: It’s a convenience for patients and an enticement to doctors.”

In anticipation of an extensive proposal, the ANC in late summer 2005 organized a working group made up of the ANC’s chair, the single member representative, and two members of the community. This group initiated monthly meetings with the hospital starting in September 2005 and continuing through April, 2006.

Recognizing that a medical office building would have farther-reaching impacts than previous projects, the ANC in September 2005 sent out a notice of upcoming presentations by the hospital before the ANC and the Palisades Citizens Association to 250 residents of nearby Palisades streets. The mailing included a reprint of the Washington Business Journal article and invited residents to participate in reviewing the proposal when it was brought forth. The ANC sent a postcard reminder to the same group before the Palisades Citizens Association meeting in November.

Following community feedback that the project should be approached step by step, Sibley revised its proposal to focus on the medical office building and parking garage, and re-drew the project’s boundaries. Its application was filed to the Zoning Commission in late December.

Starting in January, working group meetings focused on: a) the need for the proposed facility; b) an initial traffic and parking study, about which the ANC presented 4 pages of

questions and comments; c) Impacts on traffic and parking, and proposed mitigation; d) Sibley's charitable care and community involvement, including its senior services programs; e) possible amenities; and f) timing on hearings and votes.

Sibley made its first presentation of its revised proposal, including an initial traffic study, to the ANC in March. Residents expressed strong concerns about traffic and parking on neighborhood streets, noting that traffic to and from a medical office building would exceed ordinary office building traffic and asking for total daily traffic volumes.

Community concerns – and community participation -- rose exponentially in April when the hospital confirmed that standard traffic models predict about 5,000 daily trips to the facility.

Sibley terminated working group meetings in April and thereafter appeared at several ANC meetings and at the June meeting of the Palisades Citizens Association. The PCA voted to approve the project pending institution of a shuttle bus and successful efforts to reduce traffic impacts. The Spring Valley – Wesley Heights Citizens Association held no meetings or votes. The board of the Spring Valley West Homes Corporation strongly endorsed the project.

JUSTIFICATION FOR RECOMMENDATIONS

Neighborhood concerns about the proposed medical office building fall into two broad categories: One, concerns about excessive traffic entering and exiting the facility both at rush hour and throughout the day, and impacts throughout neighborhood streets. Two, the environmental, visual, noise and other “quality of life” impacts associated with such a large facility. Residents have pointed out that they will also experience traffic and safety impacts from the Washington Aqueduct's industrial dewatering facility behind Sibley on Little Falls Road.

Concerns and opposition have come from Palisades neighbors who said they rely upon Sibley as their community hospital and haven't opposed any of the hospital's previous expansions. Nevertheless many have said they view the project as too large and remain unconvinced of the need for it given other nearby doctors' offices. Many have written detailed letters to the ANC and the Zoning Commission about how the project would impact them.

The ANC has sought to respond to community concerns both by seeking mitigation and limiting the project's impacts. Reducing the size of the facility will achieve the following goals:

- Reduce traffic and traffic impacts, make proposed mitigation more workable, reduce somewhat the potential safety impacts
- Reduce noise and light impacts by lowering building height

- Allow for reduced parking garage footprint resulting in less impermeable surface coverage
- Establish a more compatible standard for building heights on site as Sibley moves to expand/replace existing buildings in the future.

The ANC's vote thus represents an effort to balance Sibley's needs with those of the community, with an eye toward the hospital's future Master Plan improvements. The proposed smaller building would still accommodate 60 doctors as well as all of the proposed outpatient surgery and diagnostic services. However all-day trips to the building would be reduced to a more manageable number -- roughly 3,500 -- and the size of the parking garage would also be reduced. The lower building height would be more in scale with other buildings on the campus including Grand Oaks.

COMPREHENSIVE PLAN AND GENERALIZED LAND USE MAP

Carefully managing the height of campus buildings as a whole is consistent with the provisions of the current Comprehensive Plan. Specifically, § 1409.1(f) of the Ward 3 Plan lists a number of institutions including Sibley Hospital and states:

“Many of these facilities have structures that are an exception to the neighborhood’s land use or that do not conform to the underlying zoning. The compatibility of these uses must be maintained, expansion carefully controlled, changes to neighborhood-related uses encouraged, and conversion to other nonconforming uses prevented;”

While the ANC does not dispute that many hospitals have associated medical office buildings, we find no precedent for locating what is essentially a new commercial office building in an otherwise low-density residential neighborhood. The Ward 3 plan clearly recognizes that Sibley’s institutional designation is an exception to the area’s dominant land use and that “changes to neighborhood-related uses” – should be encouraged. While a medical office building may be a complement to Sibley’s activities it is unquestionably not a “neighborhood-related” use.

Since 1995 Sibley has more than doubled its lot coverage and increased its lot size by acquiring 8.54 acres of land previously owned by the U.S. Army Corps. Also with the land acquisition a formerly public street, Little Falls Road, has been converted to the hospital’s private ownership for shared use by the hospital and Washington Aqueduct. Further intensified development on both sides of Little Falls Road poses an obvious threat to the neighborhood’s low-density residential fabric.

Special Purpose District: Per DCMR 11 Chapter 5 §500.3, “The SP District is designed to preserve and protect areas adjacent to Commercial Districts that contain a mix of row houses, apartments, offices, and institutions at a medium to high density, including buildings of historic and architectural merit.”

SP Districts are generally located adjacent to Commercial (C-3-C and C-4) Districts where they are to serve as a buffer between commercial and residential uses. The only commercial zoning within a mile radius of Sibley is C-1 (Neighborhood Shopping District) with a small restaurant, deli and salon on MacArthur Boulevard.

SP-2 District: The ANC rejected SP-2 designation as inappropriate for this site for several reasons. First, in proposing SP-2 designation the hospital has compared its site with that of the Washington Hospital Center. Sibley's campus bears no resemblance to that campus either in terms of use or surrounding neighborhood zoning. A 90-foot building would be more than twice as high as residences across the street, and twice as high as all of the recently-constructed buildings on Sibley's own campus.

SP-1 District: Chapter 5 §530 Height of Buildings or Structures (SP) provides for a maximum height of 65 feet with an additional 18 feet of height for mechanical uses. Chapter 24 §2405.1 provides that a building designated as SP-1 may be as high as 75 feet so long as it meets the criteria of §2405.3:

“The Commission may authorize an increase of not more than five percent (5%) in the maximum height or floor area ratio; provided, that the increase is essential to the successful functioning of the project and consistent with the purpose and evaluation standards of this chapter.”

The ANC's Recommendation for a reduction in the proposed building height is consistent with the matter-of-right provisions of Chapter 5 §530. It is consistent with the ANC's goal to reduce the building by two floors, with each floor at a proposed height of 12.5 feet and providing three, rather than five, floors for occupancy by doctors' offices.

It is further consistent with Sibley Hospital president Robert Sloan's statement at the outset of the project that the hospital would seek to construct a 90,000-square foot facility to house 60 doctors. It leaves untouched the proposed retail, diagnostic and outpatient surgery facilities on the ground and first floors.

PUBLIC BENEFITS

Per 11 DCMR Chapter 24 §2403.6, “Public benefits are superior features of a proposed PUD that benefit the surrounding neighborhood or the public in general to a significantly greater extent than would likely result from development of the site under the matter-of-right provisions of this title.”

Sibley has said the Medical Office Building represents the first phase in a longer-term build-out and updating of its facilities, and will house 90 to 100 doctors. The medical office building will provide more convenient access to doctors and a range of services including outpatient surgery and diagnostic imaging. They have stated the new facilities are necessary to attract a younger generation of doctors, many of whom are leaving the

District for Maryland and Virginia due to the city's high malpractice rates, and that the new facilities are necessary for the long-range financial viability of the hospital.

The ANC and the working group have observed the following about area medical office buildings:

- A majority of other area hospitals have Medical Office Buildings, however virtually all are privately-owned and significantly smaller than the facility proposed by Sibley. District hospitals with very large medical office buildings include Georgetown and GWU, both of which are teaching hospitals and both of which have smaller operating margins than Sibley.
- Most growth in medical office buildings is occurring in rapidly-growing counties such as Fairfax and Montgomery where hospitals are located within minutes of major highways.
- At least two area hospitals, Suburban and Takoma Park Adventist, have or are planning medical office buildings located 2-1/2 and 1-1/2 miles respectively from the hospital. The Takoma Park facility is slated for a retail "superblock."
- There are 6 sizeable medical office/diagnostic/outpatient surgery facilities within 2-1/2 miles of Sibley: Foxhall Square; the Massachusetts Avenue Surgery Center; 4901 and 4910 Massachusetts Avenue; Washington Radiology; the Chevy Chase Building; and the Barlow Building. The last 3 of these are co-located with Metro.

The ANC and the working group have observed that Sibley currently appears to be in good financial health:

- Per D.C. Hospital Association's 2004 Financial Indicators report, Sibley's operating margins are higher than all other area hospitals. Operating margins were 2.3% in 2002; 2.8% in 2003; and 5.6% in 2004. In contrast, operating margins for GWU Hospital were 0.8% in 2004; and for Georgetown -3.3% in 2004.
- Sibley's patient revenue in 2000 and 2004 remained steady at about 45% Medicare, 50% "Other Insurance," 1% Medicaid and 4.4% self-pay.
- Sibley's charitable care rose from 2.4% of total care in 2002 to 2.9% in 2004, and was expected to grow again in 2005.
- More or less consistent with other area hospitals, 22% of Sibley's employees are from the District; 55% are from Maryland, and 23% are from Virginia.
- Per Sibley, about 40% of its patients originate in the District, and 60% from out of state, mostly Maryland.
- Per Sibley, its Grand Oaks assisted living facility, which is an affiliate of the Sunrise Senior Living (NYSE:SRZ), contributes roughly 25% of the hospital's income and helps offset the losses experienced by all hospitals on inpatient stays.

Sibley has stated that the medical office building would provide additional convenience to area residents. It remains unclear how many residents' doctors would actually move to the facility. It is also unclear why doctors from outside the District would choose to relocate to Sibley given the District's disproportionately high malpractice rates.

Concerns have also been expressed that in the event the hospital is unable to lease all of the proposed office space the medical office building could a) be leased for general office use; or b) have a negative impact on the hospital's overall financial health.

BUILDING HEIGHT AND FUTURE EXPANSION

By reducing the height of the building we further seek to reduce visual, light and noise impacts.

The building as proposed would be 90 feet high. The nearest buildings are 79 feet and 83 feet (Hayes Hall and the main hospital). However these figures do not include an additional 18 feet high permitted for mechanical, which would put the proposed medical office building at 108 feet. Furthermore, while the two buildings nearest the proposed medical office building may not appear to be out of step with a 90-foot building, heights of other campus buildings are in fact much lower.

The matter of right height for Zone R-5-A is 40 feet and about 20 houses front Loughboro Road across from the hospital. As noted earlier, the ANC previously supported Sibley applications for Special Exception relief to construct Grand Oaks to the height of 46 feet. The proposed medical office building would be twice as high as these buildings and would appear disproportionately higher by virtue of being sited at the top-most point of the lot.

Precedent for Future Expansion: The ANC is additionally concerned about the height of the new building as a precedent for Sibley's proposed Master Plan expansion and replacement of its patient and operating facilities in the future. Sibley intends to demolish both Hayes Hall and a significant portion of its existing hospital facilities in order to replace them with new, integrated operating facilities and patient housing.

TRAFFIC IMPACTS

The facility as proposed would generate approximately 5,129 new trips daily in and out of the facility. With or without the proposed mitigation, the addition of approximately 2,250 new vehicles onto the areas streets each day is intolerable. The Palisades Citizens Association traffic chair has observed that the MOB as proposed would add traffic equivalent to 14 years of ordinary growth. In contrast to a medical office building, Sibley's Grand Oaks projects have generated relatively small volumes of new traffic.

Several intersections are at C or below already. The intersection of Dalecarlia Parkway and Loughboro Road is an F. Neighborhoods of Palisades and Spring Valley already experience cut-through traffic – *on streets that have no sidewalks* -- that can be expected to increase with this level of new vehicles. Independently of the current proceeding, residents of Watson and Macomb Streets, and Palisades Lane, have petitioned DDOT for a traffic calming study for their streets.

Spring Valley neighbors have also expressed alarm about the anticipated new traffic, the impact on Dalecarlia Parkway safety and the likely increase in use of local streets for cut-through.

In terms of mitigation, Sibley has committed to provide shuttle bus service between the hospital and the Friendship Heights Metro station. Most area hospitals provide similar shuttle bus services. A Sibley employee survey showed high interest in use of the shuttle, however both Sibley and DDOT have said they expect most doctors and patients will drive to the new medical office building.

In a meeting with the District's Department of Transportation on Friday, September 15th (the week prior to the Commission's vote), several ANC commissioners presented their outstanding concerns about traffic stemming from the proposed new facility. These concerns are summarized below:

- Average daily trips are very high and questions remain about the basis for trip reductions based on shuttle bus service, so-called synergies, and other measures.
- Several area intersections are currently operating at a Level of Service anywhere from C to F. Mitigation of these intersections has strong dependencies on DDOT and we do not yet have DDOT's written report.
- Two existing/proposed intersections –the proposed new hospital main entrance at Dalecarlia Parkway and Little Falls Road, and the Level of Service F intersection at Loughboro and Dalecarlia – pose safety concerns that have not been addressed.
- There has been no movement on efforts by the ANC and Sibley neighbors to have Sibley's helipad re-located from Little Falls Road so as to eliminate the greatest obstacle to re-routing the eastbound D6 buses away from people's homes on Loughboro Road. This change has been sought by neighbors for more than 5 years and incorporated into both a BZA ruling and language associated with a bond approval for Sibley. Making this change, *which properly falls under mitigation related to previous construction*, becomes even more critical with the possibility of additional new hospital-related traffic.
- Residents of nearby streets are concerned both about cut-through traffic and hospital-related parking on their streets. A majority of nearby streets have no sidewalks, have many young children, and are already seeking relief from cut-through traffic that would increase with additional medical office building traffic.
- Taxicab service to and from the hospital is already poor. Traffic forecasts for the new facility indicate there would be as many as 70 new requests for taxis each day and it's unclear where this service would come from.

DDOT attended the ANC's September 20th meeting to provide an update. DDOT said there was no agreement with Sibley about design and construction funding for new intersections, and that they needed more data on a) day-time traffic, and b) vehicle speeds on Dalecarlia Parkway.

DDOT believes it can re-time traffic signals at the intersection of Loughboro Road and MacArthur Boulevard to improve movement of existing commuter traffic and anticipated new rush-hour traffic from the medical office building. For several turns through this intersection current Levels of Service are C, D and E, with overall performance of D (a.m.) and C (p.m.).

Sibley's traffic engineers estimate that by re-timing the traffic lights the Level of Service would improve to C (both a.m. and p.m.). *However this would leave no virtually no capacity for ordinary future traffic growth or for additional traffic associated with Sibley's future Master Plan construction.*

The ANC has concluded that Palisades and Spring Valley cannot absorb traffic associated with the proposed medical office building given a) current and future levels of commuter traffic, and b) the fragility of nearby residential streets. The only way to reduce traffic impacts from the medical office building is to reduce the number of doctors and patients that will drive there.

By reducing the square footage of the facility as recommended, and capping the number of doctors, the associated traffic should be reduced as well (to approximately 3,500 trips per day based on ITE Code 720 average daily traffic volume per 1,000 square feet). By reducing the total trips both the neighborhood and local streets will be in a better position to absorb the impacts, *assuming mitigation.*

PARKING

Despite Sibley's good faith efforts to prevent hospital visitors in particular from parking on neighborhood streets, this remains a chronic problem for residents of several nearby blocks. Sibley has agreed that parking fees for medical office building staff will be built into lease costs but has rejected the notion of providing limited free parking to hospital visitors or patients of the new medical office building.

Instead, Sibley has committed to provide ample parking in its garage so that on-street parking will not be exacerbated by a lack of garage capacity as happens at Foxhall Square. Early in its discussions with the hospital working group Sibley committed to provide 6 spaces per 1,000 square feet of doctors' offices. [See attached written testimony of Donald W. Velsey, AIA].

Taking into account spaces that would be eliminated due to construction, the hospital proposed a parking garage with 750 spaces. If the GFA is reduced to 92,624, the same ratio would result in a need for a garage with 525 spaces.

It is important to note, however, that neither parking figure takes into account the additional 25,000 GFA in the ground level of the building where patients will come and go at potentially higher frequency than to doctors' offices. The same equation would generate a need for an additional 150 spaces, for a total needed garage capacity of 675.

Therefore a further benefit of reducing the square footage of both the medical office building and the parking garage may provide the opportunity to redesign the parking garage in such a way that it reduces the loss of impervious surfaces and permits more attractive landscaping and better stormwater drainage.

Under the current proposal, impervious surface would be increased from 75.4 percent to 78.8 percent. In percentage terms a 3.4 percent increase may not seem like much. But when you look at it in the context of the entire 892,000-square-foot site, it's 30,000 square feet which is about 2/3 of an acre (43,560/30,000). Viewed another way, 30,000 square feet is the equivalent of more than 5 lots under R-1-B residential zoning.

RE-LOCATION OF METRO BUS LAYOVER TO BEHIND SIBLEY

Residents of Loughboro Road have sought for more than five years to have the D6 Metro bus -- which climbs Loughboro Road in front of people's houses to a turnaround point at the intersection of Dalecarlia Parkway -- re-routed to instead circle behind the hospital before resuming its return downtown.

The vibration, noise and exhaust from the buses climbing the hill and discharging patients opposite the Sibley entrance are a constant irritant to neighbors. This arrangement also poses safety issues for hospital employees (by far the heaviest users of the D6 route) crossing the street along unmarked paths. Use of the D6 by staff -- and hopefully by patients -- can be expected to increase if there is a medical office building.

The chief barriers to this change have been two-fold: First, the expense associated with upgrading the Little Falls Road roadbed to carry the heavy metrobuses. Second, the use of Little Falls Road by Sibley for its helipad. Previous BZA orders have conditioned approval of Sibley Special Exceptions on the hospital making its best efforts to work with the community to address these issues.

WMATA has said that if these problems can be overcome, and pending the outcome of a ridership survey currently underway, it has no objection to this change of route. WMATA buses circle other hospital campuses and in some parts of Maryland and Virginia also circulate through strip malls. Re-locating the bus terminal in this case would improve layover conditions for buses, which currently sit idling either on Loughboro Road or at the corner of Loughboro and Dalecarlia.

The ANC in August held a meeting with all stakeholders and some headway appears to have been made on both issues. First, Washington Aqueduct general manager Tom Jacobus stated that in the event Sibley reconstructs Little Falls Road to accommodate a new hospital main entrance, the Corps will fund the difference in cost to bring the roadbed up to standards needed to carry 20-ton trucks to service its dewatering facility on Little Falls Road. Engineers would need to determine what if any additional work was needed to ensure this also met the requirements for metro-buses.

Second, Sibley circulated a diagram at a spring ANC meeting which is attached and shows the helipad located in the area of one of the hospital's current outdoor parking lots. The ANC and Sibley have not discussed this issue recently, however it does appear that independent of any new project or construction, Sibley considers this alternative location to be feasible.

Among the ANC's conditions is that this long-sought change to bus routing be implemented with the cooperation of DDOT, Sibley and WMATA as soon as possible. In recognition of the likelihood that placing the helipad into an area used for parking would eliminate some parking spaces, the ANC has asked that any lost parking spaces be compensated by additional spaces in the new parking garage.

FUTURE COMMUNITY MEETINGS

In its recommendations and conditions, ANC 3D neglected to address the need for Sibley to institute regular meetings with the community to review its activities and learn of and address any community concerns and impacts.

The Zoning Commission regularly supports establishment of quarterly meetings between an applicant and community members in the event of a major development project such as a campus plan or school expansion.

Sibley has not previously held regularly-scheduled meetings with the community, however such meetings – advertised to roughly 250 homes in the Palisades project area and to affected residents of Spring Valley (to be determined) – would be beneficial to all parties should the medical office building project move ahead.

List of Attachments

- 0. ANC 3D Proposed Revisions (chart)
- A. Traffic Mitigation and Summary Status (Sept 15, 2006)
- B. Previous ANC 3D Votes on Sibley Memorial Hospital
- C. Comments of Palisades Citizens Association Traffic Chair Laura Phinzy
- D. Possible new location for helipad (Sibley diagram)
- E. Other nearby medical office buildings (map)
- F. Area Medical Office Buildings (chart)
- G. Written expert testimony of Donald W. Velsey concerning MOB Parking