

MAJOR INSTITUTIONS MASTER
PLAN PROCESS

**SWEDISH MEDICAL CENTER CHERRY HILL CAMPUS
MAJOR INSTITUTIONS MASTER PLAN CITIZENS ADVISORY
COMMITTEE**

Final Report and Recommendations

SUBMITTED TO:

City Council of the City of Seattle
Hearing Examiner for the City of Seattle

May 28, 2015

This report is produced pursuant to Seattle Municipal Code Section 23.69, and contains the findings and recommendations of the Major Institutions Master Plan Citizens Advisory Committee for the Swedish Medical Center Cherry Hill Master Planning Process.



City of Seattle
Department of Neighborhoods

Edward B. Murray, Mayor
Bernie Agor Matsuno, Director



ACKNOWLEDGEMENTS

Cherry Citizens Advisory Committee Current and Past Members

Katie Porter, chair
Dylan Glosecki, vice chair
Nasjwa Alsheike, past member
Cynthia Andrews, past member
Patrick Angus, member
Larua Branigan past member
Linda Carrol, member
Patrick Carter, past member
Leon Garnett, member
Maja Hadlock, member
Ashleigh Kilcup, member
David Letrondo, member
Jamile Mack, past member
Eric J Oliner, past member
Dean Patton, alternate member
Nicholas Richter, past member
James Schell, alternate member
J. Elliot Smith, member
Laurel Spelman, past member
Raleigh Watts, member

Ex-Officio Members

Andy Cosentino – Swedish Mason Medical Center
Management
Marcia Peterson, past ex-officio member Swedish
Medical Center Management
Steve Sheppard, City of Seattle, Department of
Neighborhoods
Stephanie Haines, City of Seattle, Department of
Planning and Development
Christina VanValkenburgh, City of Seattle
Department of Transportation

And all of those persons in our community
who testified before the Committee
and/or provided written reports and
comments.

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City of Seattle

Edward B. Murray, Mayor

Seattle Department of Neighborhoods

Bernie Agor Matsuno, Director

SWEDISH MEDICAL CENTER CHERRY HILL CAMPUS MAJOR INSTITUTIONS MASTER PLAN CITIZENS ADVISORY COMMITTEE

Swedish Medical Center Cherry Hill Campus Major Institutions Master Plan Citizens Advisory Committee

Committee Members and Alternates

Katie Porter – chair
Dylan Glosecki - Vice Chair
Leon Garnett
Maja Hadlock
Ashleigh Kilcup
James Schell
J. Elliot Smith
Laurel Spelman
Linda Carrol

Swedish Medical Center Non-management Representative

Patrick Angus
David Letrondo
Dean Paton
Raleigh Watts

Ex-officio Members

Steve Sheppard

Department of Neighborhoods

Stephanie Haines

Department of Planning and Development

Andy Cosentino

Swedish Medical Center Management

Christinia Van Valkenburg

Seattle Department of Transportation

May 20, 2015

Sue Tanner
Office of the Hearing Examiner
Seattle Municipal Tower
Suite 4000
Seattle, WA 98104

Tim Burgess, President
Seattle City Council
City Hall
Room 237
Seattle, WA 98104

RE: Swedish Medical Center Cherry Hill Campus Major Institution Master Plan Citizens Advisory Committee Comments and Recommendations Concerning the Final Major Institution Master Plan for Swedish Medical Center Cherry Hill Campus.

Dear Ms. Tanneer and President Burgess,

In accordance with SMC 23.69, Swedish Medical Center Cherry Hill Campus Major Institution Master Plan Citizens Advisory Committee (CAC) submits its comments and recommendations on the Major Institution Master Plan (MIMP) for the Swedish Medical Center Cherry Hill Campus as outlined in the body of the report.

After holding a total of 36 public meetings and reviewing volumes of reports and letters both from those favoring the adoption of the Final Major Institutions Master Plan for Swedish Medical Center Cherry Hill Campus and those opposed to various elements of that plan the CAC found that the Final Major Institutions Master Plan for Swedish Medical Center Cherry Hill Campus dated December 11, 2014 and designated as Alternative 12 in that plan, neither sufficiently minimizes the impacts associated with future development

nor adequately protects the livability of the neighborhood. Adoption of the plan should occur only with the additional reductions in height, bulk and scale recommended in this report.

In general, these changes further reduce heights as follows:

- 1) Reduction of the allowed height on the block bounded by E. Jefferson street, E. Cherry Street, 18th Avenue and the rear lot lines of those properties on the west side of 19th Avenue to eliminate any portions projecting above 37 feet;
- 2) Reduction of the allowed height on the Central block from 160 feet to 140 feet to be allowed only for the hospital wing; and
- 3) Reduction from 150 feet to 105 feet for all portions of the block bounded by E Jefferson street, E. Cherry Street, 15th Avenue and 16th Avenue.

In addition, the CAC has proposed significant increases in proposed setbacks and other provisions, all of which the CAC majority concluded were the minimum necessary to balance a Major Institution's ability to change and the public benefit derived from change with the need to protect the livability and vitality of adjacent neighborhoods.

This process proved very difficult. Members were often closely split between competing proposals and approval of each majority recommendation was relatively narrow in several areas. The number of public comments was overwhelming and overall participation high. Hundreds of people commented both during the public comment periods at the 36 Citizens Advisory Committee Meetings and by e-mail or letter. The overwhelming number of comments were critical of the Swedish Medical Center proposal.

There were consistent themes: 1) the proposed bulk, height and scale of the proposal is fundamentally inconsistent with the surrounding low-rise neighborhood; 2) traffic generated will be significant and will negatively affect the neighborhood and surrounding areas, and will be difficult to mitigate; 3) the affiliation between the Sabey Corporation and Swedish Medical Center presents problems that are not adequately addressed by the current Major Institutions Code; 5) the total amount of square footage proposed in this development proposal is driven by the needs of the institution's private development partner (Sabey) and not by the need for primary hospital care, 6) Swedish Medical Center has not adequately justified its need for expansion; and 7) the current proposed plan should be denied in total and referred back for a total revisions.

The breath and consistency of these comments weighed heavily on the conclusions of the CAC.

The CAC did not reach consensus. A minority of members advocated greater restrictions, especially regarding heights, and others advocated recommendations somewhat closer to those contained in Alternative 12.

We look forward to presenting our positions at the Hearing Examiner Hearing.

Sincerely,

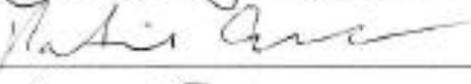
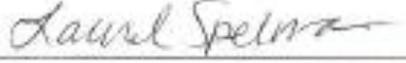
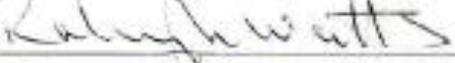
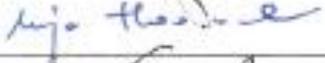
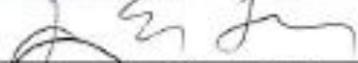
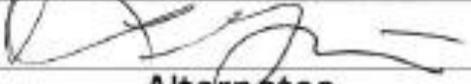
A handwritten signature in black ink, appearing to read 'Katie Porter', written over a horizontal line.

Katie Porter, Chairperson

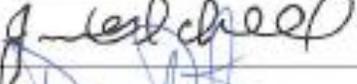
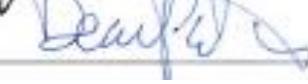
The signatures below do not an indication of agreement with all recommendations in the report, but acknowledge that the report represents the record of the majority opinion on various issues.

Swedish Medical Center Cherry Hill Campus Major Institutions Master Plan Citizens Advisory Committee

Members

	NAME	Signature
1	Ashleigh Kilcup	
2	Katie Porter	
3	Patrick Angus	
4	Laurel Spelman	
5	Dylan Glosecki	
6	Linda Carrol	
7	David Letrondo	
8	Raleigh Watts	
9	Maja Hadlock	
10	J. Elliot Smith	
11	Leon Garnett	

Alternates

Alt 1	James Schell	
Alt 2	Dean Paton	

Majority Report

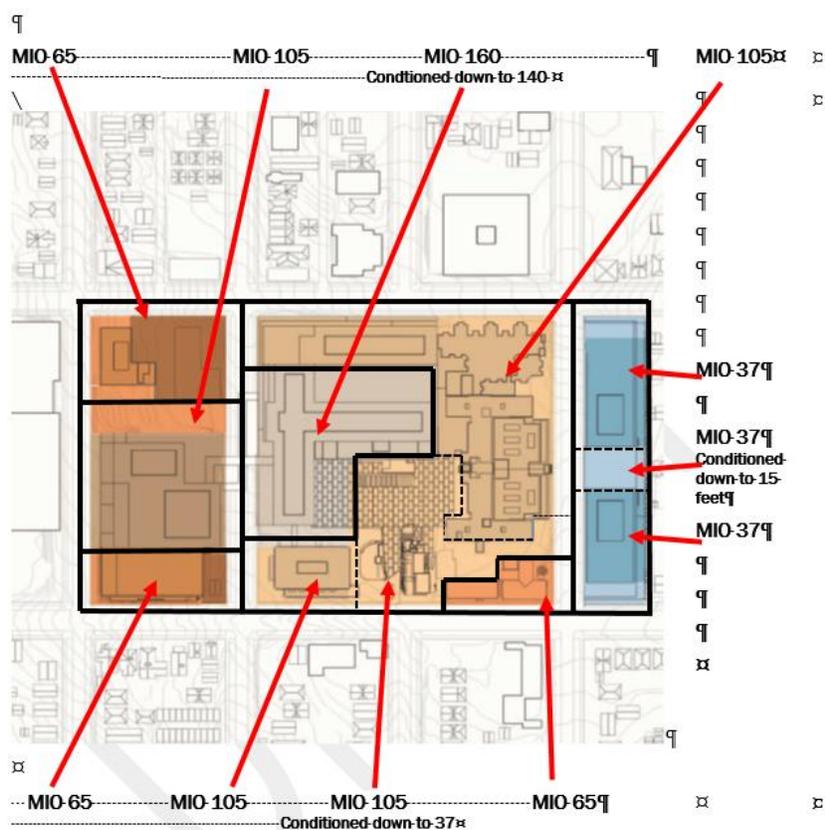
SUMMARY

The following is a listing of recommendation only. A more complete discussion of each recommendation is included in Section III of this report.

CAC Recommendation 1 – The proposed Master Plan (Alternative 12) as presently construed allows significant institutional growth and accommodates most of Swedish Cherry Hill’s needs, but neither sufficiently minimizes the impacts associated with future development nor adequately protects the livability of the neighborhood and therefore **does not meet the purpose and intent of SMC 23.69. Additional reductions in height, bulk and scale are recommended.**

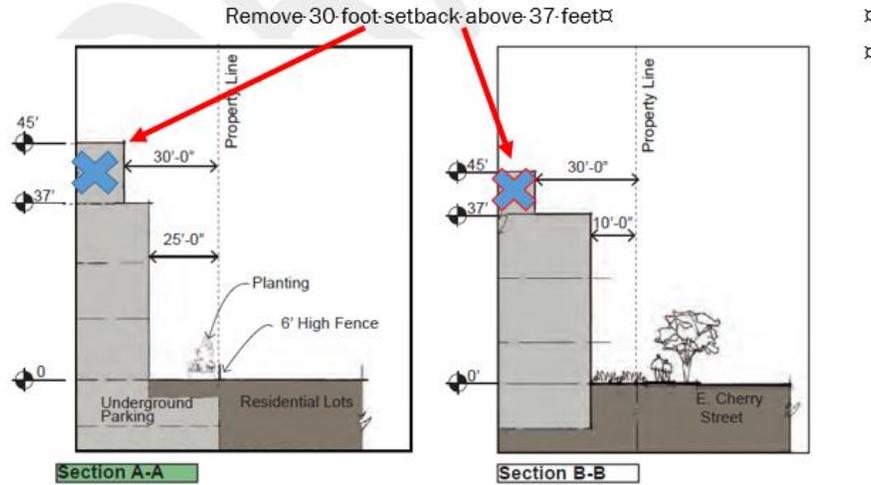
The following recommendations (2 through 20) represent those changes to the Final Master Plan (Alternative 12) that the majority of CAC considers necessary to achieve the balance required by the Seattle Municipal Code Section and Use Code (SMC 23.69).

CAC Recommendation 2 – The heights shown on Figure C-4 - Alternative 12 heights on page 53 of the Final Master Plan be amended as shown in CAC Figure 1 below. Also see discussions under setbacks for additional details on achieving some of these height reductions, especially in the 18th Avenue half-block.



CAC Recommendation 3 – The 30 foot upper level setbacks for the 18th Avenue half block above 37 feet in height for all sections referenced, should be removed as the CAC proposes in its Recommendation #1 that height shall be limited to 37 feet.

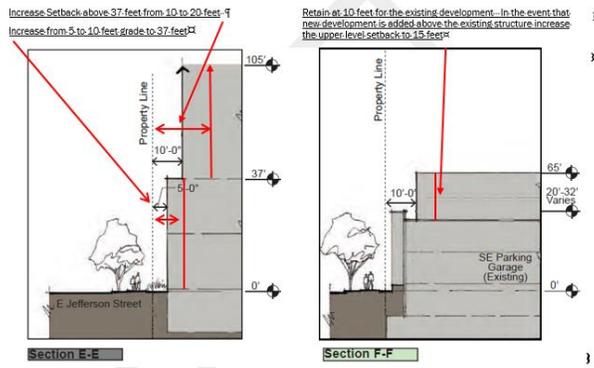
In all other regards the setbacks shown for these section are acceptable.



CAC Recommendation 4 – Unmodulated facades along the entire campus perimeter (east property line of the 18th Avenue half block) shall be restricted to no greater than 90 feet in length.

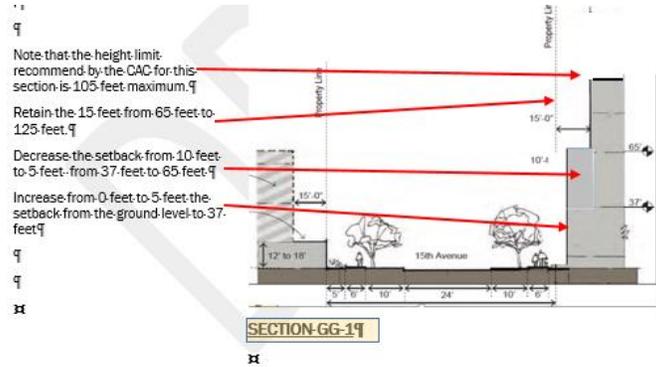
CAC Recommendation 5 – The upper-level setbacks along East Jefferson Street should amended as follows and in Figure 5 below: 1) Increase from 10 feet to 15 feet the upper-level setback in the area covered by Section E-E and 2) from five to 10 feet for the setback from grade to 37 feet.

For Section FF, retain the 10 feet setback for existing development in the area covered by Section FF. In the event that new development is added above the existing structure in the area and increase the upper level setback to 15 feet.



CAC Figure 5 – Section Locations Along East Jefferson Street

CAC Recommendation 6 – The setbacks along 15th Avenue in the area covered by Section G-G 1 should be amended as follows and as shown in Figure 5 below: 1) Increase from 0 feet to 5 feet the setback from the ground level to 37 feet, 2) decrease the setback from 10 feet to 5 feet from 37 feet to 65 feet, and 3) Retain the 15 feet from 65 feet to 125 feet. Note that the height limit recommended by the CAC for this section is 105 feet maximum.



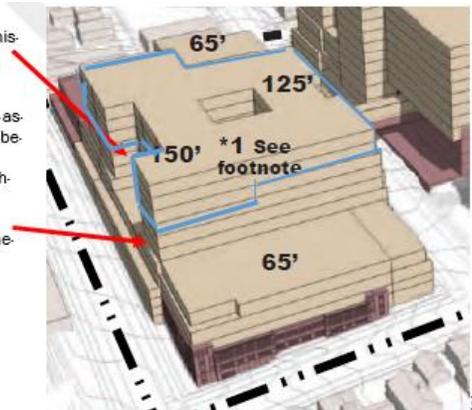
CAC Figure 7--SECTION-G-G-19

CAC Recommendation 7 – Setbacks along 15th Avenue in the area covered by Section G-G 2 should conform to those recommended for the area covered by Section G-G 1, with an additional 30 foot setback above 65 feet for a minimum of 50% of the area of this section

Additional 30-foot setback above 65 feet for a minimum of 50% of the area covered by this section

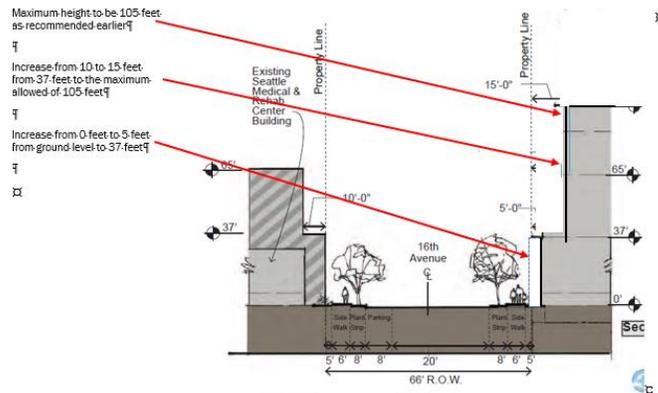
¶

Note that height on this Block is recommended as no greater than 105 Feet. The area that would be removed as a consequence of the CAC recommended height reduction is indicated with the blue lines. Note that the step-down is illustrative only and that the actual calculation would be determined at the time of design of the building.



CAC Recommendation 8 – Prior to the issuance of any Master Use Permit that touches any portion of 16th Avenue that a full streetscape plan be developed by Swedish Medical Center and reviewed by the Standing Advisory Committee.

CAC Recommendation 9 – Setbacks along 16th Avenue in the area covered by Section K-K 1 should be amended as follows and shown in figure 10 below: 1) Increase from 0 feet to 5 feet from ground level to 37 feet; and 2) Increase from 10 to 15 feet from 37 feet to the maximum allowed of 105 feet. Note that height in this area is limited to 105 feet.



CAC Figure 10 –REVISED SECTION K-K 1

CAC Recommendation 10– Setbacks along 16th Avenue in the area covered by Section K-K 2 should be amended as shown in figure 11 below

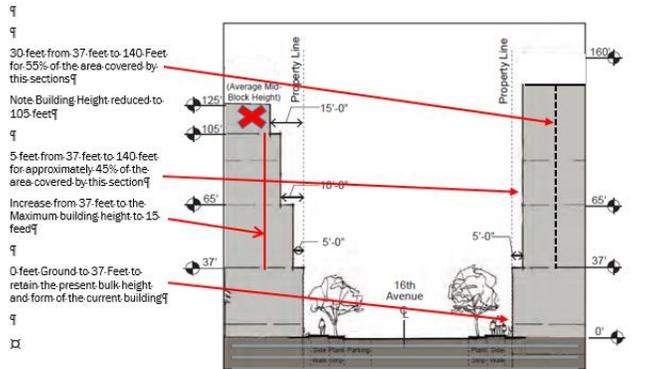
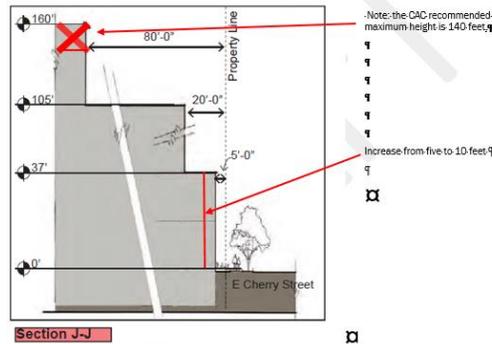


Figure 12

CAC Recommendation 11 - That the ground level setback for section JJ (South side of E. Cherry Street) be increased from 5 to 10 feet from Grade level to 37 feet.



CAC Recommendations 12 - Amend the first Bullet under “4b. Building width and depth limits”, to read as follows:

Elimination of the LR3 requirement to limit width to 60 feet without a Green Factor and 150 feet with a Green Factor or .5 or greater In keeping with the intent of the LR# requirement Swedish is proposing an un-modulated facades be limited to a maximum Façade width of 150 for those façades interior to the MIO District along 16 and 18th Avenues, and 90 feet for all façades on the edges of the MIO district abutting the neighborhood (Jefferson and Cherry Streets, and 15th Avenue. .

CAC Recommendation 13 – That Swedish Medical Center shall create and maintain a Standing Advisory Committee to review and comment on:

- 1) The schematic and design stage of all proposed and potential projects including both new structures and building additions, intended for submission of applications to the City greater than 4,000 square feet
- 2) Concept Streetscape Design Plan for 18th Avenue Prior to 18th Avenue Medical Office Building
- 3) Concept Streetscape Plan for 16th Avenue
- 4) Concept Streetscape Design Plan for Each Street Frontage Containing Pocket Parks Prior to Master Use Permit Submittal For Adjacent Structures
- 5) Wayfinding Plan Prior to Submittal of the First Master Use Permit Application –
- 6) Follow-up wayfinding plans - As part of each project, ensure that pedestrian and vehicular circulation needs are addressed in a manner consistent with the campus wayfinding plan.
- 7) Updated Parking, Loading and On-campus Circulation Plan

- 8). Open Space Plan Prior to Approval of First Master Use Permit for Central Campus with specific redesign of the central drive/drop off/round about, to be less auto centric and more pedestrian friendly
- 9) Detailed Landscaping Plan with Each Master Use Permit Application
- 10) Detailed Landscaping and Fencing Plan for Rear Setback Prior to Approval of Master Use Permit for 18th Avenue Medical Office Building
- 11) Any Future Skybridge Design location and any public benefits package associated therewith.

These reviews shall be in addition to the statutory requirements for review of annual reports or comment and review of any amendment request.

CAC Recommendation 14 – Five years after adoption of the Master Plan and every 5 years thereafter, Swedish Medical Center in cooperation with its SAC shall hold a public meeting to review its annual report and other information intended to illustrate the status of plan implementation. The meeting shall be widely advertised to the surrounding community and involve opportunity for public comment.

CAC Recommendation 15 - The SOV use goal for the Swedish Cherry Hill Campus should be 32% and that it should be reduced from the 50% goal for Years one and two by 2% every two years.

CAC Recommendation 16 - Condition 3 in the DPD Director's Report - page 102 should be amended as follows:

TMP Goal Prior to First Building Permit - ~~The goal for the TMP in the Master plan will be to~~ Swedish shall achieve the employee SOV rate of 50 percent prior to approval of the first building permit (including demolitions) allowed under the Master Plan. Under current Land Use code regulations, DPD reviews the progress of Major Institutions in meeting TMP goals at the time of application for development permits (SMC 23.54.016 C6). If substantial progress is not made, as determined by DPD in consultation with SDOT, the Director may take a range of actions, including denying the permit. Each additional permit shall also require that Swedish Medical Center be in compliance with its most recently established SOV rate requirement for the Cherry Hill Campus. SMC shall be required to demonstrate continued compliance with the above SOV rate prior to issuance of any Building Permit.

CAC Recommendation 17 - Regarding Transit Capacity

As part of the review of master plan projects, the transit analysis shall include an analysis of the impact to public transit ridership on Metro routes that travel within ½ mile of the institutions. If the Master Plan project is expected to contribute to ridership such that capacity is exceeded on any route, the institution will be asked to contribute a proportion of the cost of adding the necessary capacity. This provisions shall only be required of the institution if, at the time of the review, it is consistent with City policy for requiring comparable major institutions to contribute to public transit capacity. Additional mitigation shall be

determined at the time of each master use permit application with the goal of increasing transit capacity and use and reducing travel times.

CAC Recommendation 18 - Cut-Through Traffic Mitigation

In order to maintain and improve pedestrian and bicycle safety and reduce the impact of cut-through traffic on nearby residents, as part of the review of master plan projects, the transportation analysis shall include an analysis of the existing cut-through traffic impact on non-arterial streets related to employee, delivery, and visitor vehicles. This analysis will cover at least 15th Avenue and 20th Avenue between E. Jefferson and E. Jackson streets and other streets prioritized by the Squire Park Neighborhood Council and other adjacent councils. If cut-through impacts are identified that could worsen as a result of the proposed project, the institution will be required to support mitigations proportionate to the institution's impact. Mitigations could include providing funding to neighborhood councils to identify, plan and implement the appropriate traffic calming or diversion strategies in coordination with DPD, DON and SDOT.

CAC Recommendation 19 - The Design Guidelines shown on pages 144 through 163 of the Swedish Medical Center Cherry Hill Campus final Major Institution Master Plan be amended as indicated below. **(See Section 3 for the detailed listing)**

CAC Recommendation 20 In any review for the development of new space within the Swedish Medical Center Cherry Hill Campus Major Institution Overlay District Boundaries, that is owned or operated by an agency other than the Institution, The City of Seattle Department of Planning and Development shall carefully review such uses to assure that the provisions of Section 23.69.008 are adhered to, and that the result of this analysis are included in the information provided to the Standing Advisory Committee as part of the Schematic Review of any project.

SECTION I

INTRODUCTION

“The intent of the Major Institution Master Plan shall be to balance the needs of the Major Institutions to develop facilities for the provision of health care or educational services with the need to minimize the impact of major institutions development on surrounding neighborhoods.” And, that the Advisory Committee comments shall be focused on identifying and mitigating the potential impacts of institutional development on the surrounding community based upon the objectives listed in the major institutions policies and Chapter 25.05, SEPA.”

Seattle Municipal Code Sections 23.69.025

Emphasis Added

and 23.69.032 D1

The Squire Park/Cherry Hill Neighborhood in Seattle is one of Seattle’s single family, low-rise neighborhoods located closest to the Seattle Central Business District and its associated First Hill High-Rise and Medical Center Complex, located west of the Seattle University Campus. The portion of the neighborhood that Swedish Medical Center’s Cherry Hill Campus occupies is primarily low-rise single family homes interspaced with a few apartments, townhomes and low-rise retail uses.

The neighborhood provides low-rise single family housing exceedingly close to the Seattle Central Business District, and convenient to major cultural facilities. However, there are also challenges. Development to the west includes an abundance of medical and educational institutions, and mid and high-rise residential development. These major institutions include Virginia Mason Medical Center, Swedish Medical Center, Harborview Medical Center and Seattle University. The scale of development rapidly increases to the west buffered primarily by the expanse of Seattle University with its collegiate-style open campus.

The Swedish Medical Center Cherry Hill Campus occupies a unique location. Lying east of the general transition between the mid and high rise neighborhoods to the west of the Seattle University Campus and located within a low-rise neighborhood, both its current and probable future scale would probably not be allowed except as a recognition of the importance of major medical facilities to the greater community. The scale of development at the Cherry Hill Campus is already much greater than in any of its surroundings and with this plan will become more so. The nature of development within its MIO dramatically affects the surrounding low rise zones.

In evaluating the proposed plan, the unique nature of the surrounding neighborhood, and Swedish Medical Center’s location within it, weighed heavily into the Committee’s perspectives. To a great extent, the Major Institutions code is intended to allow higher intensity major institutions development within close proximity to surrounding lower intensity development. Scale difference greater than those normally encountered are both allowed

and expected. This is in large part to facilitate development of major public institutions that benefit the greater community.

However with the special allowances provided by the code, comes great potential for significant impacts on the neighborhood. In most cases major institutions are built to much greater height, with less setback and generally greater bulk that in the neighborhoods that surround them; and most often the thrust of negotiations between the institution and its neighbors/CAC's involves efforts to reduce height and bulk and increase setbacks.

This has been the case with the Swedish Cherry Hill Plan and the major challenge for the Citizens Advisory Committee. Major scale differences necessarily have impacts on immediately adjacent properties. The height, bulk and scale differences embedded in this proposal are significant. In addition, there are no natural boundaries between high and midrise institutional development and low-rise neighbors.

The relationship between nearby residents and development within this MIO is much more complicated for the following reasons:

- 1) The City's broad land use plans and policies envision a low-rise future for the area. – Squire Park is presently protected by both zoning and policies that are generally intended to protect its low-rise residential neighborhood character. It is outside of any Urban Village classification, and current zoning protects the existing low-rise development pattern. Absent a major change in the City's comprehensive plan and other supporting planning documents, this is not intended to change.
- 2) Both the current bulk, height and scale of existing development at Swedish Cherry Hill Campus and the proposed increased development authority and height bulk and scale allowed through the provisions of the Major Institutions Code represents an exception to the otherwise consistent City policies aimed at protecting the livability and character of the Squire Park Neighborhood. – The Major institutions code is permissive by design allowing exceptions to the zoning patterns in the neighborhoods surrounding them. Often by necessity, hospital, medical office and clinic, floor plates are larger with longer uninterrupted facades leading to very different visual experiences and impacts, thus exacerbating the perceptions of heights and bulk. The “size and character of institutional development is almost always substantially greater than for single family residential and town house development with most institutional development more in character with high-rise residential/commercial development.
- 3) The location of the proposed level of development Swedish Cherry Hill has the potential to push unwelcome changes and threaten a creeping increase in density into the remainder of the neighborhood. Cherry Hill lies far to the east of the core of Seattle's major hospital area (Pill Hill). As proposed by Swedish Medical Center, this development is essentially an extension of First Hill scale high-rise development into Squire Park. The size of development interrupts the street grid and separates much of the area to the north of Swedish Medical Center Cherry Hill Campus from areas to the South.

SECTION II
OVERALL GUIDING PRINCIPLES
BALANCING NEED AGAINST PRESERVING THE CHARACTER AND
LIVABILITY OF THE NEIGHBORHOOD

Overall Need - During the initial phases of this process, a great deal of time was devoted to discussion of the value of services provided by Swedish Medical Center and its documentation of its perceived future needs. Both Swedish staff and its consultants presented their rationale for requesting additional square feet of development. Swedish consultants presented data on long-term demographic changes and changes to health care system delivery norms to justify these needs. This analysis was presented to the CAC in January 2014. Swedish proposed that the total need for space at the Cherry Hill Campus was as shown below.

Building Gross Square Feet			
Year	Existing	2023	2040
Hospital	541,300	1,014,000	1,350,000
Clinical/Research	427,000	1,014,000	1,250,000
Education	73,000	100,000	150,000
Hotel	12,500	40,000	80,000
Long Term Care	43,000	93,000	220,000
Other Support	50,000	50,000	50,000
TOTAL	1,146,800	2,311,000	3,100,000

Terry Matin Consulting
January 2014

The full presentation given to the CAC concerning this issue is included as attachment _____ to this report. Some members of the CAC and much of the public comment questioned the validity of projections, inclusion of some of the uses at this campus, and the need for this level of density given the numerous alternate locations in the Providence system for some ancillary uses. These concerns remain for some members of the CAC. However, while skepticism remains, the CAC did not take a formal position on a specific level of need.

The Major Institutions Code further complicated this issue for the CAC. It directs that the CAC may discuss and comment on “need” but that “need” is not negotiable. Ultimately the CAC concluded that Swedish Medical Center had presented sufficient justification of need to justify some increased future development, but not necessarily all – e.g. the hotel, Lab Corps and NW Kidney Center. Therefore, the CAC neither endorses nor rejects the level of need identified by SMC.

There is, however, consensus only that some level of increased development authority should be accommodated at the Cherry Hill Campus, particularly to accommodate the hospital bed addition and its directly associated supporting uses. If no level of increased need had been demonstrated, then a no-change or no growth alternative might have been a valid one. However, this campus is part of a larger Providence Health Care System. If the full needs of that system for development cannot be accommodated within this campus, then Providence should evaluate other options including greater decentralization.

Guiding Principle 1 –Some level of new development authority for the Cherry Hill Campus is necessary. A “no growth alternative” is not reasonable.

Level of Development – Bulk Height and Scale - In taking the above position, the CAC concluded that its recommendations, while accepting that some new development was justified, would neither be bound by, nor based upon the needs calculations as presented by SMC. Instead the CAC’s recommendations focus on identifying the maximum heights, bulk and scale and acceptable setbacks consistent acceptable transitions between the Cherry Hill Campus and its surrounding neighborhoods, while allowing reasonable growth at the Cherry Hill Campus. Its recommendations are not necessarily bound to accommodating the full amount of square footage originally requested by SMC. Its height bulk and scale recommendations would be independent of the overall needs calculations.

Guiding Principle 2 – The CAC’s recommendations are not intended to necessarily achieve the square footage of development desired by SMC. To the extent that the CAC’s recommended heights, bulk and scale might result in overall development at the Cherry Hill Campus falling below what SMC desires, it shall be the responsibility of SMC, and not the CAC to identify where, or if, additional opportunities are found on campus or to identify opportunities elsewhere within the Providence Health Care System.

Guiding Principle 3 – Overall height, bulk and scale at the Cherry Hill Campus should be reasonably compatible with its low-rise adjacent development and great care should be taken to avoid actions that would adversely affect adjacent properties or might lead toward either disinvestment in those areas or conversion from low- to mid-rise development.

Section III

COMMITTEE RECOMMENDATIONS

RECOMMENDATION TO FURTHER REVISE THE CORE ELEMENTS OF FINAL MASTER PLAN PRIOR TO ITS ADOPTION BY THE CITY

The Draft Director's Report states

The Director recommends approval of the Master Plan subject to the conditions outlined in Section VII at the conclusion of the Director's report. The Director recommends denial of the requested increase in MIO heights on the eastern half-block.

The CAC takes issue with this as the basic recommendation and strongly recommends that the basic recommendation to the Director be modified to strike the balance envisioned in the Major Institutions Code. The CAC's Recommendation is based upon two issues: 1) lack of balance between accommodated growth at the intuition and protecting the livability of the neighborhood.

Balancing the Needs of the Institution against Protecting the Livability of the Neighborhood.

Page 8 of the Draft DPD Director's Report (hereafter DDR) states:

The Swedish Cherry Hill Master Plan proposal is meant to: 1) balance Swedish Cherry Hill's programmatic needs to grow with the need to protect the livability and vitality of adjacent neighborhoods; 2) address community input provided during public meetings held on the Master Plan and during EIS scoping (March to April 2013), and during the comment period on the Draft EIS (May to July 2014); and 3) to respond to input from the CAC's public meetings.

The DDR ; further States:

The primary goal of the Swedish Cherry Hill Master Plan, as stated in the Master Plan, is "to permit appropriate institutional growth within boundaries while minimizing the adverse impacts associated with development."

Page 9 DDR

Herein lies the greatest conundrum. Throughout the DDR, EIS and other SMC endorsed documents, the direction has appeared to favor accommodation of the needs of the institution moderated by those relatively minor conditions identified in the EIS. The DDR reflects this balance. Further complicating the issue is the contention by many in the neighborhood and some on the Committee that some of the current uses (Lab-Corps, Kidney Center etc.) are only loosely related to the efficient function of the Cherry Hill Campus and therefore do not constitute "appropriate institutional growth"

The DDR allocates a full three pages to listing both the benefits derived broadly from the expansion of this institution and the institution's rationale for the proposed level of growth. Few of the identified benefits are local, most being regional in nature. The DDR allocates a mere paragraph to the balance essentially asserting that the moving of massing to the

center and west of the campus combined with the conditions in the EIS are sufficient to strike the needed balance. The DDR concludes:

The Director concludes that the proposed Master Plan as conditioned allows appropriate institutional growth by accommodating Swedish Cherry Hill's anticipated infrastructure replacement and service needs while minimizing impacts associated with future development through mitigation identified in this report and FEIS, therefore meeting the purpose and intent of SMC 23.69.

Page 23 DDR

The majority of the CAC disagrees and contends that without further changes to the basic proposal that the proper balance has not been fully achieved. Clearly the present proposal is improved over earlier iterations. However, from the CAC's perspective acknowledgment in both the EIS and DDR of the degree of potential future detrimental impacts on the broader neighborhood are not met.

From the viewpoint of the majority of the CAC, the key problem with the proposed final plan and DDR analysis relates to the City and Neighborhood vision for the future of this low-density neighborhood. The CAC concluded that:

- 1) The City's broad land use plans and policies envision a low-rise future for the area. – Squire Park is presently protected by both zoning and policies that are generally intended to protect its low-rise residential neighborhood. It is outside of any Urban Village classification, and current zoning protects the existing low-rise development pattern. Absent a major change in the City's comprehensive plan and other supporting planning documents, this is not intended to change
- 2) Both the current bulk, height and scale of existing development at Swedish Cherry Hill Campus and the proposed increased development authority represents an exception to the otherwise consistent City policies aimed at protecting the livability and character of the Squire Park Neighborhood. – The Major institutions code is permissive by design allowing exceptions to the zoning patterns in the neighborhoods surrounding them. Often by necessity, hospital, medical office and clinic floor plates are larger with longer uninterrupted facades leading to very different visual experiences and impacts, thus exacerbating the perceptions of heights and bulk. The "grain" of institutional development is usually greater.
- 3) The location of the proposed level of development Swedish Cherry Hill has the potential to .create a situation where increases in density in the broader neighborhood is made more likely. Cherry Hill lies far to the east of the core of Seattle's major hospital area (Pill Hill). As proposed by Swedish Medical Center, this development is essentially an extension of First Hill scale high-rise development into Squire Park. The size of development blocks and interruption of the street grid and separates much of the area to the north of Swedish Medical Cherry Hill Center from areas to the South.

From first Draft of the CAC Final Report

The existing heights, bulk and scale of development may meet the programmatic and institutional needs of the institution, but from the CAC's perspective, clearly put great

pressure for change towards disinvestment from low-rise development in the immediate neighborhood and may presage a dramatic shift in the mid and long-term future direction of broader development in the area. The CAC accepts that continued development within the low-rise context of this neighborhood is inevitable. Still the CAC wishes to minimize the impacts of height inconsistencies.

Throughout this process there has been little acknowledgement of the above from SMC nor now from DPD. From the standpoint of the CAC, it is a visceral understanding of this potential that has motivated the sometimes strident oppositions to the proposal from many of those neighbors providing public testimony.

The CAC therefore recommended that the conclusion in the DDR on page 23 be changed as follows:

- The Director concludes that the proposed Master Plan as presently construed conditioned allows appropriate significant institutional growth ~~by accommodating~~ and accommodates most of Swedish Cherry Hill's anticipated infrastructure replacement and service needs while but does not sufficiently minimizing impacts associated with future development, nor adequately protect the livability of the neighborhood and, therefore does not fully meet the purpose and intent of SMC 23.69. Changes as noted in the remainder of the DDR (drawn from the CAC report and recommendations) related to Heights, Setbacks and added enforcement for transportation elements would be sufficient to bring the plan into compliance.

This is basis of all other CAC recommendations.

CAC Recommendation 1 – The proposed Master Plan (Alternative 12) as presently construed allows significant institutional growth and accommodates most of Swedish Cherry Hill's needs, but neither sufficiently minimizes the impacts associated with future development nor adequately protects the livability of the neighborhood and therefore **does not meet the purpose and intent of SMC 23.69. Additional reductions in height, bulk and scale are recommended.**

The CAC has concluded that critical, further changes to the proposal related to height, bulk and scale would be sufficient to achieve the necessary balance. Without these changes this proposal remain both contentious and problematic.

With the incorporation of those changes listed below, it is likely that the CAC could endorse approval of the plan. The CAC hopes that both DPD and SMC can agree to accommodate the key CAC recommendations concerning height bulk scale and setbacks.

The following recommendations (2 through 20) represent those changes to the Final Master Plan (Alternative 12) that the CAC considers necessary to achieve the balance required by the Seattle Municipal Code Section and Use Code (SMC 23.69).

HEIGHTS WITHIN THE MAJOR INSTITUTIONS OVERLAY

From the outset of this process it has been clear that the core issue is the height, bulk and scale of proposed development. The total amount of development proposed drives all other considerations. Initially, Swedish Medical Center proposed alternatives with heights up to 240 feet in some parts of the campus. The CAC consistently stated that these heights were unacceptable. The CAC's comments to each alternative have been similar. To its credit, and

near the end of this process, Swedish Medical Center brought forward an alternative that reduced maximum heights to 160 feet in some parts of the campus. While this represents an improvement, the CAC concluded that these heights are still too great and should be reduced further. In addition setbacks should be increased, especially at upper levels.

As stated previously, the majority of the CAC disagrees with both Swedish Medical Center and the Director of the Department of Planning and Development that Alternative 12 as shown in the final Proposed Master Plan should be approved subject only to conditions noted in the Director's Report. While most of the conditions in the Director's Report are acceptable to the CAC, the core thrust that the heights, bulk and scale, setbacks FAR's and amount and distribution of open space are acceptable, is not endorsed by the CAC. Further Height reductions are recommended.

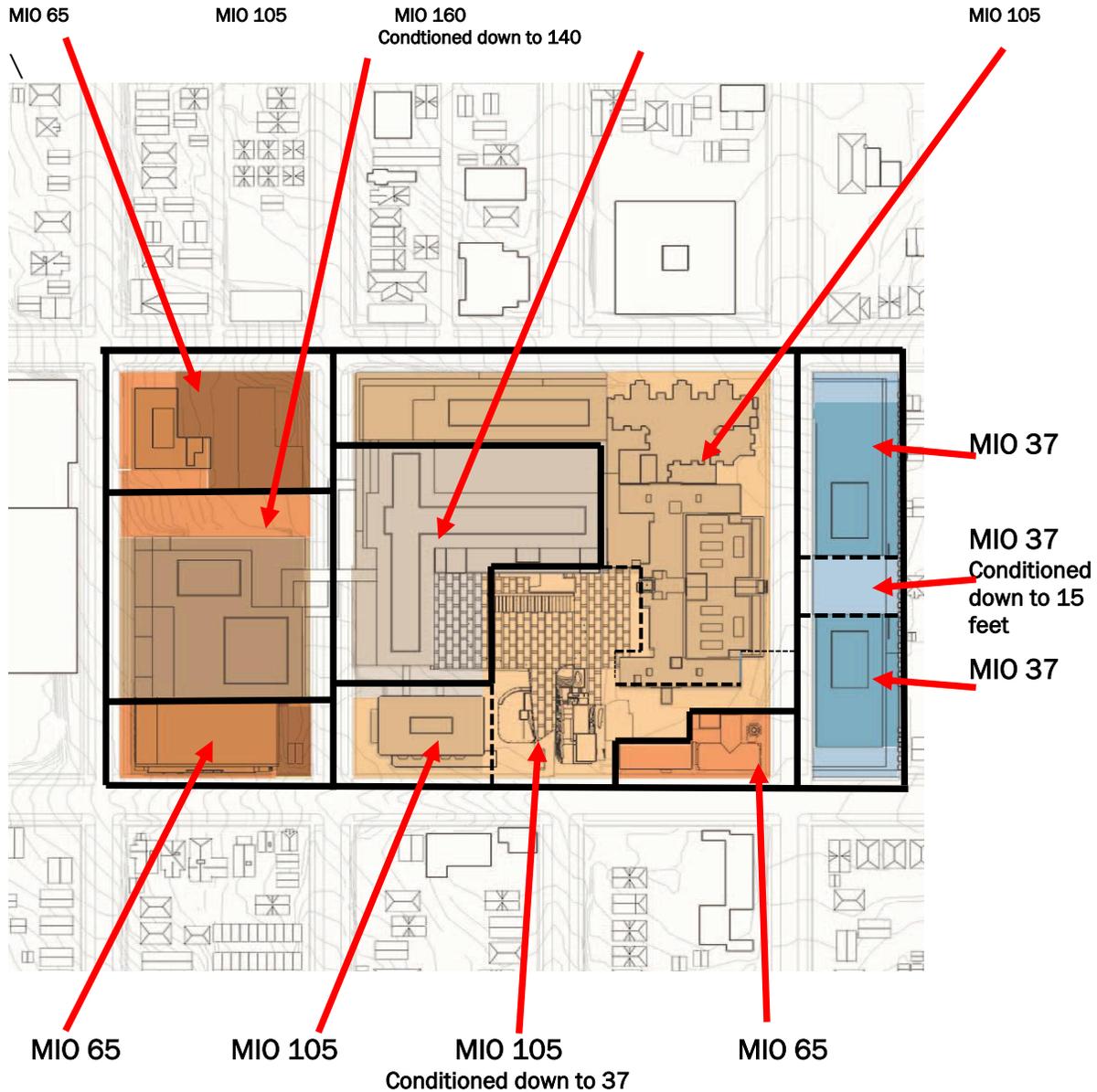
The majority of the CAC concluded that heights above 105 feet when embedded within a low-rise neighborhood should be the default position. The majority of the CAC acknowledges that the major institution process allows greater disparities in heights across the MIO boundaries than would normally be allowed. However, heights of nearly three time adjacent development limits seem sufficient. Greater heights present unavoidable adverse impact to the surrounding area. The majority of the CAC concluded that heights above 105 feet have the potential to threatened the livability of the neighborhood, were very difficult to adequately mitigate, and therefore should be accepted only with the greatest reluctance.

In applying this principle the CAC concluded that heights above 105 feet were justified only for the core hospital function, not for ancillary uses. Greater Height may be needed to accommodate Hospital and Medical Center use in the Center Block, but should be kept to as low a scale as possible. The CAC therefore recommends that most of the campus be retained at either MIO 37, 65 or 105. Greater heights above 105 feet should be restricted and allowed only for the hospital wing. **140 foot height is there for recommended for that limited area.** - The institution already has certificates of need for sufficient beds to fully utilize this future expansion. In addition its location near the center of the campus helps reduce the impacts somewhat.

Note that these heights are meant to be combined with the increased setbacks identified later in these recommendations.

CAC Recommendation 2 – The heights shown on Figure C-4 - Alternative 12 heights on page 53 of the Final Master Plan be amended as shown in CAC Figure 1 below. Also see discussions under setbacks for additional details on achieving some of these height reductions, especially in the 18th Avenue Half-block.

Note that this recommendation reduces the heights on the West Block by a further 45 feet, for the hospital tower in the Central Block by an additional 20 feet and for the East block (18th Avenue half block) by an additional 8 feet.

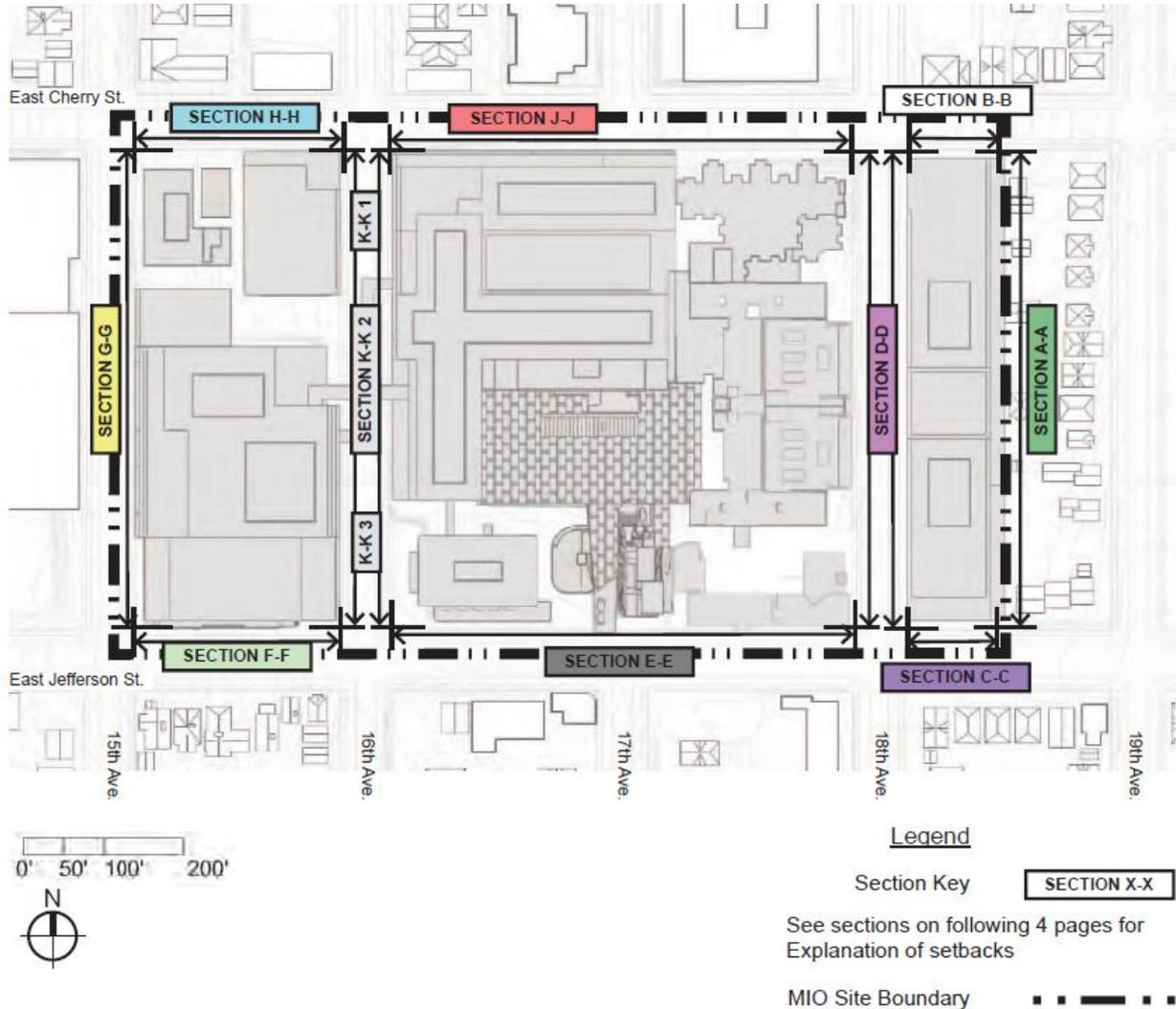


CAC Figure 1 – Recommended MIO Heights

Setbacks

Similar to height, setbacks are seen as critical to preserving the livability of immediately surrounding areas. Swedish Medical Center has recommended a variety of setbacks along the property lines.

The CAC carefully reviewed the proposed setbacks and concluded that amendments were necessary to: 1) further reduce the appearance of height, bulk, and scale; 2) Reduce shadowing and the creation of canyon effects; 3) avoid a wedding cake setback pattern; and 4) Specify through setback provisions, adherence to the general placement of heights and bulks at critical locations as shown on Figure C-3 page 52 of the Final Major Institutions Master Plan dated December 11, 2014. The CAC reviewed these setback and is recommending increases, particularly in upper-level setbacks. The CAC recommends the following increases in setbacks.

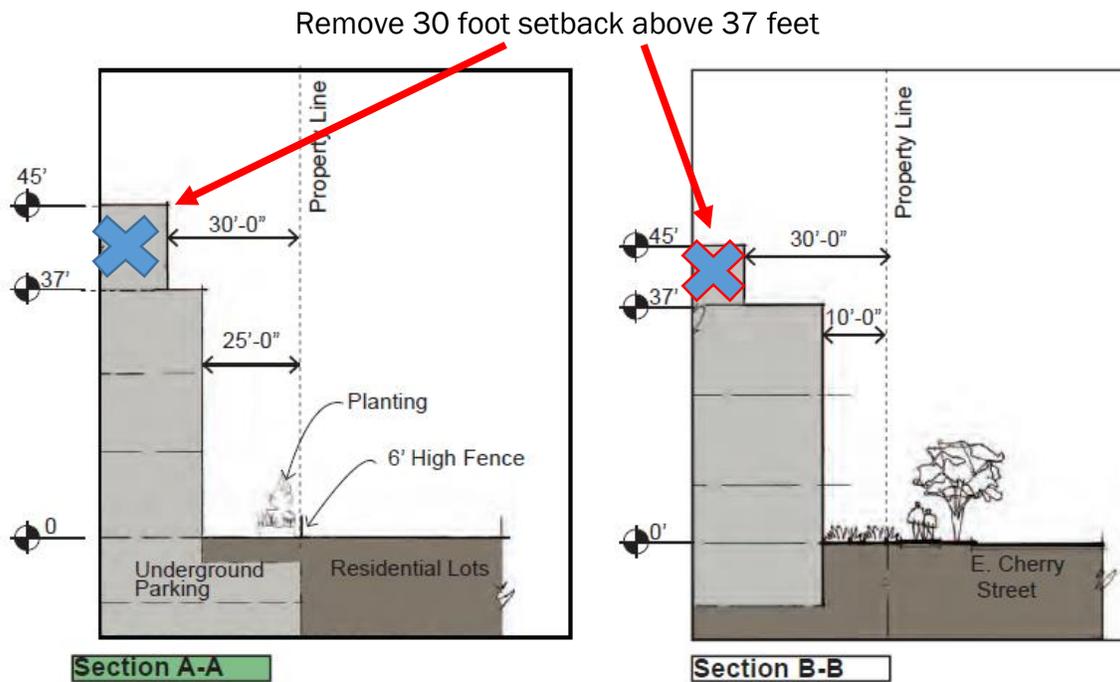


CAC Figure 2 – Locations of Sections (From Final Master Plan)

Concerning the 18th Avenue Half Block (Sections AA, BB, CC and DD)

CAC Recommendation 3 – The 30 foot upper level setbacks for the 18th Avenue half block above 37 feet in height for all sections referenced, should be removed as the CAC proposes in its Recommendation #1 that height shall be limited to 37 feet. (As shown below in Figure 3)

In all other regards the setbacks shown for these section are acceptable

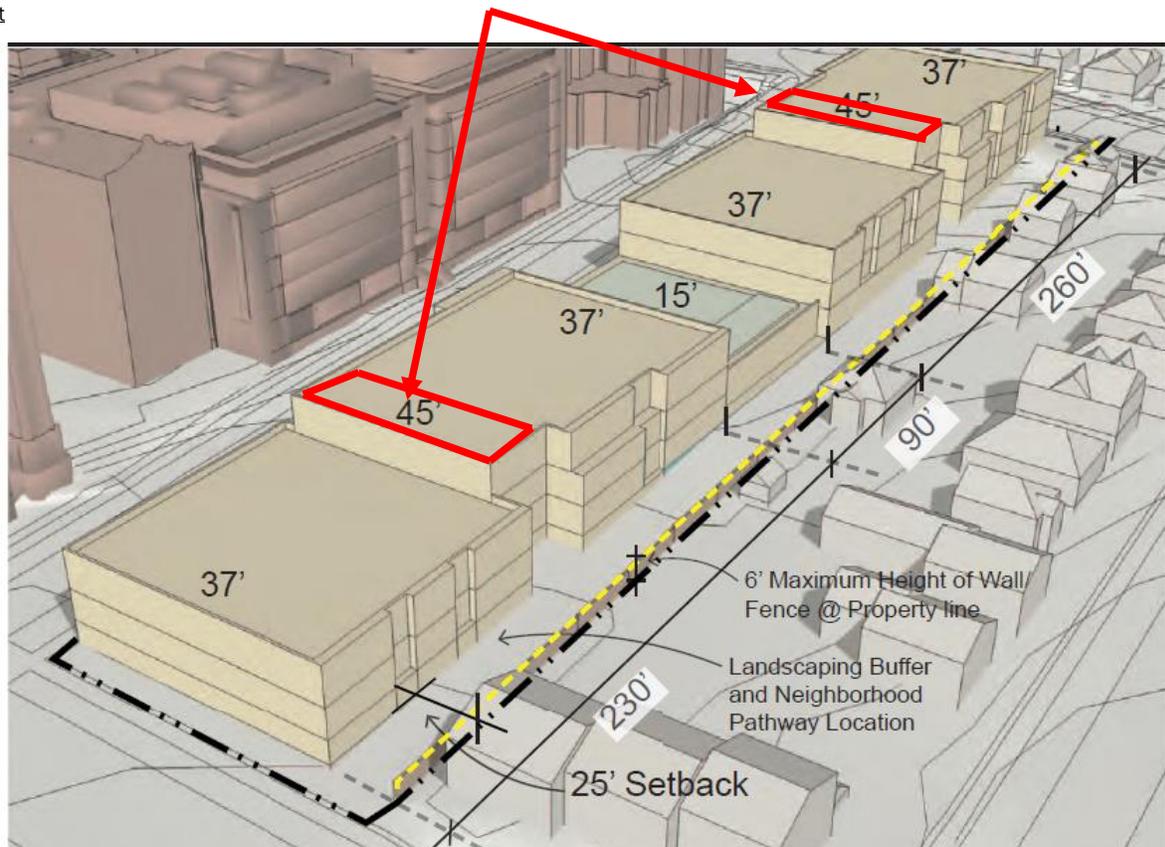


CAC Figure 3 - Recommended Changes to Setbacks for Section AA, AB, AC and DD

The CAC devoted a great deal of time to review of the proposed development on the 18th Avenue half block. To its credit, SMC significantly changed its earlier proposals for this block. Still a further reduction is desirable. This change is not so significant that it should present a dire challenge to the Institution. It can be achieved with very minor changes to the possible design. The CAC offers the following possible suggestions to bring the proposed development into compliance with its recommendation.

Extend floor plate height lying south of the area shown sufficiently north to achieve a maximum 37 foot maximum Height

t



CAC Figure 4 – Height Reductions for the 18th Avenue Half block

CAC Recommendation 4 – Unmodulated facades along the east property line of the 18th Avenue half block shall be restricted to no greater than 90 feet in length.

Concerning Setbacks Along East Jefferson Street from 15th to 18th Avenues (Sections EE and FF)

The CAC carefully considered setbacks along both E. Cherry and E. Jefferson Streets and 15th Avenue. These streets are along the boundaries of the Major Institution Overlay (MIO). Generally the CAC utilized the following guiding principles for these areas:

- Lower level setbacks along those streets abutting adjacent residential uses should be no less than 10 feet.
- An additional upper level setback above 37 feet of 10 additional feet should be the default.
- Lesser setbacks should be on a case by case basis only where special circumstances are present.

These guiding principles were applied to both the Cherry and Jefferson Street frontages. For the E Jefferson Street frontage the CAC acknowledged that much of the frontage would retain its existing character under the proposed plan. The Central Utility Plant is historical in

nature and no development is proposed for that location; Jefferson Tower is a relatively new (1987) building and similarly unlikely to see redevelopment; and the South Parking Garage (2008) is similarly unlikely to be redeveloped. However for the parking garage structure, development is proposed above its existing four-story structure.

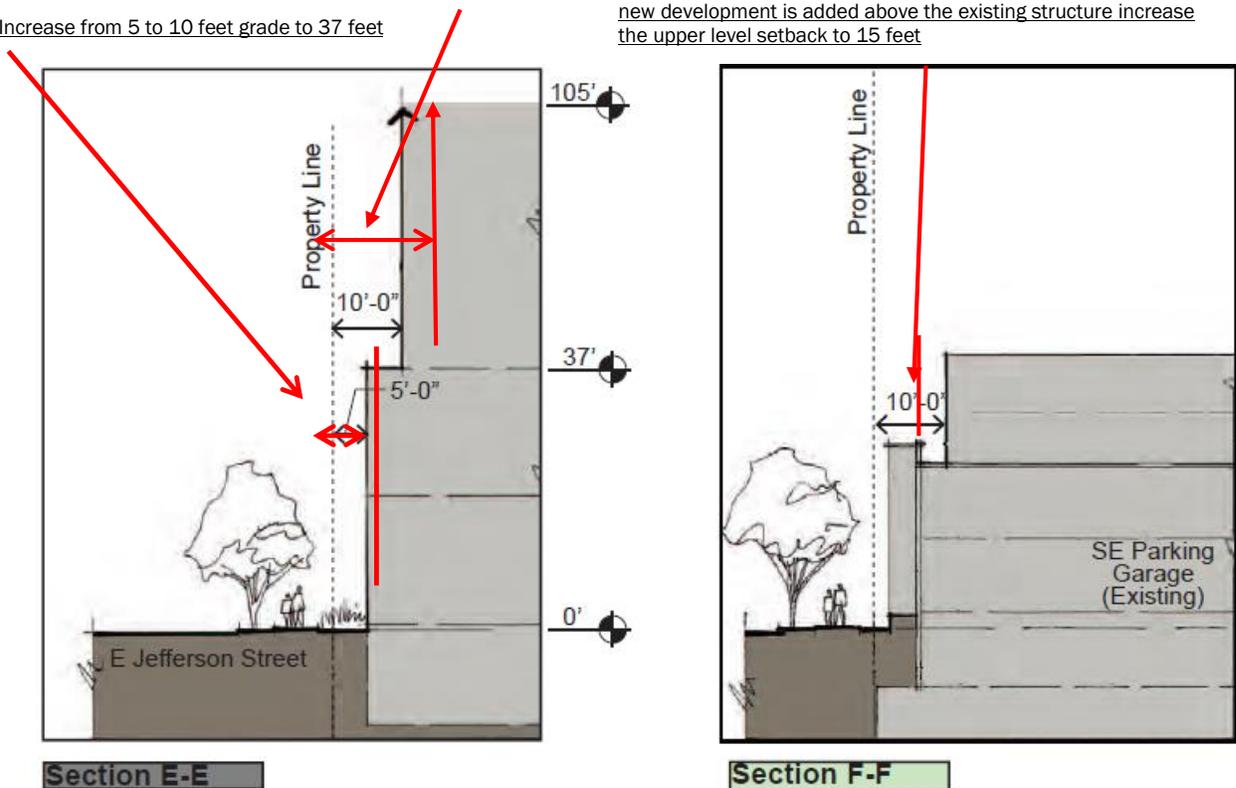
The CAC concludes that, while little development might occur, it was important to adhere to the guiding principles and therefore recommended the setbacks shown above. Under this recommendation any new development would be required to provide a ten-foot ground level setback and a total of 20 feet above 37 feet. The exception would be the existing south parking garage which could retain its existing structure with new development above adhering to the upper level setback.

CAC Recommendation 5 – The upper-level setbacks along East Jefferson Street should amended as follows and in Figure 5 below: 1) Increase from 10 feet to 20 feet the upper-level setback in the area covered by Section E-E and 2) from five to 10 feet for the setback from grade to 37 feet.

For Section FF, retain the 10 feet setback for existing development in the area covered by Section FF. In the event that new development is added above the existing structure in the area and increase the upper level setback to 15 feet.

Increase Setback above 37 feet from 10 to 20 feet
 Increase from 5 to 10 feet grade to 37 feet

Retain at 10 feet for the existing development In the event that new development is added above the existing structure increase the upper level setback to 15 feet



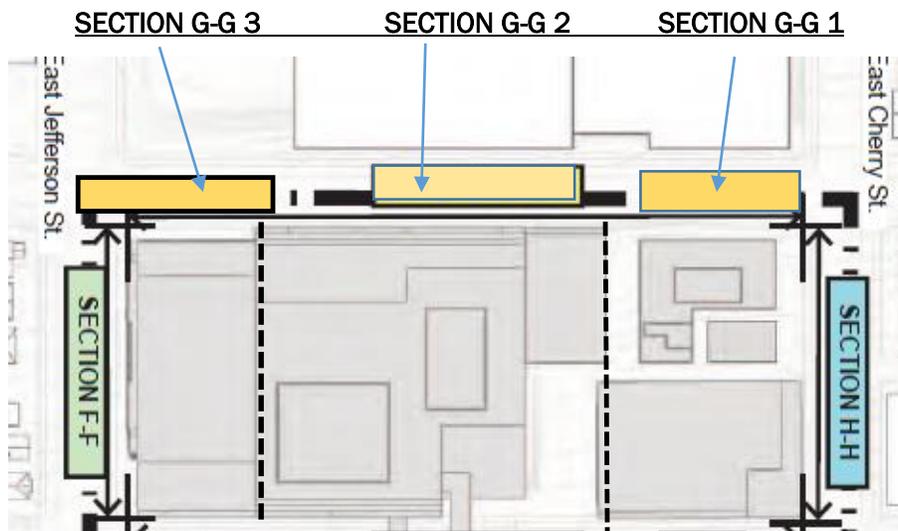
CAC Figure 5 – Section Locations Along East Jefferson Street

Concerning 15th Avenue Adjacent to Seattle University (Section GG)

While the CAC strongly considered applying the guiding principles listed for E Jefferson and E Cherry Streets to this area, ultimately its location adjacent to Seattle University persuaded members to consider this campus edge differently than E. Cherry or E Jefferson.

The CAC split this block face into three sections: 1) The Section on the north 30% of this block face recommended by the CAC for a maximum height of 65 feet and currently occupied by the Kidney Center - G-G-1 (North); 2) the Central 60% of this block face recommended by the CAC for a maximum height of 105 feet G-G 2 (Central); and 3) G-G 3

The intention of the CAC's recommendations for this block are: 1) to reduce the "wedding cake effect" by generally reducing from three to two changes for upper-level setbacks, and 2) to match setbacks to the illustrated design shown in Alternative 12.



CAC Figure 6 – Section Locations Along 15th Avenue

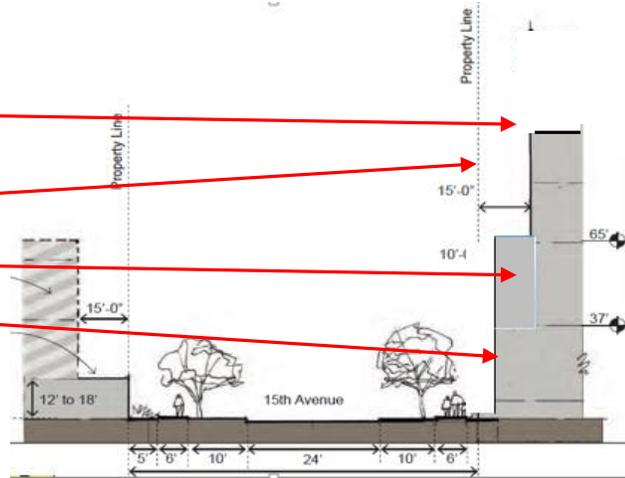
CAC Recommendation 6 – The setbacks along 15th Avenue in the area covered by Section G-G 1 should be amended as follows and as shown in Figure 5 below: 1) Increase from 0 feet to 5 feet the setback from the ground level to 37 feet, 2) decrease the setback from 10 feet to 5 feet from 37 feet to 65 feet, and 2) Retain the 15 feet from 65 feet to 125 feet. Note that the height limit recommended by the CAC for this section is 105 feet maximum.

Note that the height limit recommend by the CAC for this section is 105 feet maximum.

Retain the 15 feet from 65 feet to 125 feet.

Decrease the setback from 10 feet to 5 feet from 37 feet to 65 feet

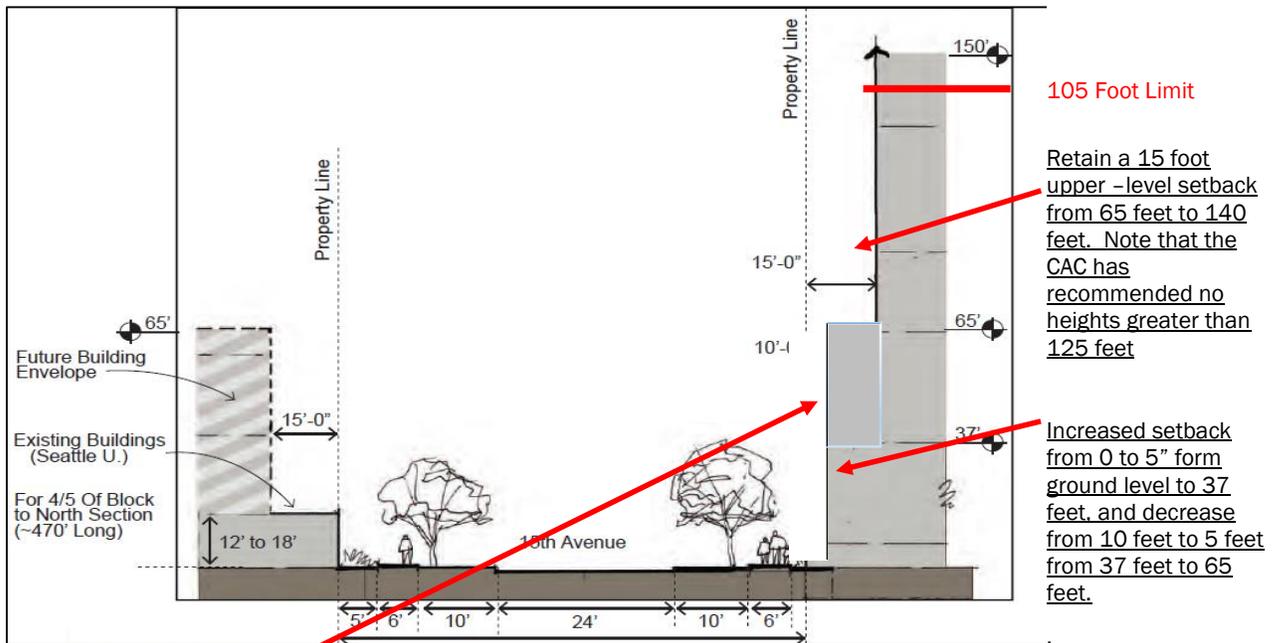
Increase from 0 feet to 5 feet the setback from the ground level to 37 feet



SECTION GG-1

CAC Figure 7 - SECTION G-G-1

This block is seeing some of the most significant changes from the SMC proposal. Height is reduced from MIO 160 conditioned to 150 to MIO 105 with 65 foot heights retained on the north and south quarters of the block. The CAC concluded that it would be desirable to mimic the maximum 65 foot immediate street front heights available to SU along this block and therefore extended the street level setback from 0 to 5 feet to a 65 foot height. Above 65 feet the setback was retained at 15 feet to the new maximum height of 105 feet.



SECTION G-G-2

Incorporate an additional 30 foot setback above 65 feet for a minimum of 50% of the area covered by this section

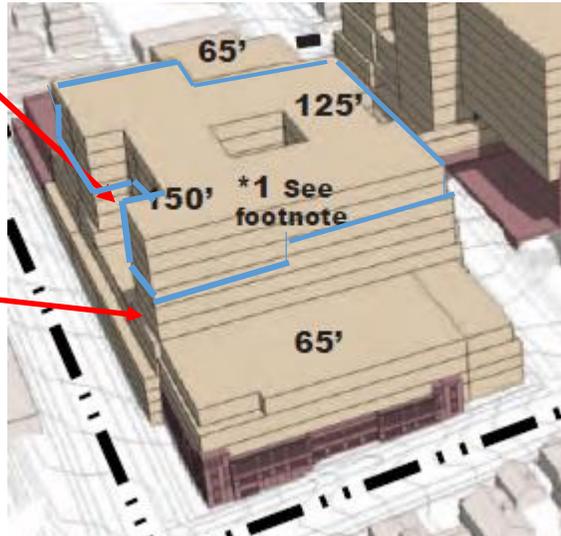
CAC Figure 8 – REVISED SECTION G-G-2

CAC Recommendation 7 – Setbacks along 15th Avenue in the area covered by Section G-G 2 should conform to those recommended for the area covered by Section G-G 1, with an additional 30 foot setback above 65 feet for a minimum of 50% of the area of this section

The intent of the additional 30 foot setback for 50% of the area in Section GG2 is to codify the incorporation of the plaza level setback as shown below

Additional 30 foot setback above 65 feet for a minimum of 50% of the area covered by this section

Note that height on this Block is recommended as no greater than 105 Feet. The area that would be removed as a consequence of the CAC recommended height reduction is indicated with the blue lines. Note that the step-down is illustrative only and that the actual calculation would be determined at the time of design of the building.



CAC Figure 8 – Location of Center Block Increased Plaza Level Setback and Estimated Area of Decreased Height

Note that Sections G-G 1 and Section HH currently cover the NW Kidney Center and other private uses. The setbacks in Alternative 12 in the plan for these two sections are acceptable to the CAC.

Concerning 16th Avenue Frontage Sections K-K 1, K-K 2 and K-K 3

From the start of the process, the CAC was concerned with the canyon effect along 16th Avenue from E Cherry to E Jefferson Streets. While this street is internal to the Campus it has engendered considerable attention. The combination of the heights along both sides of the street and the overhead sky bridge led to these concerns.

The following general principals guided the Committee's deliberations concerning 16th Avenue:

- 16th Avenue should not be a dark canyon whose primary purpose is for parking, deliveries, and emergency vehicles.
- The neighborhood, Swedish, and the SAC should review options for transforming 16th Avenue into a pedestrian-friendly street park environment designed as an attractive pedestrian space with slowed vehicle use.

- 16th Avenue should engender a campus-like connection between the buildings on either side, encouraging street-level pedestrian movement between the buildings, and connecting the neighborhood areas to the north and south.
- Rather than being a non-place between buildings, the street should be designed and developed in a way that promotes an integrated campus feel.
- North-south vehicle access should be maintained (albeit limited) in order to connect the parts of the neighborhood divided by Swedish.
- Direct street-level access to hospital amenities should be considered. These amenities could include: cafeteria, gift shops, pharmacy and other amenities whose use could be shared by both hospital employees and neighbors.

Streetscape Plan for 16th Avenue

The Committee concluded that a specific streetscape plan should be developed for key streets within the Campus, and particularly for 16th Avenue. For 16th Avenue that plan should respond to the principles noted above. Therefore the Committee Recommends that

Recommendation 8 – Prior to the issuance of any Master Use Permit that touches any portion of 16th Avenue that a full streetscape plan be developed by Swedish Medical Center and reviewed by the Standing Advisory Committee.

Setbacks along 16th Avenue

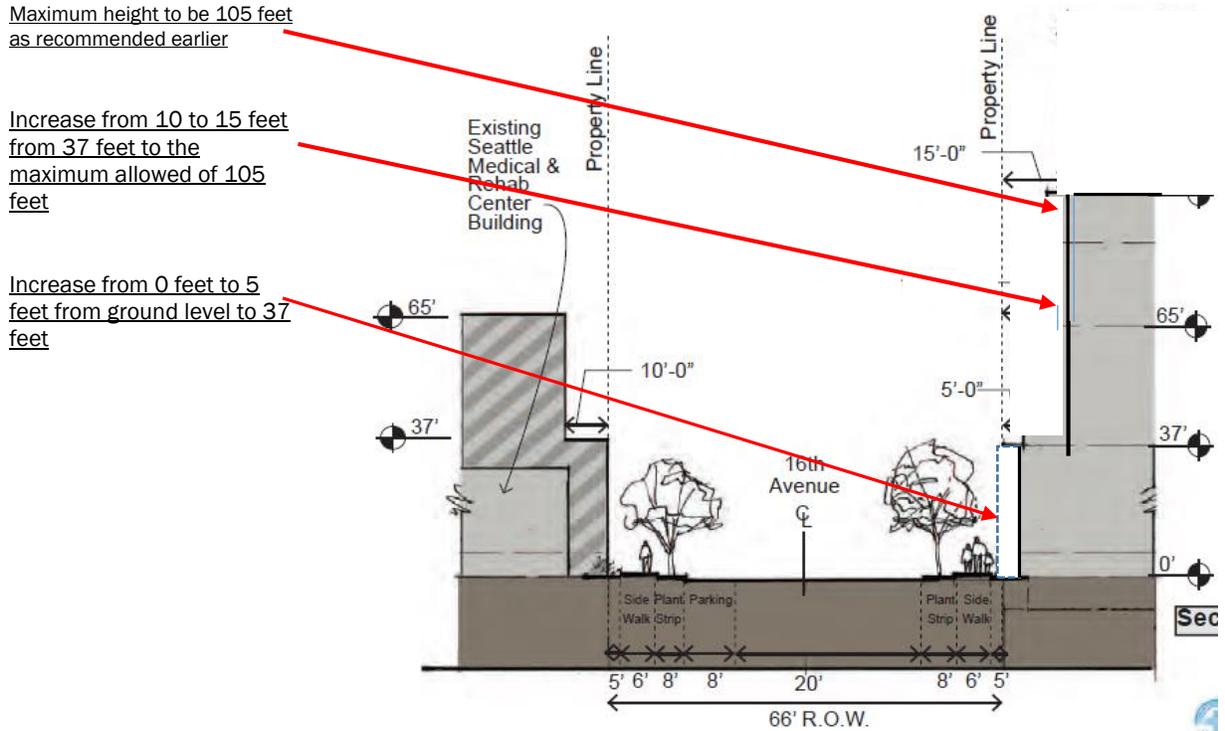
The Setback recommendations along 16th Avenue were developed in light of the guiding principles. They are considered a minimum with greater setback possible in relationship to any critical elements eventually identified as part of the streetscape plan recommended above.

The Committee recommendations differ slightly for section K-K-1, K-K-2 and K-K-3. In addition the CAC boundaries between that area covered by K-K 1 and K-k 2 are somewhat modified. The boundaries for these sections is as shown below. The intent of these recommendations is to both soften the east side of the street and match setbacks to the general concept shown in the illustrative drawings on Page 52 of the Final Major Institutions Master Plan.



CAC Figure 9 – Areas Covered by the Setback for Sections K-K 1, 2 and 3

CAC Recommendation 9 – Setbacks along 16th Avenue in the area covered by Section K-K 1 should be amended as shown in figure 10 below: 1) Increase from 0 feet to 5 feet from ground level to 37 feet; and 2) Increase from 10 to 15 feet from 37 feet to the maximum allowed of 105 feet. Note that height in this area is limited to 105 feet.



CAC Figure 10 –REVISED SECTION K-K 1

CAC Recommendation 10– Setbacks along 16th Avenue in the area covered by Section K-K 2 should be amended as shown in figure 11 below

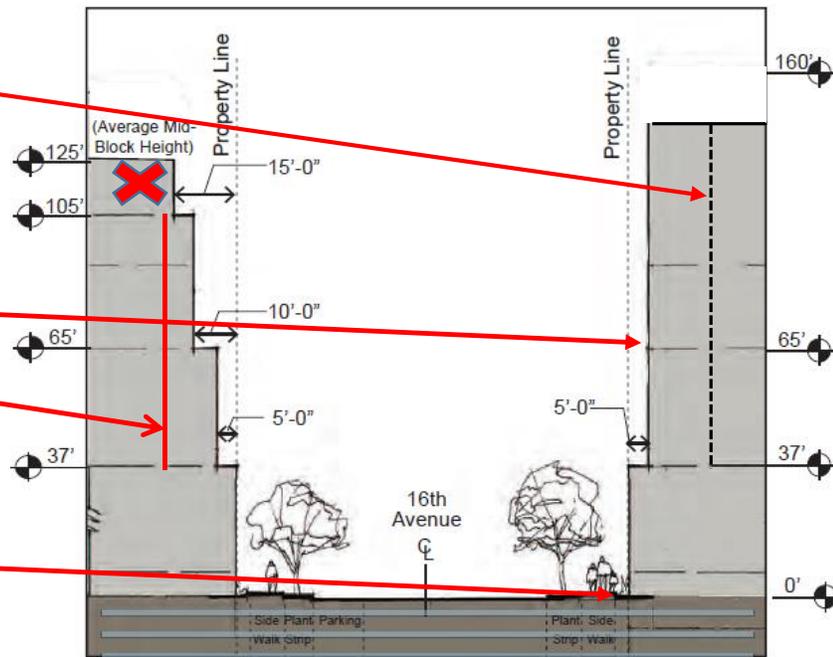
30 feet from 37 feet to 140 Feet for 55% of the area covered by this sections

Note Building Height reduced to 105 feet

5 feet from 37 feet to 140 feet for approximately 45% of the area covered by this section

Increase from 37 feet to the Maximum building height to 15 feed

0 feet Ground to 37 Feet to retain the present bulk height and form of the current building

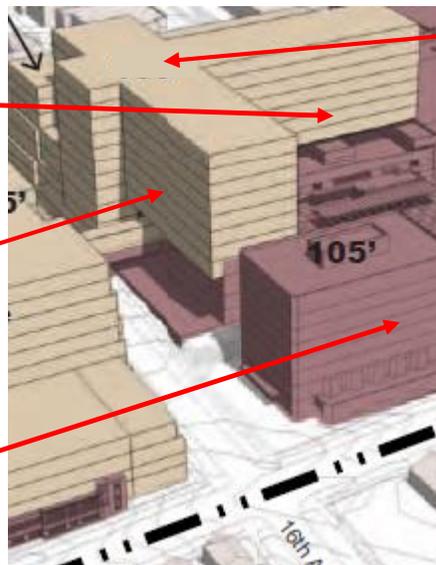


CAC Figure 11 –REVISED SECTION K-K 2

Area of 5 foot setback from 37 feet to maximum height of 140 feet. This area will vary depending upon design but shall not be greater than 45% of the area covered by Section K-K 2

Area of 30 foot setback from 37 feet to maximum height of 140 feet. This area will vary depending upon design but shall not be less than 55% of the area covered by Section K-K 2

Area of 0 foot setback to accommodate the existing height bulk and form of the existing development which shall remain.



Height limited to **140'** Maximum

CAC Figure 12 -

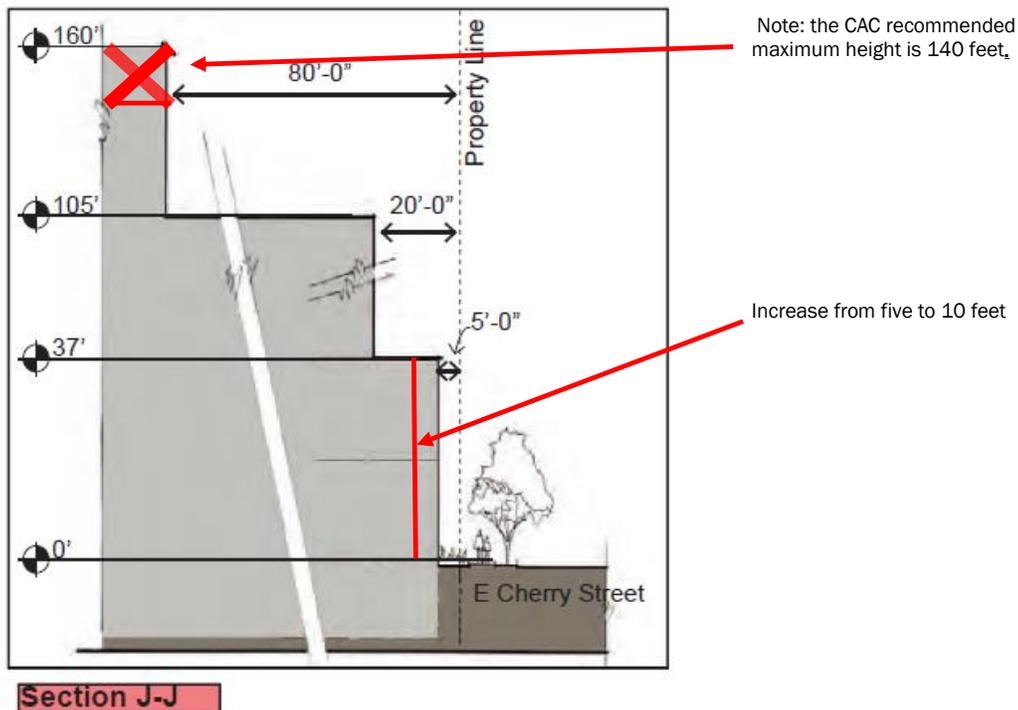
The CAC endorses the setbacks for Section K-K-3 as shown in Alternative 12 of the Final Major Institutions Master Plan.

Concerning East Cherry Street Frontage Sections H-H and J-J

Throughout this process the CAC has noted a lack of attention to the Cherry Street Frontages. Currently this area is particularly unappealing with large facades, deep shade and little interest. The CAC believes that this frontage will require special attention during the design of any buildings. In addition, the CAC utilized the following guiding principles listed for E. Jefferson Street to this frontage:

- Lower level setbacks along those streets abutting adjacent residential uses should be no less than 10 feet.
- An additional upper level setback above 37 feet of 10 additional feet should be the default.
- Lesser setbacks should be on a case by case basis only where special circumstances are present.

CAC Recommendation 11 - That the ground level setback for section JJ (South side of E. Cherry Street) be increased from 5 to 10 feet from Grade level to 37 feet.



Modulation

Swedish Medical Center proposes modulation both within those areas with underlying zoning of SF 500 and LR3. Swedish Medical Center is proposing that un-modulated facades be limited to a maximum façade Width of 150 feet (4b Building width and Depth limits, page 44 of the Final Master Plan.)

The CAC previously dealt with the modulation requirements for the SF 5000 area under its recommendation 4. The CAC makes the following recommendation concerning all other

facades on those streets on the periphery of the MIO that are subject to the provisions of the underlying L# zone.

CAC Recommendations 12 - Amend the first Bullet under “4b. Building width and depth limits”, to read as follows:

Elimination of the LR3 requirement to limit width to 60 feet without a Green Factor and 150 feet with a Green Factor or .5 or greater In keeping with the intent of the LR# requirement Swedish is proposing an un-modulated facades be limited to a maximum Façade width of 150 for those façades interior to the MIO District along 16 and 18th Avenues, and 90 feet for all façades on the edges of the MIO district abutting the neighborhood (Jefferson and Cherry Streets, and 15th Avenue. A campus-wide green factor of 0.5% shall be considered the minimum goal.

Formation and Duties of the Standing Advisory Committee

Under the provisions of the Major Institutions Code the Citizens Advisory Committee continues as a Standing Advisory Committee (SAC). The role of the SAC is to: 1) Review an annual status report from the institution detailing the progress the institution has made in achieving the goals and objectives of the master plan; 2) review any proposed minor or major amendment and submit comments on whether it should be considered minor or major, and what conditions (if any) should be imposed if it is minor; and 3) review and comment on any development under the plan that involves a discretionary decision and has a formal comment period as part of the MUP process.

The Director’s Report states that the Standing Advisory Committee (SAC) will review and comment during the schematic and design stage of all proposed and potential projects intended for submission of applications to the City as follows: Any proposal for a new structure greater than 4,000 square feet or building addition greater than 4,000 square feet; and proposed street use term permits for the new sky bridge and tunnel. Design and schematics shall include future mechanical rooftop screening. Thereafter the report identifies additional elements to be reviewed by the Standing Advisory Committee.

The CAC concluded that greater emphasis needs to be given to SAC involvement in all elements of the future implementation of the plan. Given the general nature of the Major Institution Code, development standards requirements, the role of review of individual building designs, streetscapes, wayfinding and other elements of future development review has become much more important. The CAC prefers that all major elements be noted for review by the Standing Advisory Committee and that a listing of such be consolidated into a single recommendation. Therefore the CAC recommends the following:

CAC Recommendation 13 – That Swedish Medical Center shall create and maintain a Standing Advisory Committee to review and comment on:

- 1) The schematic and design stage of all proposed and potential projects including both new structures and building additions, intended for submission of applications to the City greater than 4,000 square feet
- 2) Concept Streetscape Design Plan for 18th Avenue Prior to 18th Avenue Medical Office Building
- 3) Concept Streetscape Plan for 16th Avenue

- 4) Concept Streetscape Design Plan for Each Street Frontage Containing Pocket Parks Prior to Master Use Permit Submittal For Adjacent Structures
- 5) Wayfinding Plan Prior to Submittal of the First Master Use Permit Application -
- 6) Follow-up wayfinding plans - As part of each project, ensure that pedestrian and vehicular circulation needs are addressed in a manner consistent with the campus wayfinding plan.
- 7) Updated Parking, Loading and On-campus Circulation Plan
- 8). Open Space Plan Prior to Approval of First Master Use Permit for Central Campus -
- 9) Detailed Landscaping Plan with Each Master Use Permit Application
- 10) Detailed Landscaping and Fencing Plan for Rear Setback Prior to Approval of Master Use Permit for 18th Avenue Medical Office Building
- 11) Any Future Skybridge Design location and any public benefits package associated therewith.

These reviews shall be in addition to the statutory requirements for review of annual reports or comment and review of any amendment request.

The plan shall be prepared consistent with the provisions of the Seattle Right-of-Way Improvements Manual. Elements of the plan must include, but are not limited to: a minimum 18 foot wide sidewalk; street trees and landscaping; continuous façade mounted overhead weather protection; seating and leaning rails; pedestrian scaled lighting; transit patron amenities, such as real-time bus arrival displays; and way-finding directing pedestrians to campus uses and other transit options such as the First Hill Street Car.

Recommendation 3 on page 89 of the Draft Director's Report:

The CAC also noted that there is no longer an expiration date for the Master Plan and that the plan will continue in effect until its development authority is exhausted or Swedish Medical Center determines that they need further changes to the development standards or other restrictions incorporated into the plan. The CAC was concerned that there be some effective review of this and therefore recommended that there be a check-in and mini-review of the plan at a future date. The CAC concluded that such a review should be conducted every five years and therefore makes the following recommendation:

CAC Recommendation 14 – Five years after adoption of the Master Plan and every 5 years thereafter, Swedish Medical Center in cooperation with its SAC shall hold a public meeting to review its annual report and other information intended to illustrate the status of plan implementation. The meeting shall be widely advertised to the surrounding community and involve opportunity for public comment.

Advertisement of this meeting shall either conform to the procedure of the current procedures of the Department of Neighborhoods as listed below, or be done in a manner negotiated between the City, SAC Chair and Swedish Medical Center.

The current City procedure includes -

- a) Mailing to all property owners and residents within 600 feet of the MIMP boundary;

- b) Publication in the City Land Use Bulletin;
- c) E-mail notification to all those who have attended any meeting concerning this issue within the last five years;
- d) E-mail notification to the presidents or designated representatives of all Community Councils, Chambers of Commerce or other known neighborhood based organizations on the Department of Neighborhoods Community Contacts lists for the First Hill; and Squire Park Communities, and
- e) Posting on the Department of Neighborhoods and Swedish Cherry Hill web-sites.

TRANSPORTATION MANAGEMENT ELEMENTS

SOV Use Goals and Reductions Over Time.

The CAC is committed to seeing an aggressive program to reduce the use of Single occupancy vehicles. As part of this commitment, the CAC has consistently advocated stricter SOV goals, more rapid reductions in SOV goals over time and significant consequences for failure to meet those goals. The Institution and Director both propose a goal of 50% prior to issuance of the first building permit, an ultimate goal of 38% and a reduction in that goal or 1% every two years to 38%. This goal would be reached in 25 years.

The CAC does not concur with these goals and considers them overly lenient. Other nearby institutions are already achieving SOV rates in the 25 to 35% range. Swedish Cherry hill is the outlier and has consistently been out of compliance with the existing goals. The CAC concluded that Swedish Cherry Hill should not benefit from their non-compliance and instead should be subject to an aggressive program to bring their SOV use rates more in line with those of similar nearby institutions.

The CAC therefore recommends the following goal and rate of reduction:

CAC Recommendation 15 - The SOV use goal for the Swedish Cherry Hill Campus should be 32% and that it should be reduced from the 50% goal for Years one and two by 2% every two years.

The difference between the Director and Intuition’s SOV rate goal and that proposed by the CAC is shown below

Year		SOV Reduced 1% Every 2 years	SOV Person Trips	SOV Reduced 1.5% Every two years	SOV Person Trips	SOV Reduced 2% Every 2 Years	SOV Person Trips
Existing FEIS	2014	58.0%		58.0		58.0	
1	2015	50.0%		50.0%		50.0%	
2	2016	50.0%		50.0%		50.0%	
3	2017	50.0%		50.0%		50.0%	
4	2018	49%		48.5%		48%	
5	2019	49%		48.5%		48%	
6	2020	48%		47%		46%	

7	2021	48%		47%		46%	
8	2022	47%		45.5%		44%	
9	2023	47%		45.5%		44%	
10	2024	46%		44%		42%	
11	2025	46%		44%		42%	
12	2026	45%		42.5%		40%	
13	2027	45%		42.5%		40%	
14	2028	44%		41%		38%	
15	2029	44%		41%		38%	
16	2030	43%		39.5%		36%	
17	2031	43%		39.5%		36%	
18	2032	42%		38%		34%	
19	2033	42%		38%		34%	
20	2034	41%		36.5%		32%	
21	2035	41%		36.5%		32%	
22	2036	40%		35%			
23	2037	40%		35%			
24	2038	39%		33.5%			
25	2039	39%		33.5%			
26	2040	38%		32%			
27	2041	38%		32%			

Under the CAC’s goals and reduction rate Cherry Hill would achieve the desired 32% goal in 21 years. Under the proposed DPD and Institutions rates 35 years before this goal was met.

Consequences for Failure to Meet SOV Rates and Reduction Goals.

The CAC was concerned that there be meaningful, predictable and set penalties for failure to reach its SOV goals. Initially the CAC recommended to DPD that the following be incorporated into the City’s Conditions:

TMP Goal Prior to First Building Permit – Prior to the approval of the first building permit (all phases) allowed under the Master Plan, Swedish shall achieve the employee SOV rate of 50 percent. Each additional permit shall also require that Swedish Medical Center be in compliance with its most recently established SOV rate requirement for the Cherry Hill Campus. SMC shall be required to demonstrate continued compliance with the above SOV rate prior to issuance of any Certificate of Occupancy (CFO) and shall have a three month period to remedy and failure to meet those goals.

DPD did not incorporate this provision into its recommendations, instead including the following wording.

TMP Goal Prior to First Building Permit - The goal for the TMP in the Master plan will be to achieve the employee SOV rate of 50 percent prior to approval of the first building permit

(including demolitions) allowed under the Master Plan. Under current Land Use code regulations, DPD reviews the progress of Major Institutions in meeting TMP goals at the time of application for development permits (SMC 23.54.016 C6). If substantial progress is not made, as determined by DPD in consultation with SDOT, the Director may take a range of actions.

This provision does not meet the spirit of the CAC's recommendations. IN the period following its recommendation to DPD the CAC revised its recommendation to eliminate the benchmark of Certificate of Occupancy in favor of Issuance of any Building permit. However the CAC remains committed to a more stringent enforcement regime and therefor recommends the following:

CAC Recommendation 16 - Condition 3 in the DPD Director's Report - page 102 should be amended as follows:

TMP Goal Prior to First Building Permit - ~~The goal for the TMP in the Master plan will be to~~ Swedish shall achieve the employee SOV rate of 50 percent prior to approval of the first building permit (including demolitions) allowed under the Master Plan. Under current Land Use code regulations, DPD reviews the progress of Major Institutions in meeting TMP goals at the time of application for development permits (SMC 23.54.016 C6). If substantial progress is not made, as determined by DPD in consultation with SDOT, the Director may take a range of actions, including denying the permit. Each additional permit shall also require that Swedish Medical Center be in compliance with it most recently established SOV rate requirement for the Cherry Hill Campus. SMC shall be required to demonstrate continued compliance with the above SOV rate prior to issuance of any Building Permit.

Other Transportation Related Recommendations

CAC Recommendation 17 - Regarding Transit Capacity

As part of the review of master plan projects, the transit analysis shall include an analysis of the impact to public transit ridership on Metro routes that travel within ½ mile of the institutions. If the Master Plan project is expected to contribute to ridership such that capacity is exceeded on any route, the institution will be asked to contribute a proportion of the cost of adding the necessary capacity. This provisions shall only be required of the institution if, at the time of the review, it is consistent with City policy for requiring comparable major institutions to contribute to public transit capacity. Additional mitigation shall be determined at the time of each master use permit application with the goal of increasing transit capacity and use and reduced travel times.

CAC Recommendation 18 - Cut-Through Traffic Mitigation

In order to maintain and improve pedestrian and bicycle safety and reduce the impact of cut-through traffic on nearby residents, as part of the review of master plan projects, the transportation analysis shall include an analysis of the existing cut-through traffic impact on non-arterial streets related to employee, delivery, and visitor vehicles. This analysis will cover at least 15th Avenue and 20th Avenue between E. Jefferson and E. Jackson Streets and other streets prioritized by the Squire Park Neighborhood Council and other adjacent councils. If

cut-through impacts are identified that could worsen as a result of the proposed project, the institution will be required to support mitigations proportionate to the institution's impact. Mitigations could include providing funding to neighborhood councils to identify, plan and implement the appropriate traffic calming or diversion strategies in coordination with DPD, DON and SDOT.

DESIGN GUIDELINES

Design Guidelines are included as Appendix H on pages 144 through 163 of the Swedish Medical Center Cherry Hill Campus final Major Institution Master Plan. The Committee commends Swedish Medical Center for including this element of the plan and considers the careful review of future projects against these guidelines as critical to the success of this plan. For that reason the CAC carefully reviewed the guidelines and makes the following recommendation:

CAC Recommendation 19 - The Design Guidelines shown on pages 144 through 163 of the Swedish Medical Center Cherry Hill Campus final Major Institution Master Plan be amended as indicated below.

Section B.1.2 General Guidelines (Page 146 of the Final Master Plan)

Add bullets as follows:

- Promote design excellence
- Respect the Historic Context.

Amend bullet 4 on page 146 as follows:

- ~~Attempt to~~ Eliminate blank walls

Section B.1.3 Street Frontage Edges (Page 147 of the Final Master Plan)

- Poor image representing street frontage architectural features - Replace with image showing architectural features and activated street front

Section B1.1.4 Connection to the Street (Page 148 of the Final Master Plan)

Add the following bullets immediately following the heading at the bottom of page 147 of the Final Master Plan

- Identify opportunities for the project to make a strong connection to the street and ensure that the building will interact with the street
- Increase street level transparency to the greatest extent that is appropriate given abutting uses.

Section B1.1.5 Public Entrances and Access Points (Page 148 of the Final Master Plan)

Add the following bullets immediately following the Heading on B1.1.5 on page 148 of the Final Master Plan.

- Design public entrances to include elements that engage and emphasize the pedestrian experience including increased transparency.
- Design Entrances and other pedestrian features to encourage staff to use sidewalk level crossings between buildings were appropriate.

Add the Following bullet under the heading Create:

- Wayfinding that directs staff and patients between Cherry Hill and First Hill Campuses and to Seattle University and the First Hill Streetcar.

Section B1.1.6 Streetscape and Pedestrian Pathways (pages 149 and 150 of the Final Master Plan)

Add the following to the list of pedestrian Amenities:

- Street front awnings
- Canopies where setbacks are less than 10 feet
- Transparent or translucent canopy materials to maintain solar access

Section B1.1.7 Sidewalks (Pages 151 and 153 of the Final Master Plan)

Add the following bullet immediately under the heading on Page 151

- Shield all sidewalk and exterior lighting to avoid light infiltration and glare to adjacent properties.

Section B1.1.8 Parking and Vehicle Access (page 153 of Final Master Plan)

Add the following bullets immediately under the heading as follows:

- Promote safety for bike, pedestrian and transit uses at any vehicle access points.
- Minimize the size and breath of street frontages devoted to curb-cuts and entrances to garages

Amend the second bullet under “consider use of” as follows:

- Shielding to limit lighting, and noise impacts to limit light effects on adjacent properties
- Green screens and vertical plantings on the facades of existing above-grade parking
- Shielding/Screening of commercial loading zones

Section B1.2.1, (Page 154 of the Final Master Plan)

Add a statement to indicate that exterior design should seek design excellence.

Section B1.2.4 Screening Guidelines Page 156 of the Final Master Plan)

Add to the Following bullet:

- Green screens and vertical plantings especially along blank facades.

Section B1.2.5 Lighting, Safety and Security (Page 156 of the Final Master Plan)

Incorporate a restatement of the conditions contained on Page 106 of the Draft Report of the Director of the City Department of Planning and Development be incorporated into the this section of the Design Guidelines as follows:

- Use low-reflective glass and other materials, window recesses and overhangs, and façade modulation.
- Use landscaping, screens, and “green walls” to the extent practicable to obstruct light from shining to offsite locations.
- Restrict nighttime illumination of the site and selected buildings to provide lighting only when function or safety requires it.
- Equip interior lighting with automatic shut-off times. Install automatic shades installed where lighting is required for emergency egress.
- Use screens or landscaping as part of parking or structure design to obstruct glare caused by vehicle headlights.

Section B1.3.2 Landscape General Guidelines. (Page 157 of the Final Master Plan)

Amend the statement of intent as follows:

The hospital campus should be composed of a rich, and varied and well-maintained landscape and plant palette.

Section B1.3.3 Planting (Page 157 of the Final Master Plan)

Add the following bullets

- Include pollinator Pathway Certified plants
- To minimize need for irrigation, consider landscape designs that capture storm water run-off.
- Where irrigation is necessary, include drip irrigation systems where possible.

Section B2.1.2 Height Bulk and Scale General Guidelines (Page 158 to 160 of the Master Plan)

Amend the wording in the second bullet under Pedestrian Scale (bottom of page 158) as follows:

- Pay special attention to the first ground floor of the building in order to maximize opportunities to engage the pedestrian and enable and active, transparent, and vibrant street front.

Add the following immediately following that section at the bottom of page 159 as a new Section as follows:

Protect Privacy for adjacent residences

- Design fenestration (windows) and balconies or other outward looking features, to minimize viewing from the campus buildings into adjacent residences.

B2.1.3 Architectural and Façade Composition

Add a new bullet as follows:

- Murals

B2.1.4 Secondary Architectural Features (Page 160 of the Final Master Plan)

Revise the first sentence of the first bullet under B2.1.4 as follows:

- No un-modulated façade shall exceed ~~125~~ 90 feet in length.

B2.2.2-Color and material

Add under the first series of bullets labeled “Consider use of:”

- Design elements that are compatible with documents such as “green guidelines for healthcare”

B2.3.1 Rooftops – Statement of Intent (Page 162 of the Final Master Plan)

Amend the statement of intent to read as follows:

Where Rooftops are visible from location beyond the hospital rooftops are a design element and should be designed to be attractive

B2.3.2 Rooftop Design (Page 162 of the Master Plan)

Addition of the following bullet under “considered use of”:

- Green Roofs with public access

MIX OF DEVELOPMENT (FUNCTIONALLY RELATED USES)

Throughout this process there has been a considerable comment related to the inter-relationship of the Sabey Corporation with Swedish Medical Center. The Sabey Corporation purchased land from Swedish within their MIO boundaries and functions as a development partner, construction medical offices and other medically related uses within the MIO.

Many neighbors expressed concern that the driving force behind the desire to amend the Major Institution Master Plan for the Swedish Cherry Hill Campus and to include the amount of new development authority proposed was the Sabey Corporation, and not necessarily the institution. Some suggested that rather than requesting greater development, that Swedish recapture space presently leased to organizations such as Labcorp, and NW Kidney Center for direct Hospital use. Others posited that only the Institution should benefit from the increased development authority permitted by the MIO.

The Land Use Code does not appear to support the position as put forward above. The Land Use Code under Section 23.69.008 Permitted Uses, stated that all uses that are functionally integrated with, or substantively related to, the central mission of a Major Institution or that primarily and directly serve the users of an institution shall be defined as Major Institution uses and shall be permitted in the Major Institution Overlay (MIO) District. Major Institution uses shall be permitted either outright and are not limited to uses which are owned or operated by the Major Institution. The code further identifies those characteristics that shall be used by the Director to determine whether a use is functionally integrated with, or substantively related to, the central mission of the Major Institution, including:

1. Functional contractual association;
2. Programmatic integration;
3. Direct physical circulation/access connections;
4. Shared facilities or staff;
5. Degree of interdependence;
6. Similar or common functions, services, or products.

Under these criteria it is likely that all present uses qualify.

None-the less given the high degree of concern expressed the CAC recommends that:

CAC Recommendation 20 In any review for the development of new space within the Swedish Medical Center Cherry Hill Campus Major Institution Overlay District Boundaries, that is owned or operated by an agency other than the Institution, The City of Seattle Department of Planning and Development shall carefully review such uses to assure that the provisions of Section 23.69.008 are adhered to, and that the result of this analysis are included in the information provided to the Standing Advisory Committee as part of the Schematic Review of any project.

The CAC Recognizes that this provision provides guidance to DPD, does not provide the CAC with a review of comment role concerning DPD’s determination, does not anticipate revisions to the code and may not substantively effect any of the future development plans as reviewed in this process.

COMMENTS AND RECOMMENDATION TO THE DIRECTOR’S REPORT NOT INCLUDED IN RECOMMENDATIONS ABOVE

As stated above the CAC’s primary comment to the Draft Director’s Report is for additional changes to the heights, bulks and Scales contained in the proposed final Plan. The CAC’s rationale for making that recommendation is included above.

While the additional recommendation contained in the DDR are considered secondary to the primary conclusion, they are non-the-less very important. The CAC has reviewed those specific additional recommendation and offers the following comments. Those recommendations in the DDR that relate to the height bulk scale and setback recommendations noted above are not included.

DPD Recommendation	CAC Response
<p>32. Exemptions from FAR - Page 55 of the Final Master Plan shall be amended to state: Exemptions from FAR shall include: Portions of structures below grade; Mechanical penthouses located on the rooftop; and a 3.5 percent reduction in gross square feet located above grade to accommodate mechanical and electrical areas accessory to the structure.</p>	<p>The CAC presently has no suggested changes to this recommendation.</p>
Recommended Conditions of Master Plan Approval	

<p>25. Features Exceeding MIO Height Limits – Elevator penthouses and screened rooftop mechanical equipment may extend 10 feet above the MIO 37 foot height limit and 15 feet above the MIO 65, 105 and 160 MIO height limits. For the Central campus hospital bed tower elevator penthouses accompanying patient Transport may extend an additional five feet for a total of 20 feet above the rooftop.</p>	<p>The CAC previously recommended that mechanical penthouses not exceed 15% of any rooftop area. This comment remains. The CAC recommends that the DPD report be amended as follows:</p> <p>19. Features Exceeding MIO Height Limits Elevator penthouses and screened rooftop mechanical equipment may extend 10 feet above the MIO 37 foot height limit and 15 feet above the MIO 65, 105 and 160 MIO height limits <u>nor constitute greater than 15% of any rooftop area...</u> For the Central campus hospital bed tower elevator penthouses accompanying patient Transport may extend an additional five feet for a total of 20 feet above the rooftop.</p>
<p>45. Future Skybridge – The future skybridge shall be designed and constructed with materials that would contribute to transparency of the skybridge to the extent possible in order to minimize potential impacts to view corridors on campus. Height and width of skybridges will be limited to accommodate the passage of <u>patients</u>, and supplies between buildings. Approval of the location and final design of any skybridges will occur through the City’s Term Permit process.</p> <p>46. Future Skybridge - The term permit application for the skybridges shall contain an alternative of side by side skybridges and include modern architectural design Features.</p>	<p>The CAC remains opposed to stacked <u>(two story skybridges. Therefore theCAC recommends that Condition 46 be replaced with the Following</u></p> <p><u>46 - Future Skybridge Design - Any future sky bridges along 16th remain on the same level as each other and be limited to 2 total.</u></p>
<p>72. Natural Drainage and Green Roofs – Where feasible, provide green roofs to provide additional open space, opportunities for urban agriculture, and decreased energy demands by reducing the cooling load for the building. As development planning occurs in conjunction with specific buildings on-campus, consider incorporation of green roofs associated with that building where feasible. Green Stormwater Infrastructure (GSI) would be developed for flow control and water quality treatment to the maximum extent feasible.</p>	<p>The CAC recommends that this condition be amended as follows:</p> <p>72. Natural Drainage and Green Roofs – Where feasible, provide green roofs to provide additional open space, opportunities for urban agriculture, and decreased energy demands by reducing the cooling load for the building. As development planning occurs in conjunction with specific buildings on-campus, consider incorporation of green roofs associated with that building where feasible. Green Stormwater Infrastructure (GSI) would be developed for flow control and water quality treatment to the maximum extent feasible. <u>A campus-wide green factor of 0.5% shall be considered the minimum goal.</u></p>
<p>XX The following was included in the Draft Director’s Report but eliminated in the Final Report.</p> <p>Tree Protection – The City has aggressive urban forest goals in order to help restore tree cover which has been lost due to development.</p>	<p>The CAC recommends that this condition be retained with amendments as previously proposed.</p> <p>XX. Tree Protection – The City has aggressive urban forest goals in order to help restore tree cover which has been lost due to</p>

<p>Trees can provide stormwater management, habitat value, noise buffering, air purification, carbon sequestration, and mitigation of the urban heat island effect. Trees also have a positive effect on property values and neighborhood quality. Protect existing trees, as feasible, and pay careful attention to new tree planting to help meet the Seattle Comprehensive Urban Forest Management Plan Goals for multi-family residential and commercial development by achieving 15 to 20 percent overall tree canopy within 30 years.</p>	<p>development. Trees can provide stormwater management, habitat value, noise buffering, air purification, carbon sequestration, and mitigation of the urban heat island effect. Trees also have a positive effect on property values and neighborhood quality. Protect existing trees, as feasible, and pay careful attention to new tree planting to help meet the Seattle Comprehensive Urban Forest Management Plan Goals for multi-family residential and commercial development by achieving 15 to 20 percent overall tree canopy within 30 years. <u>No trees should be removed from the City Right of Way. During construction the root system shall be maintained.</u></p>
<p><u>During Operation - Noise</u></p>	
<p>86. To minimize the potential for noise impacts resulting from regular testing of emergency generators, the location of such equipment should be considered during building design relative to residences, and equipped with noise controls to minimize noise intrusion.</p>	<p>The CAC recommends that this condition be amended as follows:</p> <p>86. To minimize the potential for noise impacts resulting from regular testing of <u>new and existing</u> emergency generators, the location of such equipment should be considered during building design relative to residences, and equipped with noise controls to minimize noise intrusion.</p>
<p><u>During Operation - Light and Glare</u></p>	
<p>87. Use low-reflective glass and other materials, window recesses and overhangs, and façade modulation.</p>	<p>The CAC recommends that this condition be amended as follows:</p> <p>69. Use low-reflective glass and other materials, window recesses and overhangs, and façade modulation. <u>Particular care should be taken along the east margin of the 18th Avenue half block to assure that no views from the Medical office buildings are available to the immediately adjacent single-family residences. The fenestration pattern along this facade shall be reviewed both with the CAC and adjacent property owners.</u></p>

Minority Reports

A. Dean Patton and Others

'Right-Sizing' Swedish Medical Center

on the Cherry Hill Campus:

An Alternative Recommendation from

the Citizens Advisory Council

"I would call it right-sizing the campus."

**~ Marcel Loh, Chief Operating Officer,
Swedish Medical Center/Providence**

Quoted in *The Seattle Times*, August 8, 2002

Submitted to the City of Seattle on April 2, 2015, by Citizens Advisory Council members Patrick Angus, Maja Hadlock, Dean Paton, James Schell and J. Elliott Smith,

as well as former CAC member Nicholas Richter.

In 2002, when Swedish Medical Center announced its plan to sell off about a third of its properties on the Cherry Hill Campus to the Sabey Corporation, its then COO, Marcel Loh, said the \$37 million sale would allow Swedish to continue operating the hospital while jettisoning properties it would not need. This "right sizing" of the Cherry Hill Campus, as Loh called it, allowed Swedish to profit and pay down debt, permitted Sabey Corporation to begin developing a biotech center in properties Swedish considered surplus, and suggested a scope of redevelopment that did what the City of Seattle's Land Use Code requires: balance a major institution's ability to change and grow with the livability and vitality of adjacent neighborhoods. Ironically, the 1994 MIMP that was in place during 2002 required any institution's uses to be approved per structure or facility. Sabey's proposed biotech center was never an approved use for the campus.

Now, 13 years later, Swedish, along with its corporate owner, Providence Health & Services, as well as the same private commercial developer, Sabey Corporation, say they want to nearly triple the square footage of buildings on the Cherry Hill Campus, expanding from about 1.2 million square feet to about 2.75 million square feet of space (down from their original proposal of 3.1 million square feet). They have, for more than two years, been presenting multiple versions of their Major Institution Master Plan (the MIMP), making their case for expansion to the Citizens Advisory Committee (CAC), chartered under the auspices of the city's Department of Neighborhoods.

After some 32 community meetings, these five CAC members now are convinced that the Swedish/Sabey plans violate not just the spirit but also the rule of the city's Land Use Code. We also believe the Environmental Impact Statement submitted by Swedish/Sabey is inadequate and deficient.

In fact, in its official comments on the scope of the EIS, dated April 4, 2013, the Citizens Advisory Committee pointed out deficiencies to the EIS and asked for specific additional information and answers. Many, if not most, of these questions remain unanswered to this day. One particularly significant request the CAC made of the EIS is this:

“A full discussion of decentralization options that would accommodate the identified need on a Swedish/Providence system-wide basis utilizing available development space at both Swedish’s Cherry Hill and First Hill campuses, or more broadly within the Swedish/Providence System, and that might therefore result in the allocation of less square footage to the Cherry Hill Campus and more to the First Hill Campus; and b) the re-capture of space occupied by non- Swedish/Providence uses for direct SMC occupancy or to provide redevelopment opportunity.”

In other words, the CAC asked DPD, and, by extension, the drafter of the EIS, to provide additional discussion of other potential sites—not on the Cherry Hill Campus—where some of the planned services and research facilities might be located if it is determined the campus cannot accommodate these and still preserve the livability of the surrounding neighborhood.

No satisfactory answer has yet been provided. In addition, the April 4 letter asked DPD and the drafter of the EIS to tell us more about:

“The effects of inclusion of privately-owned non-SCM uses within the MIO’s on non-SMC development and maintenance decisions.”

This, too, has never been addressed.

Without a full and unbiased examination of those issues, the CAC simply has not had the information and analysis necessary to reach an informed recommendation. The drafter of the EIS simply brushed off the CAC’s clear and unambiguous requests and produced an EIS that evaluated only the alternatives presented by the institution.

This has prevented the CAC from doing its job. The questions the CAC asked in April, 2013, were and are appropriate. If the CAC were to ignore the fact that those questions were not addressed, the CAC would fail to do the job it agreed to do.

We believe that the CAC has an obligation to demand the analysis requested two years ago. We cannot in good conscience accept a document that failed to satisfy the requirements established by the Environmental Protection Act.

Therefore, we believe, that, before the deadline of April 2, the CAC should file a formal request with the Hearing Examiner asking that the Hearing Examiner find the EIS to be legally insufficient and order the completion of an adequate EIS.

For far too many CAC meetings, the committee was asked to look at multiple alternative designs provided by Swedish/Sabey. At no point were we given the analysis by an unbiased EIS that would allow us to make a proper evaluation. As a result, we spent the bulk of our time looking at

and ultimately rejecting 11 different plans—and this drawn out process left us with far too little time, and too little unbiased information, for a comprehensive study of the MIMP as a whole.

If the shortcomings of the EIS are not correct, and if it's necessary to make a recommendation based on the existing incomplete EIS, we are recommending a scaled-back version of development for the Cherry Hill Campus smaller in height, bulk, intensity, and scale than that which has been recommended recently by the Department of Planning and Development. Our recommendations are also, at present, somewhat smaller in height, bulk, intensity, and scale than what the CAC, before today, has been prepared to recommend. We believe our proposal is a contemporary version of "right sizing" that also does what the Land Use Code requires—balances institutional needs with neighborhood livability.

Note that there are three differing documents at play here: One is the Major Institution Master Plan submitted to the CAC by Swedish/Sabey; the second is the set of recommendations from the CAC (approved by a slim majority of members); and the third is this document, the recommendations of a large minority of CAC members. You will find on page 12 a table that makes useful comparisons of the major differences in height, bulk, and scale recommendations by each of these three proposals/reports. And you will see, at the end of this document, on page 15, a map of the Cherry Hill Campus that details the recommendations for heights of buildings on different parts of the campus made by the five members who have created this report.

Note that wherever this report does not differ from the multitude of smaller-issue recommendations made by the whole of the Citizens Advisory Committee over the past few months—design guidelines, numerous setbacks and such—the creators of this report support those positions as recorded in the final CAC majority report.

Herewith, our recommendations as well as the logic and laws supporting them:

Violations of the City of Seattle Land Use Code:

We call attention to the following:

The CAC is charged with reviewing the proposal for the Swedish MIMP in the context of the City's Land Use Code. To approve the proposal, the CAC must find it consistent with the Code. There are four elements under the Purpose and Intent section of the code that are particularly relevant.

To begin with, the MIMP must:

"A. Permit appropriate institutional growth within boundaries while minimizing the adverse impacts associated with development and geographic expansion;"

Rather than minimize adverse impacts on the neighborhood, as called for by the Land Use Code, the current Swedish/Sabey MIMP goes to the opposite extreme: Projected traffic congestion/gridlock will rise to levels unduly burdensome and destructive to the quality of life in the surrounding neighborhood; the proposed heights, bulk and scale of the planned buildings are incompatible with the low-rise neighborhood (if anything, they are of a height, bulk and scale more appropriate for the city's downtown core); design setbacks are minimal, or, in some places nonexistent, providing nothing close to the appropriate transitions from this out-of-scale new construction to the low-rise, single family neighborhood in which the campus sits.

An acceptable MIMP must minimize these impacts. The current version presented by Swedish/Sabey does not. An acceptable MIMP would also:

“B. Balance a Major Institution’s ability to change and the public benefit derived from change with the need to protect the livability and vitality of adjacent neighborhoods;

Note that this section of the Code says nothing about the needs of the institution; rather, it speaks to the need to protect the livability of adjacent neighborhoods.

Significantly, the Land Use Code says the MIMP/CAC process should:

“C. Encourage concentration of Major Institution development on existing campuses, or alternatively, the decentralization of such uses to locations more than 2500 feet from campus boundaries”

After studying the Environmental Impact Statement as well as the MIMP, it seems clear to us that Swedish/Sabey is intent on placing more services or products on the Cherry Hill Campus than it can accommodate, causing significant adverse impacts to the neighborhood. In accordance with the dictates of the Land Use Code, it seems appropriate to ask that some of these services or products be located on other properties owned by Swedish or Sabey in other parts of the city.

The city’s Land Use Code also stresses that any MIMP:

“I. Make the need for appropriate transition primary considerations in determining setbacks. Also setbacks may be appropriate to achieve proper scale, building modulation, or view corridors.”

Sadly, Swedish has proposed zero lot line setbacks and minimal upper level setbacks for the majority of new campus buildings. The current proposal does not provide appropriate transitions along the perimeter, through ground level or upper level setbacks, or building modulations.

The Significance of the Seattle Children’s Precedent

In applying the Land Use Code to the recent Seattle Children’s MIMP, the city’s Hearing Examiner demonstrated how these Code elements should be applied. We believe these findings in the Seattle Children’s MIMP process relevant to the Swedish/Sabey MIMP.

- (1) As regards the issue of height, the Hearing Examiner found the proposed heights of 140’/160’ to be “...inconsistent with two of the [Land Use] Code’s zoning principles and two of the criteria that must be used to select appropriate MIO height districts.” Please keep in mind that the proposed heights in the Swedish MIMP are greater than those that were proposed, and rejected, for Children’s Hospital. **The Cherry Hill campus has no space for transitions and the heights qualify as high-rise per the City’s definition.**
- (2) The Hearing Examiner found that the proposed heights could not “...be minimized by the use of transitions in height, upper level setbacks and 20-40 foot setbacks. Additionally, the proposed height limits “...would not be compatible with the adjacent single-family and lowrise multifamily and commercial heights.” And, “...transitional height limits of MIO 37 and MIO 50...are of insufficient depth to reduce the impact of

the adjacent 140-foot and 125-foot towers.”

- (3) The Hearing Examiner also found that exceeding the height of 40 feet “...may be considered outside an urban village only if the proposed heights would be consistent with an adopted neighborhood plan, a major institution’s adopted master plan, or the existing built character of the area.” The expansion proposed by Swedish/Sabey, and the proposed heights, do not occur within an urban village and do not meet the criteria set forth for exceeding the 40-foot limit. The Hearing Examiner ultimately found that Seattle Children’s proposed heights were “stunning” and that they were “...inconsistent with two of the [Land Use] Code’s zoning principles....” One would expect the Hearing Examiner to conclude that some of the heights proposed by Swedish/Sabey, and approved by the Department of Planning and Development, also are inconsistent with the Land Use Code’s principles.

In this regard, it is difficult to imagine a justification for allowing Swedish to do to the Squire Park neighborhood what the Hearing Examiner disallowed for the Laurelhurst neighborhood. Any such differential treatment of the Squire Park neighborhood would raise the issue of unequal treatment of neighborhoods by the city.

(1) In terms of setbacks, the Hearing Examiner found that Seattle Children’s’ proposed setbacks of 20 feet, and upper level setbacks, “...would not provide an adequate transition...” to the adjacent neighborhood. More importantly, the Hearing Examiner found that “...no reasonable setback and/or landscaping could mitigate the impact in this location.”

We point out that the setbacks proposed by Swedish are either nonexistent or less than those vetoed by the Hearing Examiner in Seattle Children’s case.

(2) In one Area of the Seattle Children’s’ proposal, the Hearing Examiner found that a more reasonable setback would be 75 feet if it were combined with reasonable landscaping.

Alas, Swedish/Sabey proposes nothing of the sort. We find most of the setbacks called for in the Swedish/Sabey MIMP inadequate.

Again, it is difficult to imagine approving the Swedish proposals for height and setbacks without being inconsistent with previous findings of the Hearing Examiner in the related case of Seattle Children’s.

Traffic Increases

Regarding traffic increases, the Land Use Code states that Major Institution uses shall be subject to the following:

Major Institution uses which are determined to be heavy traffic generators or major noise generators shall be located away from abutting residential zones;

According to the Swedish Cherry Hill MIMP’s Final EIS (3.7-42), under Traffic Volumes, Alternative 12 will generate 5,503 additional trips, which is a 100 percent increase in traffic volume. We believe Swedish Cherry Hill already is a heavy traffic generator, and the height, bulk,

and scale proposed in this MIMP will increase traffic volumes far beyond anything that should be deemed acceptable because of the “abutting residential zones.”

Beyond this, the MIMP and its Final Environmental Impact Statement fail to consider, or even acknowledge, a key element in the City of Seattle’s Comprehensive Plan. Indeed, encouraging major traffic generators to locate or expand in urban villages where the public has made considerable investment in infrastructure, such as light rail and robust bus service, is clearly a major goal of the Comprehensive Plan. For the Swedish/Sabey EIS to note that traffic will get a lot worse—even if Swedish/Sabey is able to successfully implement a transportation master plan—and then leave out consideration of any alternatives that might send some of the new, projected jobs (and the resultant traffic) to an urban village elsewhere is deficient.

More About the Final Environmental Impact Statement

When the EIS mentions the worsening of traffic and a decrease in levels of service at various intersections that will be caused by the development it proposes for Swedish Cherry Hill, the document supposedly takes into account other nearby developments. Several of them are listed. However that list is quite incomplete. Not only is it impossible to know what number of vehicle trips are attached to these future projects the EIS lists, there are other planned projects that are known *today* which are not listed. One example: Between 12th Avenue on the west and 14th Avenue on the east, and between Spruce Street and Fir Street, three developments of approximately 360 units are on the drawing boards. It is not mentioned in this EIS.

Furthermore, the EIS’s prediction about future intersection levels of service purports to relate to a time in the rather distant future, yet in making that prediction it only includes some of the known proposed developments. To be more accurate, this prediction would have to take into account some reasonable estimate that assumes the number of future housing units within the zoned capacity of the neighborhood.

The EIS predicts bad traffic congestion as a result of this proposed development, yet it surely will be much worse than the EIS implies. An acceptable EIS would describe what steps might be necessary when the traffic is that bad—which likely could include widening city streets by taking away existing landscaping and parking. If Swedish/Sabey intends to propose that the city depart from the Land Use Code as well as its Comprehensive Plan and allow high-intensity development in this mostly residential neighborhood, then the EIS needs to describe the changes to streets, sidewalks and parking that will be necessary to accommodate this growth. Cherry and Jefferson, for example, will need to be more like Madison and Boren—major thoroughfares. This would fundamentally change the residential character of the area by introducing the characteristics of major arterials dividing the neighborhood.

These three or four deficiencies with the EIS only hint at the document’s failings. We could cite multiple other examples where the document is inconsistent or does not ask questions that need to be asked. But instead of ticking off a litany of problems, we’ll focus instead on what is likely the main problem with this Environmental Impact Statement. To do that, it is important to refer to Seattle’s Land Use Code again, as well as the Seattle Master Plan:

The Land Use Code states that the MIMP process “shall include” ... *(a) description of ... decentralization options including a detailed explanation of the reasons for considering each alternative, ...* SMC 23.69.032 C.1.e.

This is not optional. The Code requires it.

Indeed, the CAC requested a description of decentralization options in its first written comments on the proposed MIMP in April, 2013. The institution as well as the drafter of the EIS have failed to provide this required information.

The Code, in setting forth the requirements of an Environmental Impact Statement, SMC 25.05.030, states the following:

B. Agencies shall to the fullest extent possible:

3. Prepare environmental documents that are concise, clear, and to the point, and are supported by evidence that the necessary environmental analyses have been made; and

7. Identify, evaluate, and require or implement, where required by the act and these rules, reasonable alternatives that would mitigate adverse effects of proposed actions on the environment.

The EIS has not satisfied the purpose of an Environmental Impact Statement. That purpose is to provide the decision maker with unbiased information and analysis upon which a decision can be made. The information contained in the EIS is almost entirely provided by Swedish and the Sabey Corporation. Reasonable alternatives are not identified and evaluated. In fact no alternatives are evaluated—only the various proposals of the applicant are evaluated.

Relevant Requirements From SMC 25.05.400 Purpose of EIS

The Seattle Land Use Code should be a lens through which the Swedish/Sabey EIS is evaluated. The Code says:

A. The primary purpose of an environmental impact statement is to ensure that SEPA's policies are an integral part of the ongoing programs and actions of state and local government.

B. An EIS shall provide impartial discussion of significant environmental impacts and shall inform decision makers and the public of reasonable alternatives, including mitigation measures that would avoid or minimize adverse impacts or enhance environmental quality.

*D. The EIS process enables government agencies and interested citizens to review and comment on proposed government actions, including government approval of private projects and their environmental effects. This process is intended to assist the agencies and applicants to improve their plans and decisions, and to encourage the resolution of potential concerns or problems prior to issuing a final statement. **An environmental impact statement is more than a disclosure document.** It shall be used by agency officials in conjunction with other relevant materials and considerations to plan actions and make decisions. (Emphasis added.)*

There are ways in which a reasonable plan for future growth of Swedish Medical Center could be consistent with and support the goals of Seattle as expressed in the city's Comprehensive Plan, but the EIS fails to explore those ways.

This EIS, in fact, is merely a “disclosure statement” and a discussion of how to fit into the neighborhood the amount of development the applicant has chosen. The question that the EIS should explore, but does not, is: "To what extent should Providence Health & Services, through its subsidiary, Swedish Medical Center, be encouraged to meet its future predicted needs at the location in the Central Area it calls the Cherry Hill Campus, and to what extent should Providence be required to plan to satisfy some of its future needs in other locations?"

The EIS should be a document that the Department of Planning and Development can use to assist it in planning actions and making decisions that are consistent with the Seattle Comprehensive Plan.

Besides the failure of the EIS to analyze mitigating the impact of height, bulk, and scale, another notable example of the inadequacy of the EIS is found in what passes for analysis of alternatives that might mitigate the impacts of traffic and greenhouse gas emissions. The EIS admits that “(t)ransportation plays a major role in climate change...,” page 3.1-9. The alternative most effective in mitigating the impact that would be caused by 11,000 daily vehicle trips is the alternative that would direct the functions that generate many of those trips to an area close to a light rail station or area of robust transit service. The final EIS should analyze an alternative that moves some jobs to transit centers rather than speculate on the effectiveness of methods proven to be less than adequate in serving the present campus, which is only a fraction the size of that which Swedish plans for the future.

Swedish is presenting a variation on an argument so often heard today: that a serious response to climate change must defer to other more important plans. This approach assumes that, perhaps later, when it’s more convenient, we can do something about climate change.

The city asks Individuals in households throughout Seattle to take steps that are sometimes inconvenient or more—all to do a small part to further the city’s goals to reduce greenhouse gas emissions. However, in this case, a large project that would generate 11,000 vehicle trips a day is not asked to consider directing some of those trips to rapid transit in the most effective way possible— by locating near a rapid transit station.

It should be the job of the Environmental Impact Statement to analyze alternatives that would allow future Swedish development to be consistent with the Comprehensive Plan.

To summarize our general concern with this environmental impact statement: The point of an EIS is to consider reasonable alternatives. The Swedish/Sabey EIS considers only "alternatives" that were proposed by Swedish/Sabey. It omits any discussion of other possible locations where some of this proposed development could be placed. Because an EIS is supposed to give the decision-makers—the Department of Planning and Development and the City Council—unbiased information about additional alternatives, this EIS has abandoned its primary function.

Cherry Hill is Not A Designated Growth Center or an Urban Village

The type and scope of development projected for the Cherry Hill Campus, in the middle of the Squire Park Neighborhood, is compatible only in a designated Urban Village. Placing a development of such height, bulk and scale in a non-Urban Village section of the city should, on its face, cause the Hearing Examiner to reject the Swedish/Sabey MIMP.

Under Seattle’s Comprehensive Plan, “Toward a Sustainable Seattle,” the neighborhood surrounding Swedish Medical Center is a “Residential Urban Village.” Accordingly, it is intended “...for predominantly residential development...(UV policy #12).

Important Questions About the Transportation Plan

Swedish/Sabey has created a transportation plan impressive in its thoroughness. We applaud those efforts. Nonetheless, even if all elements of this plan were to somehow work precisely as proposed, the traffic impacts on the surrounding neighborhoods would, in our view, be significant and unacceptable.

To quote from the final Environmental Impact Statement, “Alternatives 11 and 12 would result in two additional intersections operating at LOS F and one less intersection operating at LOS E during the weekday AM peak hour and four additional intersections operating at LOS F during the weekday PM peak hour, the same as with Alternative 8.” (page 3.7-43)

The TMP does consider adding traffic signals at two intersections, but there is no guarantee that it would happen, nor is there an analysis of how that would affect the LOS.

The EIS projects that daily trips will double due to Alternative 12 by 2040 (5,439 now vs. 10,942 in 2040; see Table 3.7-12)—in our view, an unacceptable increase in traffic and gridlock.

Swedish and its tenants have done some work recently to try to improve their transportation and get closer to their Single Occupancy Vehicle goal. But this work was only started during their MIMP renewal process. First Providence, and now Swedish, have had decades to work on their TMP compliance yet have done almost nothing—until now, when they seek to create a new and overlarge MIMP. Such last-moment behavior does not inspire confidence, and we feel justifiably circumspect about prospects that Swedish/Sabey will have the will to meet their current Transportation Master Plan’s SOV goal or a new proposed TMP SOV goal.

Accommodating Reasonable Growth

We believe reasonable growth that balances the needs of the major institution with the livability and continued well being of the neighborhood is possible. To accomplish this, we propose solutions based on the current capacity of the campus as well as its recent history:

All campus uses should directly support hospital functions. Other services, whether nonprofit or for-profit, should be relocated to other parts of the city, so that the neighborhoods surrounding the Cherry Hill Campus are better able to maintain their livability as additional construction as well as more employees and more patients come to the campus.

Space on the Cherry Hill Campus that currently is leased to other enterprises, nonprofits or individuals not directly associated with hospital and inpatient services Swedish provides should, over time, be reclaimed for the needs of Swedish, and not maintained as primarily real estate ventures, as is today the case. For example, Jefferson Tower, on the campus at the corner of 16th and East Jefferson, is a building with multiple floors of medical offices, many of these rented out to non-Swedish tenants. As these leases expire, we urge Swedish to use them for its own physicians and outpatient research facilities. The space in the Jefferson Tower and James Tower

that is not currently rented should be used by Swedish for its own physicians and outpatient research. Other tenants such as Lab Corp., on 16th Avenue and East Cherry Street, or the Northwest Kidney Centers facility on 15th Avenue and East Cherry Street, should also be relocated off campus. This would permit the growth Swedish says it requires, but with less adverse impacts on the surrounding neighborhoods.

It should go without saying that the 40,000 square foot “hotel” Swedish is proposing for the Cherry Hill Campus—which Swedish says would serve not only Cherry Hill but also its First Hill and Ballard campuses—ought to be the first element of the current MIMP eliminated and moved elsewhere in the Greater Seattle Swedish enterprise.

Had Swedish not been short sighted in 2002, when COO Loh wanted to “right-size” the Cherry Hill Campus—had it not sold off some 40 percent of its square footage to Sabey Corporation—it could today attain much of what it now says it wants for this campus, yet without the unacceptable damage to the surrounding single-family neighborhoods.

Here are the primary changes to the MIMP that we propose:

Height, Bulk, and Scale

18th Avenue Half Block:

Maximum Height: 37'

Bulk: 4 buildings

Create mid-block open space the equivalent of two single-family residential lots (80 feet by 120 feet) that Swedish/Sabey would be developed by Swedish /Sabey as a healing/meditation garden for use by staff, patients and neighbors. Sabey, which currently owns this section of the campus, must provide 24/7 safety and security systems, maintenance and insurance to protect the adjacent neighbors and possible claims. The garden must adhere to city parks department hours of closure and access. Fencing along the property line between Sabey and the adjacent neighbors must be of sufficient height, materials, and other factors to ensure adjacent neighbors safety, security and privacy. The Standing Advisory Committee will consult with adjacent neighbors about fence design and materials.

Heights of Buildings Bounded by East Cherry Street and East Jefferson on the North and South, and by 16th Avenue and 18th Avenue on the East and West:

Excluding the historic landmark tower, the building designated in the MIMP as the patient-care tower would be the tallest on campus at 105 feet. The rest of the property would have the same heights that were designated in the 1994 MIMP, which was 105 feet. The tallest building on the 16th Avenue half-block, on the west side, would be a maximum of 105 feet. The remaining buildings along the west side of 16th Avenue would be 65 feet.

There would be one sky bridge (current amount of street coverage) for use by patients, their caregivers, and hospital personnel. All others would use street circulation for

campus access.

Heights of Buildings Along 15th Avenue:

The tallest building on the 15th Avenue half-block, on the east side facing Seattle University, would be a maximum of 65 feet. This would harmonize heights along both sides of 16th Avenue, from Jefferson north to Cherry and be in keeping with the Seattle University MIMP.

Setbacks

All existing ground-level setbacks would remain. That is, there should be no reduction in ground-level setbacks.

Upper level setbacks of 25 feet from the property line at a height of thirty feet for any new development along Cherry and Jefferson—LR1 and LR2 allowed building heights. (Basic Floor-to-Floor hospital heights are 15-20 with the first floor typically 19-26.)

Rear setbacks on 18th Avenue half block would be a minimum of 25 feet. This would be a landscaped buffer and provide appropriate security and privacy for the adjacent single-family homes.

COMPARISON OF KEY DIFFERENCES IN SCALE BETWEEN SWEDISH MIMP and CAC *

KEY CAMPUS LOCATIONS	Swedish MIMP Proposal	CAC Majority Recommendation	CAC Minority Recommendation
18th Avenue east ½ block	Maximum height 45', one continuous building	Maximum height 37', one continuous building	Maximum height 37', 4 separate buildings plus significant open space
East side of 16th to west side of 18th Avenue	Maximum height 160' for the hospital patient-care tower	Maximum height 140' for the hospital patient-care tower	Maximum height 105' for the hospital patient-care tower
16th Avenue west ½ block	Maximum height 150 (MIO conditioned to 125')	Maximum height 105'	Maximum height 105'
15th Avenue east ½ block	Maximum height 150'	Maximum height 105'	Maximum height 65'

***This table compares the key difference of the Swedish MIMP Proposal to the CAC and CAC Minority Report recommendations relative to height. Other heights not mentioned are the same as those proposed by Swedish/Sabey. This does not include differences on setbacks.**

Traffic Mitigation

1. Expand the Residential Parking Zone south to Yesler Way and north to Union Street, as well as from 23rd Avenue on the west and to the boundary of RPZ Zone 1 on the west.
2. Swedish would continue to subsidize RPZ permits at 100 percent of cost.
3. Swedish will pay the city for increased parking enforcement.
4. Swedish will pay for increased bus hours for route numbers 3 and 4, and also contribute to Metro to jumpstart bus service on 12th Avenue.
5. Swedish will increase the frequency and number of shuttles to the First Hill campus so that its employees, patients, and neighbors can connect with the First Hill street car.
6. Swedish will provide subsidized bus passes for its employees: funding ORCA passes and walk-on ferry passes at 100 percent.
7. Swedish will contribute funds to the city to help pay for the Central Area greenway.

(Note: This is not traffic mitigation.)

8. If there is underground parking on 18th Avenue, it would be accessed from Jefferson Street and include a right-turn only egress.

9. Reducing SOV rate, since Group Health achieved 55 percent in 2012. Swedish/Sabey should not get a pass because of what they have *not* done. From the 2011 (updated 2013) Virginia Mason Medical Center, First Hill campus 2012 MIMP ANNUAL REPORT: "The 1992 Master Plan established an SOV goal for Virginia Mason employees of 50% or lower. By 1998, Virginia Mason had achieved a rate of 28% and that number has continued to drop. Virginia Mason continues to provide one of the most successful Transportation Demand Management Programs in the City. Only 23% of employees use SOVs and over 49% use mass transit or rail. The service is promoted to all new employees, and updates are offered regularly via on-site transportation fairs and other promotional events."

Transportation Management Plan

To insure that the TMP is a working document and lives up to the substantial promises it makes in the MIMP and the EIS, we strongly suggest a written agreement that requires Swedish/Sabey to demonstrate measurable progress, with agreed-upon benchmarks and with enforcement mechanisms clearly stated and responsibility for enforcement specifically delineated before the institution may secure building permits.

Views

The current MIMP calls for buildings so tall they would obscure views of the historic James Tower and cupola from many directions. We believe the MIMP needs to be rewritten so that views of the James Tower and cupola would be preserved in a 360-degree radius. This will, of course, limit the heights of some buildings that, if built to current specifications, would obscure the Tower.

Design guidelines

Current MIMP design guidelines are vague and lack enforcement mechanisms. Final design guidelines should be re-written to provide measurable standards that ensure any future CAC has teeth when it comes to reviewing specific proposals for new buildings. This would include such measures as minimum percent of fenestration in building facades, quality and character of materials, and such. Design guidelines would also include specific standards for perimeter streetscape improvements.

Amenities

Swedish/Sabey has proposed a plethora of "community amenities," from a public laundry to a daycare center. In our opinion, these are side issues that do not mitigate the altogether too-large heights, bulk and scale of the campus in the MIMP Swedish now proposes. As a nonprofit, mission-driven healthcare provider, Swedish can and should be doing more to be a better neighbor and a more responsible corporate citizen.

To this end, Swedish should heed the calls of local community groups to expand

healthcare access to low- and moderate-income residents of the neighborhood by increasing the availability of free and reduced-price care (“charity care”) at the Cherry Hill Campus and by forgiving the medical debt of low-income area residents. In addition, Swedish should provide financial support to local groups and institutions already doing good work to address important unmet needs in the surrounding community—Centerstone, the Carolyn Downs Family Medical Center and Odessa Brown Children’s Clinic, Central Area Youth Association, and Bailey Gatzert Elementary School.

Replacement of Housing

1. To replace housing units displaced by the Swedish expansion along 18th Avenue, we would require Swedish to provide subsidies for rents of multifamily units for the employees of Swedish hospital.

Conclusion

As the time this report was written, the Citizens Advisory Committee had met 30 times. At each of these meetings, time was set aside for public comment. During these 30 public-comment periods, hundreds of neighbors came to give their testimony to the CAC. All of these testimonies remain part of the public record.

We think it both telling and unusual that of these hundreds (and perhaps thousands of public testimonies), not a single resident of the Squire Park/Cherry Hill/Central District neighborhood spoke in support of the current version of Swedish/Sabey’s MIMP.

Not one resident.

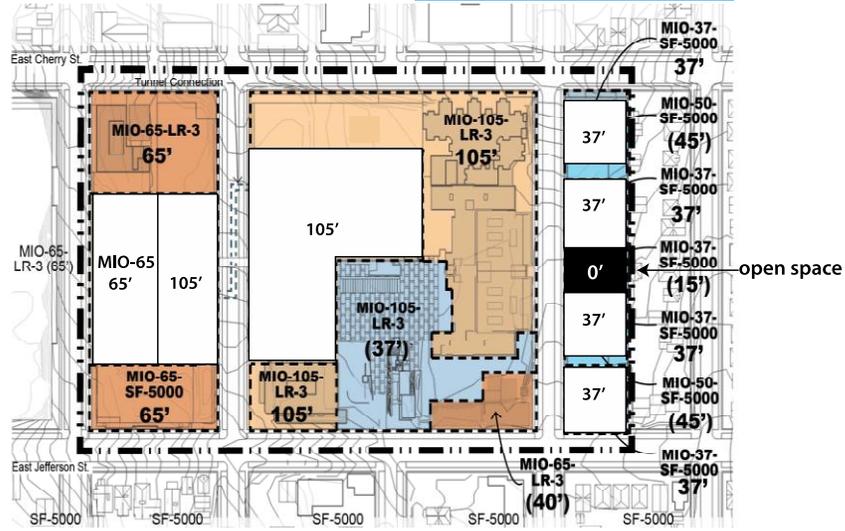
What just about every one of these neighbors did say, in all manner of ways, can be condensed into a single passionate sentence: The height, bulk, intensity and scale of what Swedish/Sabey has continuously proposed are simply too much for this neighborhood.

Swedish/Sabey spread 12 different versions of its plans out for most of the 30 meetings, and with each new version the message from the community was essentially the same: the buildings were too tall, the bulk too big, the scale too massive for this part of Seattle.

We believe our proposal does the best job yet—presented by anyone or any group—of meeting the stated needs of Swedish/Sabey to change and grow while also maintaining the livability and vitality of the surrounding neighborhoods that have long lived in partnership with whatever major institution has occupied this campus.

We believe the current Swedish/Sabey MIMP, as well as the report prepared by the City’s Department of Planning and Development, violate both the spirit and the intent of the City’s Land Use Code. We also believe the ideas presented in this document do a fair job of “right sizing” the Swedish Cherry Hill Campus today.

ALTERNATIVE CAC



B. David Letrondo and Linda Carrol

Minority Report

Cherry Hill Major Institution Master Plan Citizens' Advisory Committee

Prepared by CAC Member David Letrondo and joined in whole, or in part by the following CAC

Linda Carrol

I have been active with this CAC after interviewing in the spring of 2012. This report summarizes what I have seen and heard these past three years. There is no particular order to these points. It is important to remember the entire journey, not just the last month.

1. **No MIO boundary expansion:** The neighbors feared that they would be forced to lose their houses through eminent domain if the MIO boundary expanded.
2. **No street closures or vacancies:** The neighbors feared a street closure would cause bicycle traffic hardships, make the campus feel like one large monolith and cut connection between the neighbors to the north and south.
3. **Height:** Originally, the proposed building height increases ranged from an increase of 175' (65' to a proposed 240') to a decrease of 68' (105' to a proposed 37'). They neighbors felt 240' was too tall.
4. **Bulk:** The neighborhood does not agree with the current non-modulating walls of recent Harborview buildings. As it is another hospital, they fear new construction at the Cherry Hill campus would look similar in bulk.
5. **Scale:** The neighbors feel that anything taller than 30 is out of scale with the rest of the neighborhood.
6. **Shadows:** Under the first alternates the higher buildings cast shadows on the residences to the north and east. As Seattle does not have much sun, taking away direct sunlight was unacceptable to the neighbors.
7. **Traffic and parking:** Vendors and Cherry Hill staff currently park in front of their houses making it difficult for them to park, current morning rush hour traffic is bad and studies show that future growth will make traffic and parking worse.
8. **Similar to Children's hospital:** The neighbors feel that the MIMP results of Children's Hospital at Sand Point resulted in a good neighborhood sensitive solution.
9. **Need:** The neighbors felt the 1.9 million square feet proposed for a total of 3.1 million square foot campus was more than really needed. They repeatedly asked for proof that Swedish needed this much area.
10. **Setbacks:** The community was very interested in ensuring that adequate set backs were required to provide the appropriate transition between proposed development and the neighborhood.
11. **Saber Does Not Belong on Campus:** The community repeatedly expressed their displeasure that a 'for profit' developer was on campus and felt Sabey's presence was not meeting the intent of the code. Additionally, a neighbor has stated Sabey sued her for her actions against Sabey growth on campus.
12. **Decentralization:** Many of the neighbors have called for Swedish to shed existing tenants such as LabCorp or the NW Kidney Foundation. They also called for Swedish to meet their growth needs by building facilities elsewhere.

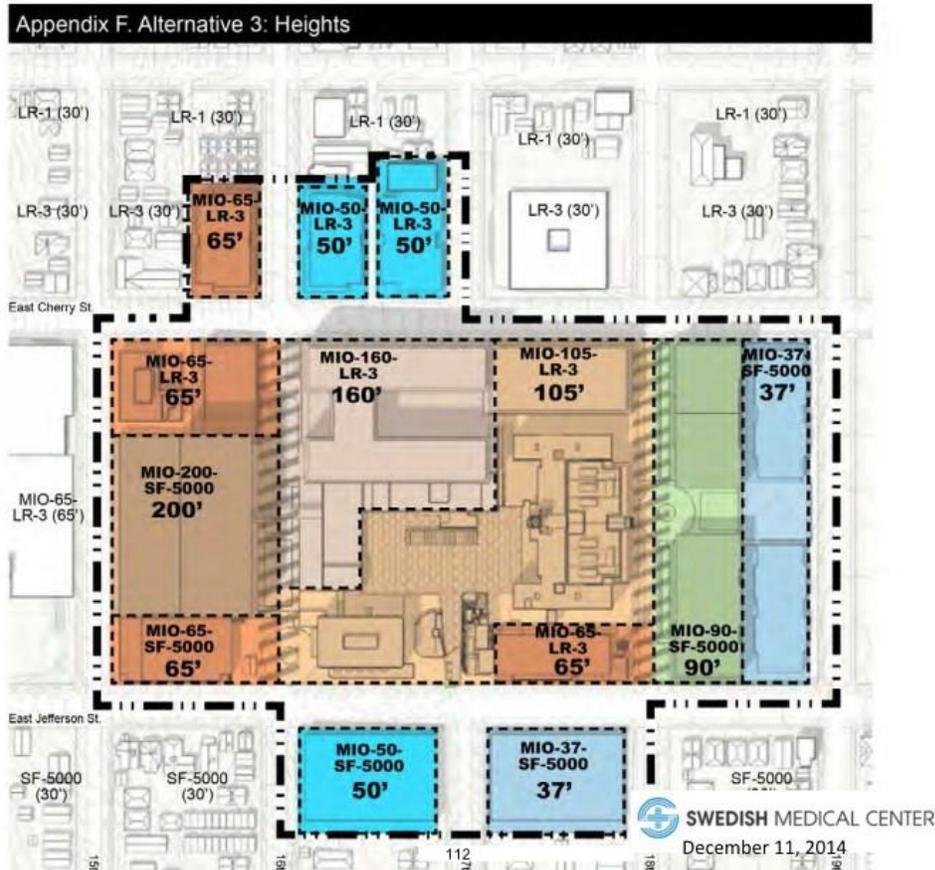
As someone that neither lives in the neighborhood nor works for Swedish but is a licensed architect with an architectural healthcare background, I would like to express my unbiased view on Swedish's

proposed changes due to the above neighborhood concerns. When reading below please keep in mind:

- € Swedish and Providence recently made a short list of architects that they use for all their work. As the firm I work for is not on that list, neither my firm nor I will do any work for Swedish or Providence.
- € Like my time at PTA, Bloodworks Northwest and Rotary, I am not paid for my participation on this committee.
- € When I was interviewed for the CAC, Swedish was not one of my clients.
- € As I am not a principal, I would not obtain any financial gain for bringing them on as a client.

1. No MIO boundary expansion result: No expansion

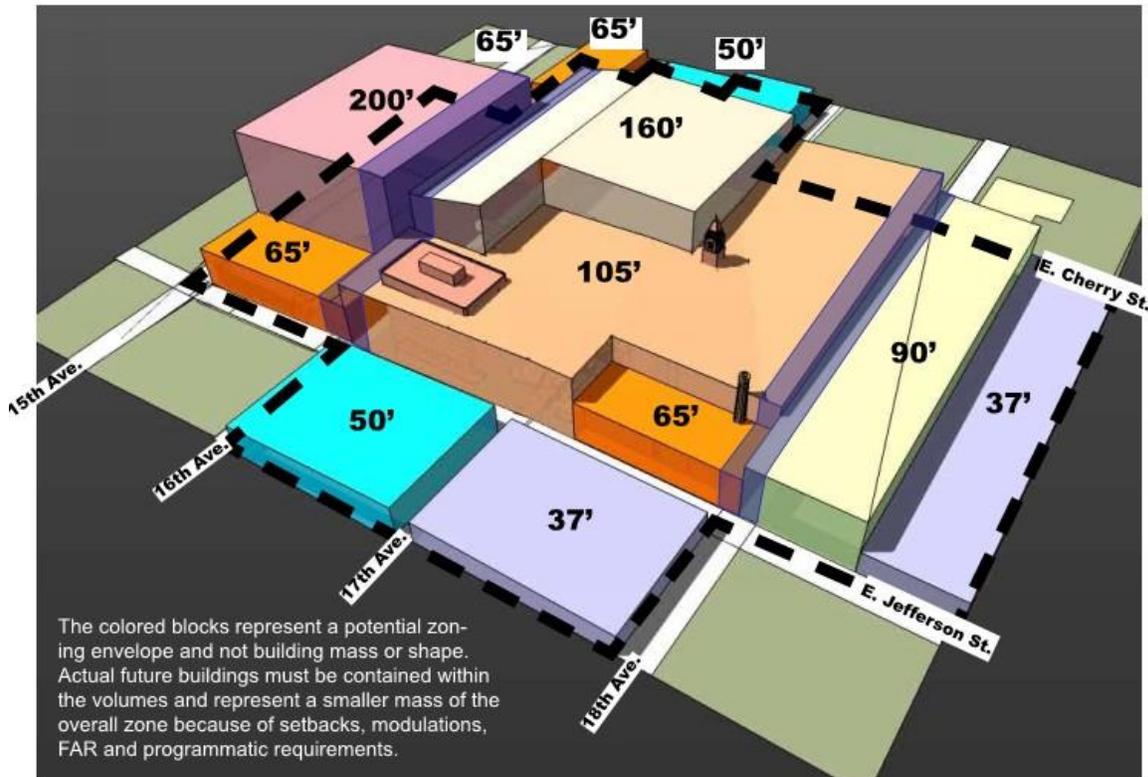
MIMP Alternates 2, 3, 4, 5, 6, and 7 captured additional property to the north, south and east- depending on the option; with alternate 3 proposing the most boundary expansion. Applying MeasureLotSize.com to approximate the proposed area of MIO boundaries for alternate 3 and not changing the lot's Low-rise or Single-family setbacks, I estimate the potential area increase from boundary expansion alone for Alternate 3 to be 685,300 SF of the proposed 1.55 million. This proposed MIO boundary increase could be responsible for 44% of the requested growth.



It was determined that legally Swedish and Sabey do not have the power to capture additional property through eminent domain. After much discussion and listening, Swedish's options from 8 on removed any proposed MIO boundary expansion. The final proposal 12, does not propose a boundary expansion. This necessitated that the expressed need be achieved within the existing MIO boundaries, causing increased density and height.

2. No street closures or vacancies result: No street closures

MIMP Alternates 2, 3, 5, and 6 indicated street closures. Potentially allowing buildings on the streets.



**Alternate #3 - Increased Vertical Capacity
& Boundary Expansion (22)**

February 7, 2013

Accordingly, from alternates 7 on, Swedish removed street closures from any proposal. The final Alternate #12, does not propose a street closure. Again, this resulted in Swedish needing to accommodate future growth on the existing blocks within the existing MIO boundaries.

3. Height result: Reduced from 240' to 160'

MIMP Alternates 4, 6, 7, and 8 proposed buildings 240' tall. Alternates 2, 3, 4, 5, 6, 7, 9, and 10 all proposed buildings 200' tall.

Appendix F. Alternative 4: Height, Bulk and Form



Accordingly In the final proposal, the buildings proposed to be 240' tall have been reduced in height by Swedish, and are now significantly shorter at 160' and 150'. The tallest building now proposed is 160'. Though higher than the original last MUP height of 105' and 65', the majority of the committee feels the locations chosen for these higher buildings provide the least amount of impact on the rest of the neighborhood, as they are within the middle of the campus or contiguous with Seattle University. The area with the proposed 160' steps down to the original MIMP 105' where the property faces the single and multi-family zones.

Development Program: Figure C-3

Alternative 12: Height, Bulk and Form

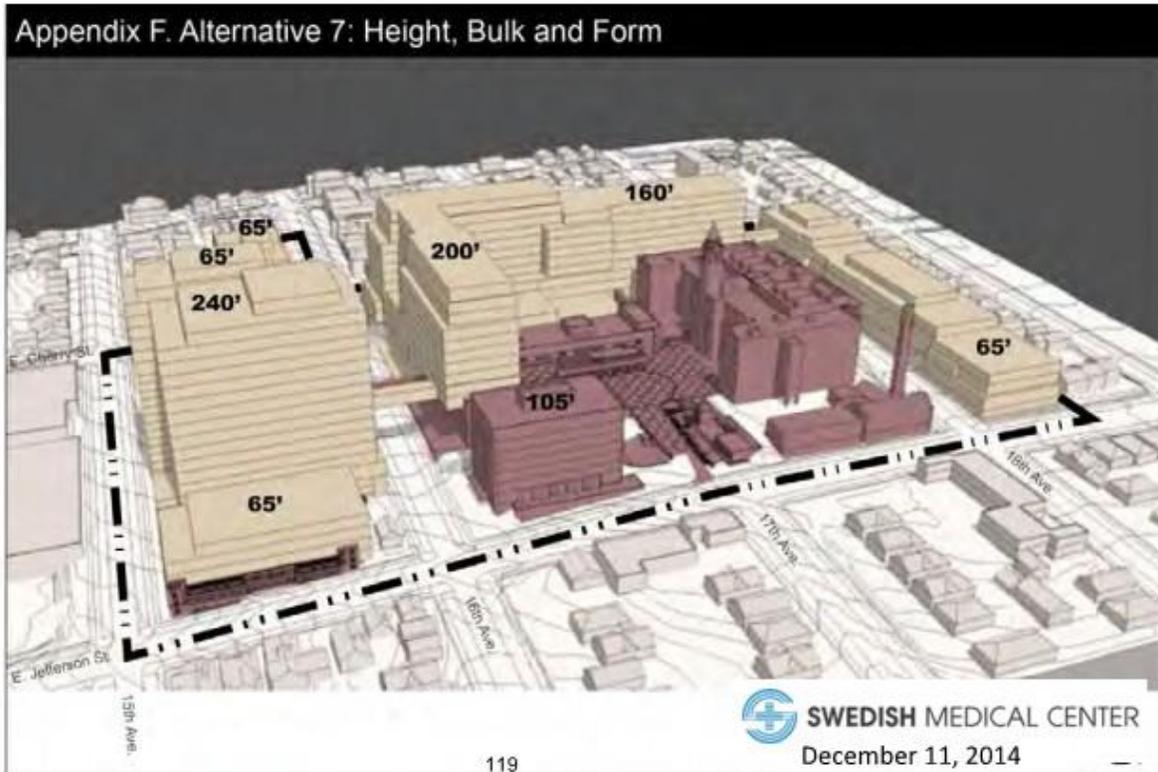


The property across the street from Seattle University has heights that are equal to the original MUP of 65' at the streets facing the single and multi-family zones. In every other instance where the campus is directly across the street from or adjacent to a residential zone, Swedish's proposal contains NO increase in height near the edges of the campus. In fact, a large portion of the central block between 18th Ave and 16th Ave includes a conditioned DOWNZONE to 37' and 40'. In only one instance, along 18th Ave, is there an 8' increase in height affecting only portions of the development fronting on the east side of 18th Ave. This is mitigated by a rear yard building setback of 25', landscape screening and other sightline considerations. It appears from 19th that the proposed building will not be so high that it obstructs the view of the existing James Tower's spire.

Swedish has appropriately concentrated future growth in the campus core and adjacent to Seattle University, thus minimizing impacts to the residential neighborhood. Seattle University came to the March 26, 2015 CAC meeting and endorsed Alternative 12 height limits along 15th Ave, across from its campus. As Major Institutions have unique needs, growth within an MIO boundary is distinct from that targeted for Urban Centers or Urban Villages.

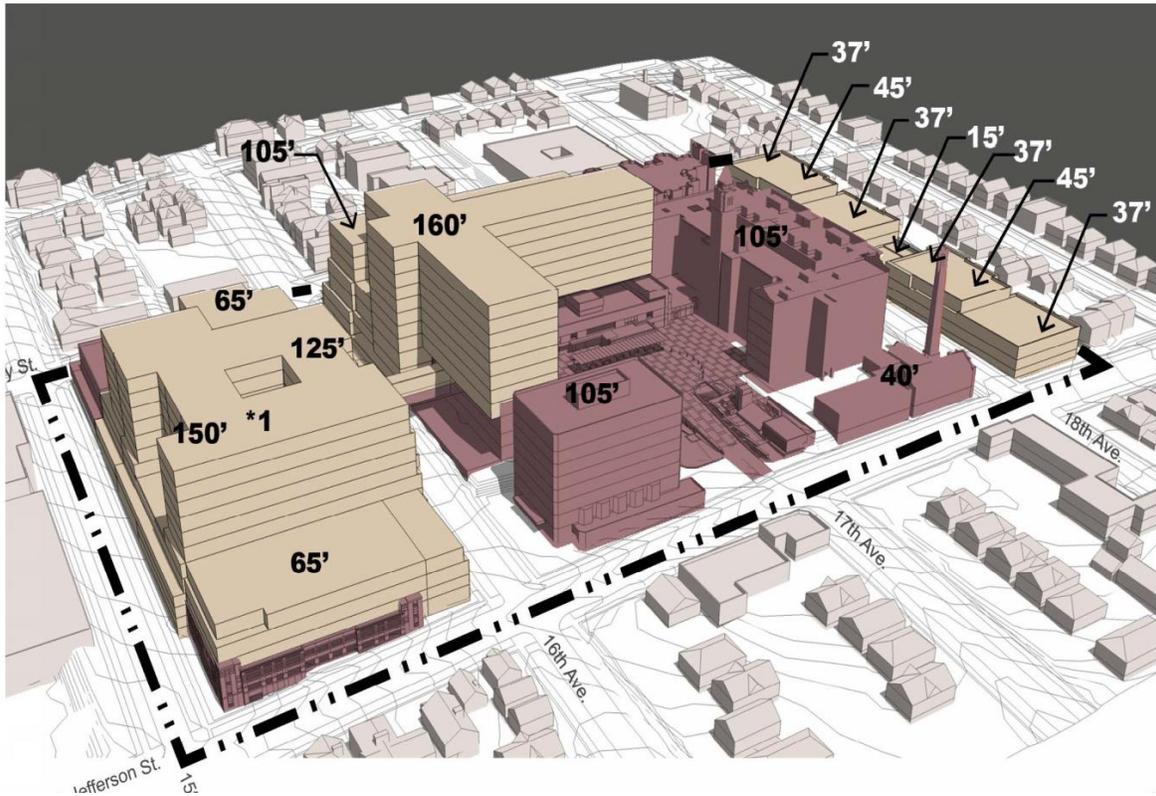
4. Bulk result: Large setbacks along residential streets, modulation

MIMP Alternates 2-10 proposed fairly monolithic building in their 3D views.



The final proposal by Swedish has significantly broken up the different buildings in mass and modulation. Additionally, during the CAC's recent meetings, horizontal modulation and vertical setbacks were added throughout the street facades.

ALTERNATIVE 12



5. Scale result: Vertical Modulation

The neighbors expect the new campus buildings to be in scale with their houses (30') and do not acknowledge that the City has designated Swedish Cherry Hill and Seattle University directly to the west as Major Institution Overlay Districts, where additional height, bulk and scale is expected and allowed over time. The existing James Tower, is over 105' tall and has been part of the neighborhood since 1910. The Jefferson Tower is also 105' tall and has been part of the neighborhood since the 80s.

As scale is part of height and bulk, Swedish's final proposal made scale adjustments, significantly lowering buildings with large modulations and proposing an 80' setback along Cherry. Buildings facing residential streets were reduced to their original MIO heights. The Central Plant was reduced from 105' to 40'. The property west of 18th Street went from 37' to 37' to 45' to accommodate the site slope.

6. Shadow result: Little to No New Shadows on Neighbors

MIMP Alternates 2, 4, 5, 6, 7, and 8 had buildings 200' or taller along the north property line. These heights cast shadows on the neighbors to the north and east.

After hearing from the neighborhood about fears of not being in the sun, the later alternates stepped the buildings down and back along the north property line. Looking at the final EIS, shadows from new construction are not cast on the properties to the north until the late winter days. As the sun is very low this time of year, residential neighbors already cast shadows on each other. Since the existing James Tower is already 105' and the proposed buildings to the east are 45' and 50', the proposed buildings will not new cast shadows on the neighbors to the east.



Figure 3.4-77

Alternative 10 – Autumnal (Fall) Equinox, September 21st, 8:00 AM



Figure 3.4-81

Alternative 10 – Autumnal (Fall) Equinox, September 21st, 12:00 PM

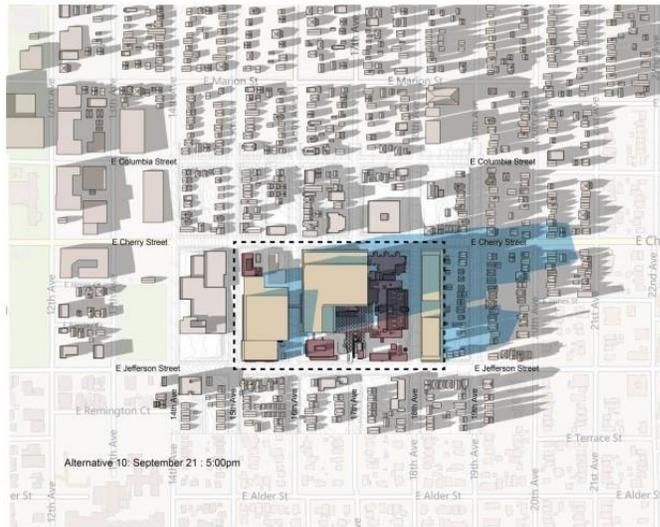


Figure 3.4-85

Alternative 10 – Autumnal (Fall) Equinox, September 21st, 5:00 PM

7. Traffic and parking result: Multi-action Plan

Swedish has formed an Integrated Transportation Board which and consists of Citizen Advisory Committee members, campus representatives, SDOT, KC Metro, DPD, and others. Together they have formulated and are still formulating an all-encompassing plan that includes bike sharing, bike paths, public transit, fully paid Orca cards, new Swedish owned and operated shuttle busses and so on. Additionally, the proposed parking garages will have fewer cars per new building area than the current condition. To mitigate staff and vendors parking in front of resident houses, Swedish is enforcing on campus vender parking areas and other parking policy enforcement. Attached is a list of actions I obtained from Swedish. I am hopeful these actions will surpass what the Final EIS estimated for traffic due to growth. Yes, I know there is distrust of Swedish and their traffic plan. I will address that at the end.

8. Similar to Children's Hospital result: Unobtainable

Many of the neighborhood feels Swedish should follow Children's Hospital in their design guidelines, building height and setbacks. Having spoken to Lisa Brandenburg, Children's CEO, she has indicated they were able to keep their building heights down and buildings setbacks in as they were able to buy the adjacent Laurelton Development, a 6.7 acres or 290,000 SF condominium complex. In doing so, they were not only allowed to expand horizontally, but were more importantly able to build the all-important 'empty chair'. The empty chair allows design and construction to be completed in less phases, less time, less disruption and less costs - even when including the cost of land and condominium purchase at above appraised costs. The below graphic illustrates the MIO area Children's expanded. It also illustrates how Children's could almost double their building area on just the new property.



Unfortunately, Swedish agreed with the neighbors to not pursue the option of increasing the MIO boundaries like Children's. See **Point 1** above. As such, their square footage needs had to be met by developing taller buildings within the existing MIO boundary.

9. Need result: Total Area Reduced

Swedish has provided presentations by a third party medical planner that is a leader in her field ([Terrie Martin Consulting](#), on 1/16/2014). They have also provided the Needs Study from which they based their square footage proposals. The Final MIMP also explains their need. Though some have questioned the seemingly high gross square foot per patient bed, Children's MIMP states they need 4,000 square feet per patient bed ([page 15 of Final Master Plan](#)), whereas Swedish is estimating 1,000 SF per bed ([page 140 of final MIMP](#)). Nonetheless, after hearing the neighbor's complaints, they reduced their request 18.4% to 1.55 million square feet, or a total of 2.75 million square feet.

10. Setbacks result: Setbacks increased

Swedish and Callison received input from the CAC on the setbacks proposed in Alternative 12. The institution made adjustments to proposed setbacks based on the CAC's input. The City also adopted and endorsed these changes in the Final Director's Report.

Subsequently, at the urging of neighbors, certain CAC members proposed additional changes to setbacks and changed their original votes on various setbacks. However, in very few circumstances did those CAC members discuss or address the impact of their requested changes on the institution's needs or base those changes on any urban design or architectural principles. Swedish shared the fact that proposed changes to setbacks on the east side of 16th Ave would cause significant impacts to Nursing Units, but the motion to add an additional 10' setbacks above 37' was passed. During setback discussions, neighbors would walk up CAC members and personally urge them to change the setbacks. This was done before and after the public comment period. See comment at the end.

11. Sabey Corporation result: Sabey's presence within the intent of the code

As a healthcare architect I see this developer and hospital relationship often. [Healthcare Realty](#) owns the Overlake Medical Pavilion at Overlake Medical Center, the Minor and James Building by Swedish First Hill and the Three Tree Medical Arts Building by the Highline Medical Center. 82% of their properties are on or adjacent to a hospital. 83% of their buildings are multi-tenant. Within the LabCorp floor and other James Building tenants, Sabey has worked with Swedish to redevelop state-of-the-art facilities that deliver cutting edge neuroscience and heart and vascular patient services.

There is nothing improper about this relationship. In fact, it is the business model replicated around the country.

I have asked both Sabey and Steve Sheppard about Sabey suing a neighbor. Both stated that Sabey did not sue anyone. There was no lawsuit, no seeking of damages. The neighbor was asked to make her statement in court as part of the due diligence process.

So why is there such an uproar about Sabey and why is there speculation about Sabey building a data center on campus? I will cover that at the end.

12. Decentralization result: Centralized Hospital will remain

SMC 23.69.002 encourages the concentration of major institution development on existing campuses. Although Swedish maintains clinics around the region that see patients for neuro and cardiac care, the specialized staff and expensive facilities such as operating rooms and patient beds should be centralized. Any suggestion that this would be a viable alternative ignores the critical and unique functions of a hospital.

SMC 23.69.008, .0012 and comments from the Department of Neighborhoods all state the current tenants at the Swedish Cherry Hill Campus are consistent with the intent of the code.

Additional observations: Unlike the above statements which I have tried to base on facts, I would like to now express some opinion.

Neighborhood Negotiating. Throughout this process, Steve Sheppard has stated in all of his years, he has never seen a neighborhood not build consensus and meet halfway or attempt to meet somewhere.

Having been involved with different negotiations, I see much of the neighborhood's actions directly following the [Soviet Style as outlined in Herb Cohen's *You Can Negotiate Anything*](#). In it, he mentions to be aware of this style and their six steps:

1. *Extreme Initial Positions.* They always start with tough demands or ridiculous offers that affect the other side's expectation level. (From the start to the end, neighbors were asking that the MIMP be rejected and that the process should start over.)
2. *Limited Authority.* The negotiators themselves have little or no authority to make any concessions. (This step I have not noticed.)
3. *Emotional tactics.* They get red faced, raise their voices, and act exasperated-horrified that they are being taken advantage of. (During this process, fellow committee members have turned to me as asked why is this person so emotional over this point?)
4. *Adversary concessions viewed as weakness.* Should you give in and concede them something, they are unlikely to reciprocate. (I have never seen any reciprocal efforts on the above results mentioned above.)
5. *Stingy in their concessions.* They delay making any concession and when they finally do, it reflects only a minuscule change in their position. (Actually, I did not even witness a minuscule concession.)
6. *Ignore deadlines.* They tend to be patient and act as though time is of no significance to them. (Steve Sheppard mentioned in the last meeting that our committee has met significantly more times than any other CAC.)

It is my hope that after reading this report, the reader will have a firmer overall understanding of what has transpired in the past few years. After reviewing the above I fully support Alternate 12 in its building heights and setbacks.

Sincerely,
Dave Letrondo, AIA, LEED AP

4/27/15

As an addendum to my earlier report:

- I would like to correct my statement that “Whereas Swedish is estimating 4,000 SF per bed...” to “...3,500 SF per bed....”
- I support the Living Community Challenge.
- I feel Bob Cooper's April 6 response to my Minority Report is a typical example of the aggressive, intimidating tone the CAC has experienced by neighbors throughout this process.

ITB Accomplishments:

<p>Live Where you Work Program</p>	<p>Shifting employee residences to the neighborhood surrounding the Cherry Hill Campus will reduce the number of Single Occupancy Vehicles (SOV) coming to the campus. Swedish is scoping a program that would subsidize employees to move into the neighborhood and walk or ride their bike to work. U3 Ventures has been engaged to provide analysis and subsequent recommendations around program structure.</p>
<p>Employee Shuttle Service</p>	<p>Swedish s purchased 2 additional shuttles to facilitate employees commuting to the Cherry Hill Campus by means other than SOV; one route (launched February 2015) runs between the Cherry Hill Campus, the First Hill Campus, and the train station. The shuttle picks up in the morning and drops off in the evening; this route assists employees who lost direct bus service when Metro Route 211was discontinued. When First Hill Streetcar service begins, this shuttle will pick up employees from the First Hill Streetcar and take them to Cherry Hill. The service runs 5:45am-9:45am and from 2:00pm-6:00pm. Swedish currently transports approximately 186 passengers each day.</p> <p>Another shuttle launch is planned for mid-May; this route will be from Coleman Dock to the Cherry Hill Campus and then to First Hill and back to the Colman Dock. The hours of this has service has not been finalized yet, but the service will run during peak times in the morning and the afternoon and be synced to the ferry schedule.</p> <p>Swedish will continue operating the intercampus shuttle between First Hill Campus, Metropolitan Park, and Cherry Hill. This service is also a connector for those employees that arrive downtown; they can catch the shuttle from Met Park and commute to their campus without having to wait for another bus or walk.</p> <p>Care is being taken to not disrupt current Metro and Sound Transit ridership but to rather supplement it and encourage more bus and light rail use.</p>
<p>Bus Service through Transit Now</p>	<p>Since 2008, Swedish, in partnership with Harborview Medical Center and Virginia Mason Medical Center, has purchased bus service for employees from King County Metro. The routes are direct service routes to Cherry Hill and First Hill Campuses. The Metro routes are #64, #193, #303, and #309 (309 goes to First Hill only). Two additional routes were discontinued September 2014. The three organizations partnered to provide later bus service for routes 193 and 303 for 10 and 12 hour shift employees.</p> <p>Prior to this service extension, Virginia Mason and Swedish contracted with Farwest Taxi to return employees to their vehicles (at no charge to them).</p>
<p>Vendor Parking Policy</p>	<p>Swedish implemented a vendor parking policy. All vendors are required to read and acknowledge the policy. The policy requires that vendors purchase parking in the 16th Avenue Garage. Vendors found parking in the neighborhood receive an initial warning. Second infractions bring suspension from doing business on the campus for 30 days. Third infractions are enforced with a ban from the campus for one year.</p>

Employee Parking Policy	Swedish is currently vetting an employee parking policy with its collective bargaining units; the policy would preclude staff parking in the neighborhood. Swedish's intent is to adopt an enforceable policy that uses progressive discipline. While discussions continue around the policy, action is being taken to create a more robust transportation program to facilitate staff moving from SOV as described below.
Transportation Ambassador	A Transportation Ambassador was hired to begin educating campus visitors and staff about parking options and requirements (i.e., vendors). The Transportation Ambassador has also begun to collect data about parking patterns in the neighborhood to better inform planning and enforcement efforts. This position will also enforce employee parking infractions when a policy is adopted.
RPZ	Swedish is coordinating with the Squire Park neighborhood to suggest changes to current RPZ hours for the neighborhood; the intent is to make parking in the neighborhood less attractive to visitors and staff of Swedish and Seattle University.
Outreach Programs	Cherry Hill Campus has increased and targeted its transportation program outreach, moving from annual fairs from to quarterly events. Other activities include but are not limited to active participation in Bike to Work Month, Bike Stations (with free tune ups) on Bike to Work Day, a Bike Station with Sabey on Bike to Work Day, Try Transit Month (June), Wheel Options, and Summer Smart Commuter.
Luum	A multi-platform program that facilitates ease of transit use will be adopted. The LUUM product will facilitate the offering of flexible parking, which is known to discourage SOV use and help staff navigate transportation options.
New Employee Orientation	Transportation benefits and options have become more prominent in the new employee orientation process at Cherry Hill, with a strong focus on directing new staff into a good commuting habit (i.e., no SOV) quickly.
Swedish Medical Group	Swedish no longer has a separate transportation program for members of the Swedish Medical Group.
Employee Survey	Employees will be surveyed to identify obstacles to non SOV commuting.
Campus Integration of a singular Transportation Policy/Program	The Cherry Hill Integrated Transportation Board was created to facilitate a campus-wide approach to managing campus transportation needs.
Vanpool & Vanshare Subsidy	Vanpool and Vanshare subsidies were increased.
Pronto Bike Share	Swedish is sponsoring Pronto bike share stations in several of its locations; exact routes will be determined by Pronto planners and be designed to facilitate development of a robust network.
Transportation & Commuting Office	Swedish has engaged a consultant to provide recommendations on building a more robust transportation department.

C. Dylan Glosecki

Minority Report DG-1

2 April 2015

Dylan Glosecki

Prepared by CAC Member Dylan Glosecki and joined in whole, or in part by the following

I am including this report to provide insight and express my disagreement with the CAC's proposed reduction in height from 125' to 105' on the block between 15th and 16th Avenues and to emphasize the importance of the CAC's recommended setback changes to the Swedish Cherry Hill MIMP.

I acknowledge that the setback changes result in buildable square footage reduction. I also acknowledge that the height reduction from 125' to 105' on the block between 15th and 16th Avenues results in square footage reduction. In the coming weeks while the hearing examiner and the Seattle City Council review the CAC final report, I would like emphasize that the setback changes proposed by the CAC are more important to ensuring an adequate transition between the Cherry Hill campus and the surrounding neighborhood than the 125' to 105' height reduction.

In regards to the recommended height limit on the block between 15th and 16th, I would like to reinforce my vote from CAC meeting 28 on February 26 2015. I still believe 125' is an adequate max height, considering the 20' +/- grade change that exists, which already reduces height from 125' along 15th Ave campus border with Seattle University, to approx 105' along 16th Ave. I believe 125' is an appropriate compromise between neighbors' requests and the Swedish proposal. I am convinced that the setback modifications proposed by the CAC on this block provide a reasonable pedestrian experience at the sidewalk level with 125' building heights. I also will point out that the vote was passed by a one-vote majority and the vote could have just as easily have been in favor of keeping 125' max height if attendance had varied slightly. See below discussion quoted from meeting 28:

Patrick Angus noted that there has been a great deal of discussion concerning heights and that there is a consensus that heights are too great. He noted that Swedish appears quite constrained on its central Campus. This is the area where they have shown hospital beds. More height in this area might be acceptable. However, there does not seem to be so much consensus within the Committee for the 125 feet on the West Block.

Mr. Angus moved:

That the Committee recommendation for that portion of the West block previously recommended at 125 feet be Reduced to 90 feet.

The motion was seconded.

Mr. Sheppard stated that a reconsideration motion must be made by a person that previously voted in favor of the motion being reconsidered. Mr. Watts noted that he had voted in the affirmative on the motion adopting the previous 125 foot recommendation. Mr. Sheppard confirmed that this was the case.

Mr. Sheppard urged the Committee to try to avoid reconsiderations of past decisions. Committee members are free to do so, but given the close votes on some recommendation, this might lead to reversal after reversal.

Mr. Sheppard noted that technically the first action would have to be to move to reconsider and then to go forward to the formal reconsideration.

The Question was called to reconsider. The Committee voted 6-4 to reconsider. Discussion then turned to the consideration of the motion made above.

Raleigh Watts asked Mr. Jex to comment on heights as they related to floor-plates. Mr. Jex responded that the building is based on 14 foot floor to floor heights. Maja Hadlock stated that 90 feet would be 6 floors and that this reduction would be a further cut of 3 stories off of this building.

David Letrondo stated that he opposed this change. The Committee previously indicated that this was the portion of campus that additional height bulk and scale would be acceptable. Still the Committee brought the height down from 200 feet to 160 feet conditioned to 125. We are now going to 90 feet. Andy Cosentino responded that this would severely impact the hospital and that he had no idea how many doctors this might reduce.

Maja Hadlock noted that some other hospitals use a smaller calculating for square feet per-patient and asked for clarification on this. Without this information, this further reduction appears reasonable.

Dylan Glosecki noted that the majority previously voted for 125 feet and that there are setback issues that we will have to deal with. He stated that he continued to support the 125 foot. Still this is a great deal of increase from the existing development. He asked what the correlation was between the hospital Central bed tower and this development. Andy Cosentino stated that the rationale was to provide support faculties for the doctors. He urged the Committee to forgo a decisions at this meeting to allow Swedish to come back with an evaluation of what the impact would be. Dave Letrondo noted that Swedish has consistently reduced the height of development proposed and that we now appear to be asking to go ever lower.

Katie Porter asked Stephanie Haines if a change in height across 15th from 65 feet to 125 feet would be considered appropriate in other areas. Ms. Haines responded that t it would not normally be considered in a rezone elsewhere. However this is an MIO and there is the acceptance that there would be disparities greater than elsewhere.

Various members asked for a variety of different heights from 125 along 15 to 95 etc. Members expressed some support for going lower but not necessarily to 90 feet. Members noted that this decision relates both the height bulk and scale and to transportation since it drives the total amount of square feet on the campus and thus trip generation.

Member asked that the motion be amended to condition the 160 foot lower than the 125 previously recommended. Various heights were recommended and some members continued to advocate the previous decision. With 95 first suggested. Others disagreed. Steve Sheppard asked Mr. Watts if a height of 105 could be substituted for the 90 in his original recommendation. This would not require conditioning. Mr. Watts agreed to amend his motion accordingly.

The question was called and the Committee polled. The votes were as follows:

James Schell	Yes
Leon Garnet	Yes
Maja Hadlock	Yes
Elliot Smith -	Yes
Raleigh Watts -	No
Dave Letrondo -	No
Linda Carrol -	No
Dylan Glosecki -	No
Laurel Spelman -	No
Patrick Angus	Yes
Katie Porter -	Yes

The vote was 6 in favor 5 opposed none abstaining. A quorum being present and the majority of those present having voted in the affirmative, the motion passed.

Appendices

Appendix 1. MEETING NOTES

SWEDISH MEDICAL
CENTER CHERRY
HILL CAMPUS
MAJOR
INSTITUTIONS
MASTER PLAN
CITIZEN'S
ADVISORY
COMMITTEE

Committee Members

Eric J. Oliner
Najwa Alsheikh
Cynthia Andrews
Laurel Spelman
Dylan Glosecki
Jamile Mack
Mark Tilbe
Joy Jacobson
Andrew Coates
Michelle Sadlier
J. Elliot Smith
Patrick Carter

Committee
Alternates

Maja Hadlock
Nicholas Richter
David Letrondo

Ex-officio Members

Steve Sheppard
*Department of
Neighborhoods*

Stephanie Haines
*Department of
Planning and
Development*

Marcia Peterson
*Swedish Medical
Center
Management*

**Meeting Notes
Meeting #1
December 13, 2012**
Swedish Medical Center
Swedish Education & Conference Center
550 17th Avenue
First Floor - James Tower

Members and Alternates Present

Najwa Alsheikh	Cynthia Andrews	Laurel Spelman
Jamile Mack	Mark Tilbe	Joy Jacobson
J. Elliot Smith	Maja Hadlock	Nicholas Richter
David Letrondo	Dylan Glosecki	

Staff and Others Present

Steve Sheppard, DON SMC	Stephanie Haines, DPD	Marcia Peterson,
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See sign-in sheet

I. Welcome and Introductions and Brief Discussion of the Process

The meeting was opened by Steve Sheppard. Introductions followed with committee members providing brief backgrounds and identifying where they lived in the community.

Mr. Sheppard briefly outlined the steps in the process. (See attachment 1) and stated that this is the start of what usually is a two year process that will culminate with the adoption of a new Major Institution Master Plan for the Swedish Cherry Hill Campus. There will be approximately 20 meetings each of which will include a public comment period. There are a few areas the Code limits somewhat the scope of comment. This primarily relates to the determination of need for expansion of the institution. The Current Major Institutions Master Plan for the Swedish Cherry Hill Campus expired in August 2011 so a new plan is now required.

II. Welcoming Remarks by Swedish Medical Center C

Marcia Peterson, SMC Ex-officio member of the Committee was introduced to lead off opening remarks. Ms. Peterson stated the Swedish Medical Center has significant plans to create a world- neurosciences facility here which will tremendously impact the space needs. Ms. Peterson noted that SMC will not present a concept plan at this meeting and instead will provide background on those factors driving our current visions. She noted that there is a great deal of uncertainty in the health care field today. Those factors that affect the SMC visions and projections of future needs include:

1. Aging population,
2. Changes in technology,

3. Newly insured - affordable care act; and
4. Pressure on costs.

Heidi Aylsworth, Vice President Performance Improvement & Strategic Development was recognized. Ms. Aylsworth noted that role within the organization is managing the financial turnaround of the organization. She noted that the financial impacts of the health care reform and other factors led to losses in operations. From January through April 2012 SMC lost \$34 million. SMC responded with staff reductions and other efforts to contain cost. Ms Aylsworth briefly went over some of these efforts.

Marcel Loh, Chief Executive of Swedish Suburban Hospitals and Affiliations, formerly Chief Executive of Swedish Cherry Hill Campus was introduced. Mr. Loh thanked the Committee on member's willingness to serve. He noted that Swedish as an organization is 102 years old. It was founded by Dr. Nils Johanson who emigrated from Sweden. He found that the existing health care facilities didn't meet his standards for sterile technique in the operating room and infection control, so he and 10 other Swedish immigrants pooled their money and bought a 24-bed hospital not too far from our First Hill Campus. Today, Swedish is a not for profit charitable organization which means in the health care sector every dollar of profit is reinvested back into providing care and service to the community

Swedish grew rapidly and over time absorbed other nearby hospitals such as Doctors and Cabrini. This consolidation of the various hospitals on First Hill resulted in the establishment of Swedish as a predominant metro urban hospital drawing patients both from the immediate community and broader region. Seattle Providence Medical Center was founded about the same time as Swedish and the two competed for almost 100 years. In 2000, Swedish acquired Providence Seattle Medical Center and it became part of Swedish. Swedish immediately began an intensive and deliberate process to determine how best to integrate these two high end tertiary quaternary services that are less than a mile apart.

Providence had operated their facility as a general purpose hospital with a major focus on cardiac care. While some of the infrastructure was dated most accommodated high quality cardiac patients well. Swedish decided to continue to provide cardiac care at this facility and upgrade to accommodate other high-end activities as well. SMC moved the Swedish Heart Medical Institute to this campus and made major investments into the operating rooms. SMC carefully evaluated other major needs and after going through another very deliberate business planning process determined that the Cherry Hill campus would also be home to the Swedish Neuro Science Institute. So this campus is now a high-end specialty campus within our broader system. The Cherry Hill Campus included High end neuro sciences, adult heart and vascular services rehab services, a sleep institute, and behavioral health inpatient psychiatry.

SMC also looked at how general services were provided to the community. Many patients and community members want to use Swedish services without necessarily going to downtown Seattle. SMC has the two downtown high end tertiary quaternary campuses, First Hill and Cherry Hill, but we also have 3 community hospitals; Ballard, Stevens in Edmonds and our new hospital in Issaquah. Swedish now operates as a hub and spoke system, with a robust community presence the community hospital who then refers to the two First Hill facilities for services we don't provide in those communities. This reduces duplication of very expensive facilities and services. SMC does not duplicate high end cardiac surgery in our community hospitals but for those things like births, babies, we're delivering babies at every campus because that's part of the community fabric that we need to be doing

III. Committee Questions and Comments/Public Comments and Questions and Answers

Steve Sheppard opened the meeting to questions from the Committee.

Members noted that they had heard that Providence and Swedish Medical Center were now affiliated and asked for clarification on that and particularly how the Catholic philosophies and SMC's matched. Mr. Loh responded that Swedish is still its own entity. Everything that was Swedish yesterday's still in Swedish today. The governing boards merged with 5 members of the Swedish board moving up to the Providence system board which is responsible for financial decisions. There's one fiduciary board and then at the Swedish level there's a community board that is delegated a certain responsibilities for quality and safety, patient satisfaction all of those things that are not necessarily financial in nature but are very important to the care we provide. There's one management structure. Swedish is still Swedish but we're part of the Providence system. Since both systems are not for profit, no money changed hands with this affiliation.

Members asked for clarification on the role of Sabey Corporation and asked for details on which portions of the Campus are owned by SMC and by Sabey. Mr. Loh responded that he could provide a specific map later. He noted that in 2002 SMC sold 40% of the campus, it was parking garage, some of the medical office buildings and the 1910 building. He noted that Sabey also owns the property on the east side of 18th Avenue

IV. Brief Presentation of EIS Process

Stephaney Haines was introduced to discuss the Environmental Assessment process. Ms. Haines provided a handout of SEPA requirements. This process will require development of a full Environmental Impact Statement to look at the environmental consequences of the overall plan. EIS will look at the effects over time of the build out of that Master Plan. She briefly went over the steps in the process. The first step will be to determine the scope of the evaluation. This involves looking at options to be studied and determining the range of issues to be evaluated such as earth which is soils, slope stability, the geotechnical aspects, air quality, any affects with water, in this case storm water and drainage, plants and animals. The evaluation will also look at the built environment such s as: land use; environmental health such as noise, risk of explosion etc., transportation and public services and utilities. Those will be concerns and we will be asking questions and trying to gather info from all of you about especially the transportation.

V. Committee Questions and Comments/Public Comments and Questions and Answers

Comment of Bob Cooper – Mr. Cooper sated that he was the Vice-Chair of the previous Community Advisory Committee under the former Master Plan and was involved in this process when Sabey rehabbed the 1910 building, then they sent out a flyer all over the place saying, He stated that some of his major concerns were traffic impacts and the possible expansion of the MIO boundaries. He noted that Sabey owns the east side of 18th but has also purchased some properties beyond the borders of the current campus along 19th. Some might conclude that this represents bad faith with previous agreements not to expand SMC development east of the current MIO boundary. He asked for clarifications concerning these purchases and whether the master plan will bind both the medical center and Sabey, or whoever a future development partner might be. He stated that he considers to involvement of Sabey as a flaw in the City's Major Institution Master Plan process. The ordinance as written did not anticipating the kind of development relationships. He stated that he has little confidence that the code effectively addresses this type of relationship.

He noted that there was an appeal of the previous land use decision that that if dropped might build trust and good faith. Mr. Cooper stated that he understood that there had

been two previous meetings and asked for information concerning what was done at those meetings.

Staff Responses to the Comments of Bob Cooper – Steve Sheppard responded that the Code allows that up to two orientation meetings may be held prior to the start of the formal process, where committee members just introduce themselves, the Institution thank them for agreeing to be on the Committee. No substantive business may occur. These are not substantive meetings and therefore notes aren't taken. These meetings were held late May and early June.

Mr. Sheppard also noted that Sabey, or any other land owner within the campus boundary can develop to the height or uses allowed under the plan, but only under certain limited circumstances. The underlying zoning survives the adoption of the plan and any developer may build to that level. If they wanted to build something that took advantage of the height, bulk and scale of the Major Institutions Plan, they would have to show the building was functionally related to and supportive of the hospital. Eileen DeArmon stated that the appeal had been dropped.

Comment of Vicky Schianterelli – Ms. Schianterelli noted for the record that she has asked to receive all correspondence between the CAC and Sabey or SMC. Steve Sheppard responded that Ms. Schianterelli and Mr. Cooper will be provided with all

VI. Adjournment

No further business being before the Committee the meeting was adjourned

**SWEDISH MEDICAL
CENTER CHERRY
HILL CAMPUS
MAJOR
INSTITUTIONS
MASTER PLAN
CITIZEN'S
ADVISORY
COMMITTEE**

**Committee
Members**

Eric J. Oliner
Najwa Alsheikh,
Vice-Chair
Cynthia Andrews,
Chair
Laurel Spelman
Dylan Glosecki
Jamile Mack
Mark Tilbe
Joy Jacobson
Andrew Coates
Michelle Sadlier
J. Elliot Smith
Patrick Carter

**Committee
Alternates**

Maja Hadlock
Nicholas Richter
David Letrondo

Ex-officio Members

Steve Sheppard
*Department of
Neighborhoods*
Stephanie Haines
*Department of
Planning and
Development*
Marcia Peterson
*Swedish
Medical Center
Management*

**Meeting Notes
Meeting #2
January 10, 2013
Swedish Medical Center
Swedish Education & Conference Center
550 17th Avenue
First Floor - James Tower**

Members and Alternates Present

Najwa Alsheikh	Cynthia Andrews	Laurel Spelman
Joy Jacobson	Maja Hadlock	David Letrondo
Patrick Carter	Dylan Glosecki	Eric Oliner
Andrew Coates		

Staff and Others Present

Steve Sheppard, DON	Stephanie Haines, DPD	Marcia Peterson, SMC
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See sign-in sheet

I. Welcome and Introductions and Brief Discussion of the Process

The meeting was opened by Steve Sheppard. Brief introductions followed.

Mr. Sheppard noted that the meeting would focus on adopting the By-laws and electing a Chairperson and Co-chairperson. No other substantive business would occur.

Members reviewed the agenda and asked that the agenda be amended to allow a fuller discussion of the roles for Chair and Co-chair prior to nominations, discussions and selection of the Chair and Co-chair. All agreed and the agenda was so changed.

II. Discussion of the Operating Procedures for the Committee and Role of Officer

Steve stated that by and large the committee operates under modified Roberts Rules of Order. We adhere to the order of motion and precedence but try to keep the meetings less formal than might be typical when Roberts Rules are strictly enforced. Generally all action items will require a motion made a seconded, followed by a discussion and then a vote. Votes will be by majority except for any motion that would cut off debate or limit the ability of dissenting members to discuss an issue. These typically require a two-thirds vote. An example would be a call of the questions which would cut off further debate. Mr. Sheppard noted that he would provide more information on Roberts Rules to any member who felt that they needed such.

Mr. Sheppard then went over the roles of the Chair and Vice-chair. The Committee Chair presides over the meetings maintains order and keeps the discussion moving forward. The chair is expected to maintain a reasonable level of neutrality and should not typically dominate the discussion. However the chair may participate in all discussions and other actions, and is expected to vote on issues. Under our By-laws and under Roberts Rules the Committee Chair may not break ties. If the vote is 10-10 or 5-5 and the Chairperson has either abstained or voted formally the Chairperson cannot come in and break a tie. The Committee Chair signs and approves all correspondence from the committee. The Vice-chair takes over if the Chair is not at the meeting.

Both the Committee Chair and vice Chair also participate in forming the agendas. Typically the Ex-officio City and Institutional representatives and the Committee Chair and Co-chair will either meet or teleconference before the meetings to set the agenda. The City ex-officio member acts a parliamentarian as needed if the committee desires to operate under Roberts Rules in strict form.

General letters and reports will be done by consensus in the committee and often by email exchanges at the end, where you've been emailed out drafts and approved them; final approval is by the Chair. That approval is generally only upon the consensus of the positions established by the committee, though the Chair has the discretion of specific wording in cover letters and things like that. The Chairperson also consults with the same three people in the event that an item is going to be brought to the committee to censor or remove a member of the committee.

Dr. Rayburn Lewis – Swedish Medical Center, Chief Operating Officer stated that he was very excited to watch this group help participate in the next steps of this campus. We are about to hit a new stage of development with neuro science and cardiac. Thank you all for having an interest here.

III. Nominations for and election of Officers

The floor was opened for nominations for the Chairperson. The following persons were nominated from the floor for Committee Chair. Each was asked if they were willing to serve in this capacity and each responded in the affirmative.

Najwa Alsheikh
Eric Oliner
Joy Jacobson
Cynthia Andrews

Each person gave a brief statement concerning their reasons for agreeing to serve as Committee Chair. After these statements the committee voted. Vote #1 ended in a three way tie With Eric Oliner, Joy Jacobson and Cynthia Andrews receiving equal votes. Following announcement of this tie, with Joy Jacobson withdrew her nomination. A second vote was taken. Cynthia Andrews was selected as Committee Chair.

The floor was opened to nominations for Vice-Chair nominations. The following persons were nominated from the floor for Committee Vice-chair. Each was asked if they were willing to serve in this capacity and each responded in the affirmative.

Najwa Alsheikh
Patrick Carter

Najwa Alshikh was voted Vice-chair of the Committee.

IV. Adoption of Committee By-laws

Steve Sheppard stated that he had provided a draft copy of proposed by laws to members for their review and asked if everyone had a chance to read over them. He then asked if anyone had any specific questions or suggested changes. .

A member asked for clarification on the identification of alternates to vote in the case that a member is absent. Mr. Sheppard responded that a member may indicate which alternate then wish to exercise their vote. Members need not do so and if a member has not indicated a preferred alternate then the alternates will vote in order of their initial appointment to positions one two or three with one voting first. Mr. Sheppard noted that members would not be asked to identify their selection at this meeting.

Mr. Sheppard then briefly went over the by-laws (attached to these meeting notes) and then asked for any changes.

Several members brought up the absence policy. They stated that the policy seemed overly generous and too lenient. They suggested that this policy be strengthened. After brief discussion it was moved:

That the by-laws be amended to stated that in the event that a member has two unexcused consecutive absences.

It was seconded. Floor was open for discussion. Various members stated that this seemed reasonable. Others advocated that the current 3 consecutive unexcused absence policy be considered adequate.

The vote was called. The vote was:

8 in favor
3 opposed
None Abstaining

A quorum being present and the majority having voted in the affirmative the motion passed.

It was then moved that

the by-laws as amended by previous motion be adopted.

The motion was seconded. The vote was:.

Yes - 8
No - 0

A quorum being present ant the majority having voted in the affirmative the motion passed.

III. New Business

Steve Sheppard informed members that the committee will be receiving the briefing on the draft concept plan at its next meeting. This concept plan is general and is contained in the application for this process from the Institution, which will give us the first indication of the direction the Institution plans on going and proposing through its process. It will be an important meeting. Mr., Sheppard noted that the city has not yet received this plan and will be seeing it for the first time at that meeting.

IV. Discussion of Future Schedules and Meeting Dates

Next meeting will be Thursday, January 31, 2013.

V. Adjournment

No further business being before the Committee the meeting was adjourned.

MAJOR INSTITUTION PLANNING PROCESS

- Step 1.** The Institution files a notice of intent to prepare a master plan with the Director of the Department of Planning and Development (DPD).
- Step 2.** The City through the Department of Neighborhoods (DON) forms a Major Institution Master Plan Citizen's Advisory Committee (CAC). The steps in this process are:
 - a. DON mails to those surrounding the Institution to solicit volunteers to serve on the committee.
 - b. Once volunteer applications are received, DON and the Institution jointly interview members, discuss them and then the Institution forwards a list of suggested members to the Director of DON.
 - c. The Director of DON reviews the list of potential members, makes any changes the Director believes are necessary and forwards a list of suggested members to the Seattle City Council through a Memorandum of Agreement (MOA) between the Institution and City outlining the process.
 - d. The City Council approves the composition of the committee through the MOA by resolution.
- Step 3.** The CAC meets to review the Initial Concept Plan provided by the Institution, and if there is one, the Environmental Checklist, and the proposed Master Plan schedule.
- Step 4.** The Institution prepares a Preliminary Draft Master Plan and the Institution or DPD, whichever is the lead agency, prepares a Preliminary Draft EIS.
- Step 5.** The CAC receives briefings from the Institution and DPD on the Preliminary Draft Master Plan and EIS and prepares formal comments on these to the Institution and DPD.
- Step 6.** After receipt of comments from Step 5 above, the Institution and DPD revise the Preliminary Draft Master Plan and EIS and publish the Draft Master Plan and EIS.
- Step 7.** DPD, the Institution, and the CAC hold a public hearing on the Draft Master Plan and Draft EIS.
- Step 8.** Based in part on information received at the public hearing, the CAC submits comments on the Draft Master Plan and if an EIS is required, on the Draft EIS.
- Step 9.** The Institution prepares the Final Master Plan and DPD a Preliminary Final EIS.
- Step 10.** The CAC prepares comments on the Preliminary Final EIS and forwards these to DPD.
- Step 11.** DPD revises the Preliminary Final EIS and publishes the Final EIS. Note that there is no Preliminary Final Master Plan or review of such.
- Step 12.** DPD prepares a draft report on the application for a Master Plan and submits the Draft Director's Report to the CAC and the Institution for their review.
- Step 13.** The CAC submits comments to the Director on the Draft Director's Report.
- Step 14.** The CAC prepares a written report on the Master Plan including, its recommendations, public comments received, issues which the CAC believes were inadequately addressed in the Final Master Plan and EIS and any conditions that the CAC suggest be applied to adoption of the Master Plan.
- Step 15.** After reviewing the comments from the CAC, DPD prepares a Final Director's Report which addresses each of the issues in the Advisory Committee's comments on the Draft Director's Report. In addition, on those issues where the Director's recommendation differs from the Advisory Committee's recommendations, the Director must include explanation of the difference, and forwards this report to the CAC and the Hearing Examiner.
- Step 16.** Within two (2) weeks after receipt of the Final Director's Report, the CAC produces the Final Report of the Advisory Committee. This report also includes comments on the Final Director's Report.
- Step 17.** The Hearing Examiner holds a hearing on the proposed plan during which the CAC is expected to present its finding and recommendations as included in its Final Report.
- Step 18.** The Hearing Examiner forwards a recommendation to the City Council on the proposed Master Plan which includes: 1) the Hearing Examiner's recommendation, 2) the proposed Master Plan and Environmental documentation, 3) the Advisory Committee's Final Report, and 4) the report and recommendation of the Director of DPD.
- Step 19.** The City Council shall review and consider the Hearing Examiner's recommendation, makes any changes, or imposes any conditions the Council feels are needed and adopts the Master Plan by Ordinance.

SWEDISH MEDICAL
CENTER CHERRY
HILL CAMPUS
MAJOR
INSTITUTIONS
MASTER PLAN
CITIZEN'S
ADVISORY
COMMITTEE

Committee Members

Eric J. Oliner
Najwa Alsheikh,
Vice-Chair
Cynthia Andrews,
Chair
Laurel Spelman
Dylan Glosecki
Jamile Mack
Mark Tilbe
Joy Jacobson
Andrew Coates
Michelle Sadlier
J. Elliot Smith
Patrick Carter

Committee
Alternates

Maja Hadlock
Nicholas Richter
David Letrondo

Ex-officio Members

Steve Sheppard
*Department of
Neighborhoods*

Stephanie Haines
*Department of
Planning and
Development*

Marcia Peterson
*Swedish Medical
Center
Management*

Cristina Van
Valkenburgh
*Seattle
Department of
Transportation*

**Meeting Notes
Meeting #3
January 31, 2013**
Swedish Medical Center
Swedish Education & Conference Center
550 17th Avenue
First Floor - James Tower

Members and Alternates Present

Najwa Alsheikh	Jamile Mack	Andrew Coates
Elliot Smith	Laurel Spelman	David Letrondo
Mark Tilbe	Nicholas Richter	Joy Jacobson
Dylan Glosecki		

Staff and Others Present

Steve Sheppard, DON	Stephanie Haines, DPD	Marcia Peterson, SMC
Cristina Van Valkenburgh, SDOT		

See *sign-in sheet*

I. Welcome and Introductions

The meeting was opened by Najwa Alsheikh. Brief introductions followed.

II. Brief Process Review

Steve Sheppard was recognized to review the process. Mr. Sheppard noted that the process is lengthy and distributed a Simplified Major Institution Planning Process (attached at end of document). He noted that there would be many opportunities for both public and Committee comment before any final plan is adopted.

Swedish Medical Center has not submitted its formal application or concept plan. However they will present a Draft Concept tonight to give the Committee and neighbors a heads up. If there are no major changes the application and concept plan will be filed soon and possibly as early as tomorrow.

III. Formal Presentation of the First Draft of Swedish Medical Center – Cherry Hill Concept Plan

Editor's note: This presentation was made from a series of power point slides and was not easily summarized in written form.

Marcia Peterson, Director of Strategy for Swedish Health Services and ex-officio member of the CAC was introduced to lead off the discussion of the draft concept plan. – Ms. Peterson thanked members for their participation and noted that the presentation will include presentations by: 1). Marcel Loh, Chief Executive of our Affiliations and Suburban Hospitals, who will discuss factors affecting SMC's projections of growth and needs; and 2), David Chalmness and John Jex from Callison Architects who will present some proposals that we're going to put forward She then turned the floor over to Marcel Loh.

Factors Affecting the Growth of the Cherry Hill Campus

Marcel Loh, stated that he wanted to discuss the rationale behind the draft concept plan. The master plan is intended to guide future development over the next 30 years or more. The objective is to develop a balanced plan that meets the needs of the Institution while being respectful to community. He noted that the Cherry Hill Campus fits within a system which includes 5 hospitals, the largest of which is First Hill Campus located 8/10 of a mile east of here. That facility is the center of our cancer care, subspecialty surgical programs, transplants, orthopedics and woman and children's services. Cherry Hill focuses on heart and neurosurgical procedures. Cherry Hill and First Hill combined is considered SMC's high end specialty complex. He noted that SMC has community hospitals, in other surrounding communities. We increasingly work on a hub and spoke system where initial diagnosis and care may occur in the community hospitals with patients referred to First Hill or Cherry Hill for more complex or intensive care.

Swedish acquired the Cherry Hill campus from the Sisters of Providence in 2002. We changed its purpose from a general acute care mid surge hospital to a specialty campus that provides high- end tertiary quaternary services focused on neurosciences, cardiovascular services, rehab, sleep, and behavioral health. Shortly thereafter SMC entered into a partnership with the Sabey Corporation. Under that partnership SMC sold part of the campus to the Sabey Corporation. About 40 percent of the campus is now owned by the Sabey Corporation.

Mr. Loh noted that The Cherry Hill facilities also provide public amenities to the neighborhood and community including the cafeteria a couple of Starbucks on the campus, and the Inn at Cherry Hill which provides an opportunity for patients and family members to stay to loved ones, during treatment. We have many education kiosks, we have a community pharmacy that the community can fill a prescription, we have a few retail areas, we have a reflection room, and this is the main hub of transportation in this part of Seattle we have all access information about that as well.

This planning effort is underway against a background of uncertainty brought on by National Healthcare Reform. What we know is: 1) there is a focus on reducing the cost of healthcare; 2) there is a similar focus increased access. Increased access will drive some of our plans for growth. In addition both technology and standards for patient care have changed. Previously surgical suites were about 300 or 400 square feet, but with new technology operating rooms today are 900 square feet. With the increased use of robotics this may grow even more. All of this leads to a consensus that our footprint will need to grow. In addition demographics will push growth. Our population is aging and life expectancy increasing which will likely increase demand for hospital services as this older population develops more chronic diseases. SMC has looked at models based upon projections for the age and demographic of a concept for our community.

Presentation on Concept Plan Alternatives

John Jex, from Callison Architects was introduced to discuss Concept Plan Alternatives. Mr. Jex stated that the challenge is creating alternatives that can accommodate various possible future developments. All butidl alternatives are predicated on accommodating about 3 million square feet of total development.

Three alternatives are being considered:

#1 – No Action Plan – maintains the existing boundary from the original Major Institution Master Plan. It keeps the current height limits as it exists today on the property. It was conclude very quickly that this doesn't offer growth opportunities for a tertiary quaternary medical center of this type.

#2 – Concentrated Option for Future Development – This option starts with the assumption that a total of 3 million square feet of building area will be needed over the next 30 years. That is 1.8 million new square feet. . Parking to support that would go from 1,500 spaces up to 4,500 spaces. This pushes the FAR up to 5.1. This option include possible vacation 16th and 18th Avenues. There are much better connections of services across that boundary. It also allows possible creation of different open spaces.

#3 – Dispersed Option – This alternative decompresses the balloon. It includes boundary expansions to the east north and south including the half block on the west side of 19th Avenue... As a result both over all heights and FAR can be reduced. FAR is down to 3.7. Again this option vacates 16th and 18th Avenues, has the potential for open space, separation of arrival, and zones of service separation as Alternative 2 does.

IV. Committee Questions and Comments

Members questioned the need for the street vacations and asked for clarification concerning how neighborhood circulation patterns would be maintained. Mr. Jex responded that vacation of the streets would allow greater flexibility for internal design.

Members asked for clarification on development options for the area between 18th and 19th Avenues Mr. Jex responded that one of the challenges under the concentrated option is the narrow width of the half block. Development of a medical building, doesn't allow much room for a buffer. If the boundary is expanded under the dispersed option, and if private owners sold, development might be easier and could include greater buffering. One of the issues being discussed is dispersion of parking. Currently the majority of parking is on the west side of the campus. Development on the block between 18th and 19th would allow development of some underground parking. Stephanie Haines noted that as part of the SEPA process traffic and parking would be carefully evaluated.

Steve Sheppard noted that both action alternatives include both street vacations and significant changes to the development standards. The Committee will be expected to comment on the appropriateness of both. However, the code no longer requires that the Institution design the specific buildings. Mr. Sheppard also noted that any street or alley vacation will require a separate process that includes identification of public benefit packages to compensate for loss of the right-of-way.

Mr. Sheppard noted that the code contains specific language concerning evaluation of need. The code states that you may discuss the institution's need projections, but that the need for expansion is not open to negotiation. SMC identifies how much space they believe they need. You may comment on that or even question it, but the Committee's major focus is on the appropriateness of the heights bulks scales and on developing ways to mitigate for these and other traffic-related impacts...

There was a brief discussion of how the proposed FAR at SMC compared to those in nearby major institutions. Stephaney Haines responded that the FAR for Virginia Mason is 8.5, just below 5 for Seattle Children's and about 9 at Harborview.

V. Public Questions and Comments

Comments of Able Bradshaw – Mr. Bradshaw expressed concern about the shadowing effect on her garden from option 3. She also expressed significant concerns over increased traffic.

Comments of Vickie Schiantarelli – Ms Schianterelli stated that many of the surrounding properties have basements and some have sump pumps because there is flooding in the area. That will need to be addressed as his construction could cause further flooding. She also expressed concerns over the lack of coordination between Sabey tenants and SMC concerning compliance with Transportation management plans. She noted that under the

proposed option two low-density developments restricted to a maximum of 37 feet in height would abut MIO designations allowing up to 90 foot heights. Shadowing from this would be unacceptable with properties in heavy shadow not only all winter but much of the summer, not only for the existing houses on the west side of 19th Avenue but also for the homes across the street.

The whole presentation tonight appeared to be based on identifying benefits for Swedish but in the master plan there is also a requirement to balance this against the needs of the surrounding neighborhood. Where is this in the discussion? She stated that she questioned how SMC proposes to balance between the needs of the Institution with the impact of the neighborhood. There needs to be more than three options if this is what you're presenting.

Comments of Cindy Feldon – Ms Feldon expressed concern that Sabey would buy homes in or near the boundary expansions area. She specifically asked what the consequences would be if the boundary was expanded? Would Sabey or SMC then be able to just go in and buy the property? Ms. Feldon also asked for more information on the process is for expanding the boundary, and community benefits related to street vacations.

Staff Responses - Stephanie Haines, DPD responded that expanding the boundary does not necessarily change underlying zoning and does not give the institution the ability to force owners to sell to them. By putting this overlay it doesn't affect your property as you development it and it doesn't allow or City say you have to sell the property. They are proposing the boundary through this process.

Cristina Van Valkenburgh, SPU – This process is a legislative process so it's something the Council will have to approve and the public benefit is a very consideration by the City Council examples of a public benefit it could be a substantially improved streetscape that would go above and beyond what the code required, it could be some improved public space within the campus that is truly public for the neighborhood, those are kind of examples of things that can be considered through the street vacation process. Normally the applicant would propose a package of public benefits, the City will consider those benefits, and the City may have some idea of what should be the appropriate benefit associated with the vacation so there's communication that goes back and forth and the final decision lies with the City Council.

Comments of Robert Goodwin – Mr. Goodwin noted that he was involved in the appeal of the previous proposal along 18th Avenue related to whether it was a major or minor amendment to the past plan. That proposal was attractive but was huge in comparison to what was previously envisioned such as a small a daycare center. Let's have a conversation on what kinds of different things we can do with that property. I think everyone agrees right now it's an eyesore, it's ugly to see it in its current state, it's unfortunate use of land right now but instead of talking about what we're going to do with that and having a constructive conversation about that, two fair worse things are going to happen if you don't just accept this other development. It's going to look a lot worse and that's sort of a shame.

Comments of Undisclosed Speaker – The speaker stated that both alternative 2 and 3 are unacceptable. It is shocking that the Institution is proposing to expand its boundaries to 19th. Expansion should be on the main campus with heights expanded there and not elsewhere.

Steve Sheppard stated that additional comments should be emailed to steve.sheppard@seattle.gov, written comments to Steve Sheppard, City of Seattle, Department of Neighborhoods, PO BOX 94649, phone number is there too.

VI. Continued Committee Discussion of Possible Comment to the Concept Plan

Nicolas Richter asked if a street vacation request has been made. Ms. Haines responded that no formal proposal has been made. She noted that the vacation process is separate so that a vacation might be approved as a part of the master plan and then denied later as part of the vacation's formal review. Cristina Van Valkenburgh provided more detail on this issue. She stated that as a vacation goes through the approval process the City will look carefully at both the transportation effects and identify those public benefits that might be required to compensate for loss of the public right-of-way.

Patrick Carter asked who monitors compliance with any provisions of the Master Plan. Steve Sheppard responded that both the City and the Standing Advisory Committee will have important roles in monitoring compliance with the plan.

Van Valkenburgh noted that a Transportation Management Plan is a condition of approval of the Plan. The Seattle Department of Transportation is responsible for monitoring the transportation component of the on an annual basis. The Institution submits an annual report listing actions and compliance with all conditions – both transportation related and others. Both the City and Community Advisory Committee reviews that report. Based on the last report SMC is very close of meeting its transportation goal. There is some question however about the Sabey development which we have recently done a survey and the results are a little bit different than the overall campus. It is the City's intent is to monitor the entire campus.

There was a follow-up discussion concerning the need to maintain good pedestrian connections in the area and to carefully consider the transportation elements of the plan.

Elliot Smith asked if this process would normally address possible changes to the zoning in the surrounding neighborhood outside of the MIO Boundary. Steve Sheppard responded that the process looks only at the zoning within the MIO Boundary. There was follow-on discussion with some members suggesting that a broader look at surrounding zoning might be appropriate.

Ms Schianerelli was briefly recognized. She stated that Sabey has been quietly purchasing property on the west side of 19th Avenue. They were using the properties as parking lots. We have a deep concern here about the way Sabey conducts itself.

VII.

Adjournment

No further business being before the Committee the meeting was adjourned.

SWEDISH MEDICAL
CENTER CHERRY
HILL CAMPUS
MAJOR
INSTITUTIONS
MASTER PLAN
CITIZEN'S
ADVISORY
COMMITTEE

Committee Members

Eric J. Oliner
Najwa Alsheikh,
Vice-Chair
Cynthia Andrews,
Chair
Laurel Spelman
Dylan Glosecki
Jamil Mack
Mark Tilbe
Joy Jacobson
Andrew Coates
Michelle Sadlier
J. Elliot Smith
Patrick Carter

**Committee
Alternates**

Maja Hadlock
Nicholas Richter
David Letrondo

Ex-officio Members

Steve Sheppard

*Department of
Neighborhoods*

Stephanie Haines

*Department of
Planning and
Development*

Marcia Peterson

*Swedish Medical
Center
Management*

Cristina Van
Valkenburgh

*Seattle
Department of
Transportation*

Meeting Notes

Meeting #4

February 21, 2013

Swedish Medical Center
Swedish Education & Conference Center
550 17th Avenue
First Floor - James Tower

Members and Alternates Present

Najwa Alsheikh	Jamil Mack	Eric Oliner
Elliot Smith	Laurel Spelman	David Letrondo
Mark Tilbe	Nicholas Richter	Joy Jacobson
Dylan Glosecki	Patrick Carter	

Staff and Others Present

Steve Sheppard, DON	Stephanie Haines, DPD	Marcia Peterson, SMC
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Cristina Van Valkenburgh, SDOT

(See sign-in sheet)

I. Welcome and Introductions

The meeting was opened by Najwa Alsheikh. Brief introductions followed.

II. Discussion of EIS Schedule

Katy Chaney from URS was introduced to discuss the overall Schedule. Ms. Chaney stated that Swedish filed their Concept Plan on February 15. This starts the formal process. The first step is SEPA scoping. The scoping notice is going to go out on March 7 that starts a 28 day comment period, comments can be by email, letter, or orally directed to Stephanie Haines, about what kinds of things you want to see in the EIS.

The scoping meeting will be March 21, 6:00 p.m. During the people will be asked to make comments concerning you want to see in the EIS. This step also identifies the alternatives to be studied. Comments can be provided orally or in writing until the end of the formal comment period on April 4th. At the end of the comment period the consultants and DPD decide what will be included in the EIS. The process for writing the EIS takes about 6 months, during that time drafts will be provided to the CAC for their comment. All CAC meetings will include opportunity for public comment At the same time that the EIS is being prepared a Master Plan will be prepared. Both Documents will come to the CAC for their review and comment. The entire process from application to City Council adoption will likely take two years.

Steve Stated that he wanted to make sure that everybody understood the community comment and participation process. There's a public comment at every meeting. The CAC will formally cement on a preliminary Draft Plan and EIS, a Draft Plan and EIS, a preliminary final Plan and in its final report. This is a very public participation intensive process. It's specifically set up to be that and I wanted to make sure that was clear.

III. Review and Discussion of the Swedish Medical Center Concept Plan

Marcia Peterson was introduced and reviewed the mission of the institution and statements from Alex or John or Bernie and Sven (patients at Swedish) testifying to the critical care they had received. She stated that it is important to keep patients need in mind even though this MIMP process is focused on the buildings. It's really not about the buildings it's about the families and it's about our patients.

SMC doesn't have any projects that are currently planned for the expansion but at some point we may need to replace existing buildings and we may need to expand. The MIMP process, is time consuming and expensive. We don't want to do it again so we're looking 30 years out. We don't want to lose sight of the people who depend on Swedish, we don't want to lose sight of Alex or John or Bernie or Sven.

Ms. Peterson noted that Cherry Hill is not just a community hospital. It has advanced technology with advanced treatment, teams of experts who can cure people and who as you have seen can literally save people's lives. That's our mission we couldn't move these services to another campus even if we wanted to it just doesn't work that way. We need to centralize care here, that's what makes it possible for us to provide that kind of care to people who come from all over in order to get it.

John Jex was introduced to discuss the alternatives. Mr. Jex stated that medical services are in a state of flux. Services that we now deal with did not exist 30 years ago. He briefly discussed the location of the Cherry Hill campus within the broader community, noting that the campus bordered Seattle University on the west and lower density residential areas to the east. He then went over the three alternatives included in the application.

Alternative #1, - no action - The boundary of the campus is unchanged and the height limits are unchanged. SMC has identified a need to accommodate about 1.8 million square feet more than is here today. The no action alternative # can add only 700,000 square feet so clearly falls short of 1.1 million square feet of needed. It clearly does not meet needs...

Alternative #2, - Concentrated Development. The boundary of the campus remains much as they are now with the exception of a slight addition on Cherry incorporating the Spencer Technology property. To accommodate needed growth heights would be increased up to 200 feet in some areas. 16th and 18th Avenues would be vacated to provide greater connectivity across the total campus property so that we can connect and link. .

Mr. Jex then briefly discussed design factors influencing the projected need for growth in alternatives 2 and 3. He noted that surgical pavilions were formerly considered state of the art if they were about 300 square feet. Today the standard is 900 square feet. He noted that similar increases in space requirements are being driven by the new emerging technologies.

Alternative #3, - Dispersed Development - . Boundaries would be expanded both north, south and east, across Cherry Jefferson, and the east to 19th. The heights on this option are lower because the same density of area is spread over a larger footprint. This option also contains the request to vacate 16th and 18th. This alternative doesn't have as good of connection from a medical center perspective because of Cherry and Jefferson Streets separation but it still is an alternative that provides good flexible futures.

IV. Committee Questions and Comments

Eric Oliner asked for further clarification on the issue of need and whether the total need was 1.8 or 3.0 million square feet total. . Marcia Peterson responded that the total need is 3 million square feet which is 1.8 million on top of the existing authorized 1.2 million square feet. This is for all uses on the campus and not just hospital beds.

IV. Public Comments

The set time for public comments having arrived, Committee questions were suspended for public comments.

Comments from John Mullally: Mr. Mullally stated that he was concerned about the street vacations. He noted that the project would change traffic patterns in the neighborhood. And that one of his major concerns was the safety of my children with so many more people coming to the Central Area and reducing the number of thoroughfares coming through the neighborhood.

Comments of Frank Kroger: Mr. Kroger raised concerns regarding the proposed doubling or tripling of parking stalls. He suggested that use of transit or other HOV forms of transportation be made a condition of employment with a concurrent major reduction in parking.

Comments of Merlin Rainwater: Mr. Rainwater stated that the plan should aggressively pursue reducing dependence on cars and making this neighborhood more amenable to biking, walking and transit use. He referenced efforts as Children's Hospital as a positive example of how to do this.

Comments of Abil Bradshaw: Ms. Bradshaw stated that she was surprised that her house is slated for destruction if option #3 goes through and observed that she and her neighbors lives would be greatly impacted if option #2. She stated that she took offense to the focus on patient stories by SMC. Everybody needs care but people should not be made to feel guilt over their concerns with impacts on their homes. She urged the CAC to walk through the neighborhood.

Comments of Ron Garreson: Mr. Garrison stated that he was concerned about how this Institution relates to the other institutions in the neighborhood. He noted that we appear to be losing sight of the fact that the 3 sides of this Institution abut low scale residential development rather institutional development. He noted that he saw no discussion of balancing the needs of the neighborhood against the needs of the institution.

Comments of Brian Fish: Mr. Fish noted that aerial the illustration of the neighborhood looked east towards downtown. He noted that if the view was rotated 180 degrees one would see a very different low-rise context. The Cherry Hill Development is already an anomaly. He noted that there were no CAC members from the most affected block – 500 block of 19th Avenue.

Comments from Mary McLaughlin: Ms. McLaughlin noted that SMC staff had: 1) identified a long-term square footage need without a lot of supporting information and 2) stated that one reason for doing this now was to avoid having to re-visit this issue latter. However they also stated that they have no current plans. She stated that it was her understanding that is no longer an expiration date of the plans. She further noted that she continues to be uncertain concerning the nature of the SMC/Sabey partnership and would like to understand this partnership better.

Comments from Sven Nelson: Mr. Nelson stated that he's on the east side of the 500 block of 19th Avenue. He stated that he appreciates the constitutive manner in which this is being discussed and appreciates the time that everyone on the Committee is committing to this. He requested that there be a great deal of transparency especially with regard to the methodologies that are used to generate the projections and determine what is necessary and what's not necessary.

Comments from Cindy Thelen: Ms. Thelen stated that she appreciates the health care provided at Swedish but was concerned about the effects on her and her neighbor's homes...

She noted that she lives in a home that under option 3 might become institutional development. Under alternate #3 the whole block might become institutional. The remaining homes on the east side of 19th could be very negatively affected living next to the institution. The proposed buildings are too big and project into the residential neighborhood. Option #2 is not very much better for our block where there's a 90 foot building, directly abutting low-rise single family development. She stated that she saw no benefits to the neighborhood for the proposed street vacations.

Comments from Nani Paape: Ms. Paape noted that she had written comments. She stated that she would look directly at the proposed 50 foot buildings south of Jefferson Street along 16th Avenue. She noted that parking is already a serious problem in the area. Parking is heinous with employees running out every 2 hours to move their cars. Adding a commercial building in this area would create even worse parking demand.

Comments from Jerry Matsui: Mr. Matsui noted that health care is a business first and foremost. It must make a profit. There has been an egregious cost against associated with. He stated that Option #3 is totally unacceptable, and that Option #2 is barely better. Under Option #2 there would be a 90 foot building envelope which is almost 60 feet higher than the proposal that was challenged. He stated that he was not opposed to a 200 foot building in the center of the campus where SMC could cram all its wonderful technology. He noted that SMC had said nothing about the effect of their development on the surrounding single family residential community. The present proposals project a corporate mentality that is discouraging...

Comments from Vicky Schiantarelli: Ms. Schiantarelli noted a lack of acknowledgement on page 9, that the area due east is primarily single family. She also noted that on the illustrations of planned parking on page 25 it was unclear whether the existing surface parking would be eliminated. Lastly she stated that she is a cancer survivor who was diagnosed with cancer when as a single mom at age 27. She stated that she was especially offended by the patient stories. As a cancer survivor I understand the need for care but that shouldn't trump my concerns over protecting the quality of life along 19th Avenue. I've made it to 58 and feel really lucky that I got to see my son grow up and get married. I have a lot of investment in my little house because I'm a working person. That could be jeopardized by this. I understand what SMC was trying to convey but you misjudge us - we value hospitals. She noted that major hospitals are expanding in the area from Harborview to Virginia Mason, and the SMC First Hill Campus. They all seem to be competing for the same market share...

Ms. Schiantarelli further noted that she was concerned with traffic issues you have to mitigate this and that's the one big flaw you have in here. No mitigation. No discussion of the impacts on the neighborhood and that is the absolute primary piece you must have in your master plan. How you're going to mitigate this and you haven't even come up with that and so to me you have a long way to go, this may take more than 2 years.

Comments from Le T: The Commenter noted that he lives across the street from 19th expansion. Le noted that SMC is presenting their needs, and not considering others

Comments from Patrick Angus: Mr. Angus stated that he has lived at 18th and Jefferson for 21 years actually walk to work faster than using the bus. He noted that this is a residential neighborhood, not a commercial center. The street system was never built to have this much traffic moving through these narrow streets. A really robust traffic plan is needed. It's already a bottleneck.

Comments from Karen Rodriguez: Ms. Rodriguez stated that it appears that the City allowed Swedish/Sabey to hand pick the Committee members. Most members are developers who can profit from the master plan. Of the 12 member committee there are only 2 or 3 who are

not architects, real estate developers, or people with medical interests. None live on 19th between East Cherry and East Jefferson. The City has slighted the community by allowing Swedish/Sabey to hand pick members to favor their interests and manufacture an artificial consensus.

Ms Rodriguez stated that she lives directly behind Swedish parking lot on 19th and that she was unaware of the last couple meetings. A 4,500 stall parking stall facility directly behind my house is unacceptable. Swedish already has a parking facility on 16th Avenue which always looks half empty likely because Swedish/Sabey charges too much for parking. Their employees constantly drive around the block every two hours searching for on-street parking. On-street parking should be available family with friends, 19th not dedicated to Swedish/Sabey employees. She also noted that car exhaust is a health hazard. *New York Times* reported that exhaust from cars and trucks exacerbate asthma, causes respiratory illnesses, and heart problems. You need to consider the community needs. How would you like a 9-story overshadowing your yard, hearing the noise, having bright lights shining into your windows at night, having your privacy invaded, and your children's health put at risk? This plan will only benefit Swedish Sabey and their hand selected special interest group at the expense of the community.

V. Continued Committee Discussion of possible comment to the Concept Plan

Marcia Peterson noted that any street vacation requires a separate process. Approval for the MIMP but it wouldn't be approved to do the street vacation. Cristina Van Valkenburgh added that it is a legislative action so the street vacation is part of the master plan, and part of the Environmental Impact Statement because they impact circulation and have impacts on height, bulk and scale. But they have to be applied as a separate action and that action is made as a legislative decision by the City Council at a later date.

Dylan Glosecki asked it would be possible to move bulk from the east side of 18th to the central campus thus reducing heights along the 18th Avenue block below the projected 90 feet. Ha also observed that he could see the rationale for the vacation of 16th but not 18th but that both vacations create a four block barrier to traffic. There might still be opportunity for pedestrian and bike circulation but traffic could relocate to either 15th or especially 19th creating new de-facto arterials.

Mr. Glosecki noted that many neighbors noted the lack of consideration for impacts on the neighborhood and the lack of acknowledgement of the need to look at a balance between the needs of SMC and neighborhood. This needs to be a real focus of this process.

Patrick Carter asked for clarification concerning how e-mail and other correspondence to the CAC are handled. Steve Sheppard responded that all letters, correspondence to the of any substance, will be forwarded to all CAC members and that all emails, letters from individuals or from agencies and all the public testimony at these meetings is reproduced in the Final Report of this Committee and provided both to the Hearing Examiner and City Council as the official record of this Committee.

David Letrondo asked for clarification concerning whether expansion of the MIO to cover areas east of the present campus would grant the institution the right of eminent domain. He stated that he believed that it did not. Staff responded that eminent domain was not granted.

Eric Oliner observed that options 2 and 3 each include 150 percent increases in space on campus with associated increases in traffic etc. With so much new development opportunity it might be prudent to have a visioning session where the community gets an opportunity to say what's working well for them, what isn't working well, and how can we overlay that on top of what the hospital's trying to improve. Steve Sheppard responded that during the

development of their draft master plan they held a large community charrette where they brought designers and neighbors together for a full day to look at opportunities and visions. That meeting proved very useful.

Mark Tilbe observed that the neighborhood needs the connectivity of the streets and that he would have a very hard time supporting any of the proposed street vacations. The 90 foot height along the east side of 18th is also pretty hard to swallow.

Nicholas Richter observed that the poison pill is the east side of 18th and the 90 foot wall there between 18th and 19th. It's a huge problem not just for the members of the community but also the members of the CAC. The street vacation on 18th is more problematic than on 16th since 18th carries considerable traffic. He also agreed that parking enforcement need to be improved.

Joy Jacobson stated that the process is just beginning and that we need to understand the rationale for establishing a projected need for 3 million square feet of development.

VI. Adjournment

No further business being before the Committee the meeting was adjourned.

**SWEDISH MEDICAL
CENTER CHERRY
HILL CAMPUS
MAJOR
INSTITUTIONS
MASTER PLAN
CITIZEN'S
ADVISORY
COMMITTEE**

Committee Members

Najwa Alsheikh,
Chair

Patrick Carter

Andrew Coates

Dylan Glosecki

Maja Hadlock

Joy Jacobson

Eric J. Oliner

J. Elliot Smith

Laurel Spelman

Mark Tilbe

Jamile Mack

*Swedish Medical
Center Non-
management
Representative*

Nicholas Richter

Committee

Alternates

David Letrondo

Ex-officio Members

Steve Sheppard

*Department of
Neighborhoods*

Stephanie Haines

*Department of
Planning and
Development*

Marcia Peterson

*Swedish Medical
Center
Management*

Cristina Van
Valkenburgh

*Seattle
Department of
Transportation*

Meeting Notes

Meeting #5

March 28, 2013

Swedish Medical Center
Swedish Education & Conference Center
550 17th Avenue
First Floor - James Tower

Members and Alternates Present

Najwa Alsheikh
Elliot Smith
Dylan Glosecki

Eric Oliner
David Letrondo
Joy Jacobson

Patrick Carter
Andrew Coates

Members and Alternates Absent

Jamile Mack
Nicholas Richter

Laurel Spelman

Mark Tilbe

Staff and Others Present

Steve Sheppard, DON

Stephanie Haines, DPD

Marcia Peterson, SMC

(See sign-in sheet)

I. Welcome and Introductions

The meeting was opened by Najwa Alsheikh. Brief introductions followed.

II. Purpose of this Meeting

Steve Sheppard stated that this has been a primarily DPD's Scoping Meeting to receive public comments. The Committee meeting notes will not include that portion of the meeting which will be included as part of the Department of Planning and Development's record.

The CAC also has the opportunity to comment on the scope of the EIS. The purpose of this post meeting is to begin your deliberations concerning our scoping comments.

III. Committee Discussion of the Elements of the Environment

Members asked if there were any elements of the environment referenced during public testimony that cannot be part of the EIS. Stephanie Haines responded that there were none.

Various members also observed that there were common theme running through many community comments, including: 1) community cohesion, 2) walkability, 3) property 4) flooding, 5) opposition to street vacations, 6) light, 7) glare, 8) noise, 9) air quality, 10) circulation, and safety, civic space, park space, and open space impacts, retail toxic or hazardous waste generated disposal, 11) boundary expansions impacts on land banking, and 12) long-term air quality issues.

Joy Jacobson stated that she wanted to reiterate that pedestrian circulation and safety is a major issue. Many have questioned the three alternatives and suggested that other alternatives also be developed. Stephanie Haines responded that it's up to DPD to set the alternatives in consultation with SMC. Any alternative studied must meet the needs of the institution, but ultimately DPD is responsible for identifying what those alternatives look like in the EIS. Part of the scoping process is to get comments from the public about the range of alternatives. There could be additional or different alternatives evaluated in the EIS. Ms. Haines noted that at some point one of the alternatives will be identified as the preferred alternative, but that all will be evaluated in the EIS. Steve Sheppard noted that various other CAC's have weighed in at this point and asked for an expanded range of alternatives. This Committee can ask for an evaluation of additional alternatives.

Joy Jacobson recommended that an alternative that retained the current boundaries of the institution without street vacations while allowing for some additional square footage needed to be developed and evaluated.

After brief further discussion, Dylan Glosecki moved:

That Swedish Medical Center study an additional alternative or alternatives for development at their Cherry Hill Campus that retained current boundaries without street vacations but still included authorization for some additional square footage.

Joy Jacobson seconded the motion. Brief discussion followed. The question was called and the Committee polled by show of hands. The vote was: eight in favor, none opposed. A quorum being present and the majority having voted in the affirmative, the motion passed.

Members stated that they wanted to add more detail to their comments and suggested that rather than vote immediately at his meeting, there be on-line email discussion to see what additional alternative might look like so that the Committee might have a better sense of not only concerning what we're asking, but also so that the people that we're asking to develop this alternative would have a better sense of what we're asking for. Members agreed to use this format for development of their final comments. A general discussion followed.

Members also noted that there were many comments at the EIS scoping meeting concerning utilization of on-street parking and Residential Parking Zone enforcement problems. Patrick: Carter stated that good information on this is needed. She noted that what appear to be SMC employees or Sabey tenants are parking in the nearby neighborhood all day long and t in the 2 hour zones. Little enforcement seems to be occurring. However, there doesn't seem to good information to prove if these are Swedish employees.

Staff responded that at Children's Hospital they have parking enforcement people who go around the neighborhood and record the last digits of the license plates of cars parked on the streets. These are then run through the state system and they could tell if it was a Children's employee. They take immediate and significant action against violators. Members suggested that something similar be done surrounding the Swedish Medical Center Cherry Hill Campus.

Joy Jacobson noted that Swedish Medical Center has a transportation management plan for this Campus. It does not appear to have been addressed completely and Swedish Medical Center has failed to meet its goals for SOV use reduction. The Squire Parks Community Council has asked DPD to address this. Transportation management plans are adopted through this process but follow-up seems to be an issue. Stephanie Haines with DPC stated that the new TMP will deal with both Swedish Medical Center and all Sabey tenants within the campus. DPD will make sure that the TMP is written that way.

Steve Sheppard stated that the traffic and transportation analysis for the Environmental Impact Statement will look at on-street parking, utilization rates, levels of service at intersections and other issues. He suggested that the Committee highlight this in its EIS scoping comment letter as an important element to evaluate. He noted that another common comment that he had heard was “community context” or the relationship of the proposed levels of development to the surrounding neighborhood. Therefore the Committee should probably make sure to highlight the need for detailed analysis of bulk, height and scale. Boundary expansions are they automatically considered a rezone, so there’s a rezone analysis required for any boundary expansion. Mr. Sheppard noted that major concerns over the boundary expansion were stated repeatedly. This should also be a major focus of any analysis of the proposed plan.

Members noted that many had heard suggestions that this process look at the broader zoning around the MIO Boundary. Steve Sheppard responded that the MIO process can look at zoning within the proposed boundary only. Any broader neighborhood-wide evaluation would have to be a separate process. Stephanie Haines briefly explained the separate rezone process.

Stephanie Haines stated that DPD has a transportation planner working closely with the transportation consultant chosen for this process. One coordination meeting has already been held to talk about the general scope of possible studies. However, these studies will not start until we have established the range of alternatives. Steve Sheppard noted that the Committee will be briefed on the transportation analysis throughout the process.

Najwa Alsheikh asked if parking utilization for the current garages and projections of future utilization were known. She noted that many question the need for large parking structures give possible underutilization now. Stephanie Haines responded that this would be part the analysis. She noted that the Land Use Code sets both a minimum and maximum for allowable parking spaces.

IV. Adjournment

No further business being before the Committee the meeting was adjourned.

**SWEDISH MEDICAL
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Planning and
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Marcia Peterson

*Swedish
Medical Center
Management*

Cristina Van
Valkenburgh

*Seattle
Department of
Transportation*

Meeting Notes

Meeting #6

June 20, 2013

Swedish Medical Center

Swedish Education & Conference Center

550 17th Avenue

First Floor - James Tower

Members and Alternates Present

Najwa Alsheikh

Eric Oliner

Patrick Carter

Elliot Smith

David Letrondo

Andrew Coates

Dylan Glosecki

Joy Jacobson

Members and Alternates Absent

Jamile Mack

Laurel Spelman

Mark Tilbe

Nicholas Richter

Staff and Others Present

Steve Sheppard, DON

Stephanie Haines, DPD

Marcia

Peterson, SMC

(See sign-in sheet)

I. Welcome and Introductions

The meeting was opened by Najwa Alsheikh. Brief introductions followed. Ms. Alsheikh mentioned that several members were unable to attend the meeting and urged members to make every effort to attend. Ms. Alsheikh announced that the election of the co-chair position that was vacated by Cynthia Andrews will be discussed at the next meeting.

II. Housekeeping

The meeting agenda was approved and the minutes for all past meetings were reviewed and approved without substantive changes. Steve Sheppard noted that the Department of Neighborhoods is in the process to soliciting and evaluation volunteers to fill vacant positions on the Committee. The Department is presently interviewing persons who have volunteered. Fifteen volunteered and only about four can be appointed. All persons being interviewed are near neighbors to the institution. Interviews will be completed in the next couple of weeks. Appointments will be made by the Director of the Department of Neighborhoods.

III. SMC Cherry Hill Assessment of Needs

Presentation of Dr. Robert Lewis

Dr. Raymond Lewis, physician, Senior Vice President and Chief Operating Officer of the Swedish Medical Center Cherry Hill Campus introduced himself to the Committee. Dr. Lewis mentioned that he has been a long time resident of the Cherry Hill neighborhood and summarized his personal history along with his active involvement with the neighborhood. He reiterated that his goal is to clarify and answer any questions

concerning SMC needs and future vision. Dr. Lewis noted that SMC recognizes that this process will be difficult and we may not agree on all topics. He noted it is his assumption that all parties are committed to finding equitable solutions.

Dr. Lewis summarized the range of serviced currently available at SMC Cherry Hill and the ownership and use of buildings on campus. Not all of the buildings on campus are owned by Swedish Medical Center. Several are owned and operated by Sabey Corporation which is the development partner of Swedish Medical Center. Sabey owns and operates the James and Jefferson Towers.

Dr. Lewis Then discussed those factors driving SMC's projections for future growth and needs. He noted that the aging population is the single largest driver of the campus needs. The campus is currently focused on providing medical services to those with chronic and acute illnesses. The prevalence of these conditions is projected to continue to rise as the population continues to age. The second driver is the Affordable Health Care Act. There are an additional 450,000 people that will become insured in Washington as of January 1st, 2014; about 150,000 of these in King County, with a significant number is in the Seattle and immediate Seattle area. These newly insured individuals will increase demand significantly.

Swedish Cherry Hill will focus on four growth major service areas: 1) Neuroscience Institute; 2) Heart & Vascular Institute; 3) Post acute care; and 4) Primary care.

The Neuroscience Institute was started here in 2005 in response to rapid changes in treatment to cerebral vascular disease. The Institute has attracted an outstanding team from across the country and is growing rapidly. It is running out of space. SMC's goal is to make this one of top 5 centers such centers in the country, where stroke suffers can be transported immediately to receive clot busing medication etc. This type of service can literally be the difference between life and death or long periods of disability vs. returning home in a couple of days.

The Neuroscience Institute also contains the Multiple Sclerosis Center. Multiple sclerosis; it is growing rapidly and it strikes those in the Northwest more than any other area in country. The Multiple Sclerosis Center has been recognized as one the leaders in the country both in research and application of services. There has been a 48% increase in patient care visits since 2011. That is over 10,000 visits. The hospital is committed to taking care of patients regardless of their ability to pay.

The Heart & Vascular Institute have seen rapid development and an increase in cardiac services. It is the region's leading cardiovascular center. Demand for these services is also anticipated to continue to increase as the population ages

Post Acute care – what happens to patients after they have had a stroke or a significant surgery? The campus currently has an In-patient rehab services; it is the longest running in-patient rehab services in the area. There is a need to expand these services for potential long term care, skilled nursing facilities that will allow doctors to take care and follow the patients as they go back to their former or new life that requires training or work.

Primary care – There are about 450,000 coming on board will be introduced to primary care. Swedish is committed to recruiting family medicine, internal medicine, pediatrics and OBGYN to our medical group. Our residency programs is the largest family medicine residency programs in the country. There are about 22 residency programs that go to primary care per year. There is a rapid growth throughout the years thus training and recruiting is a high priority.

Partnership is very important and critical in growing the services within the campus. The partnerships with clinical and non-clinical services have been a trend all throughout the country. Swedish Medical Group is in the business to take care of the patients and not necessarily running business operations; thus our partnership with Sabey Corporation is our local version of what is going on across the country.

Dr. Lewis provided a summary recap of what buildings Swedish currently uses and mentioned that all of the buildings are very integral to the success and growth of Swedish.

Committee and Public Questions and Answers

Dr. Lewis then opened the floor to questions.

Do other Swedish sites have plans for growth?

Yes, other SMC campuses are also planning for growth. Swedish just built a brand new campus in Issaquah that has been open for 20 months. It approved a rebuild of an emergency services/office space at the Edmonds campus; and at the First Hill campus; the First Hill building/campus was rebuilt.

How are non-Swedish facilities (Sabey owned and the Northwest Kidney Center) integrated and what role will they play?

Dr. Lewis provided floor by floor examples to summarize uses within the buildings. He noted that a great deal of space in many of the buildings not owned by SMC are occupied by the Swedish Medical Group in the spaces rented from Sabey. This arrangement frees up capital to invest on other items like purchasing equipment and hiring more staff.

What is the partnership between Sabey and Swedish; and what percentage of this campus is does Sabey own?

Dr. Lewis responded that 40% of the total space is owned by Sabey but SMC rents back about 60% of that space. SMC owns the remainder outright.

IV. Presentation on Concept Plan Alternatives

Presentation of David Chamness

David Chamness from Callison Architects was recognized to present the various alternatives contained in the Concept Plan. Mr. Chamness stated that the various alternatives are designed to meet the vision and needs for the SMC Cherry Hill Campus over the next 30-40 years as described by Dr. Lewis. The Concept Plan looks at how the current campus operates, its medical trends of patient care.

There are two main components driving the concept plan alternatives – hospital and clinical research space. Currently, the area of the hospital is around a net of 366,000 square feet. It is anticipated that this will increase by an additional 984,000 square feet. Clinical space is currently 430,000 square feet and it similarly anticipates it to increase to about 870,000 square feet. Other space needs include education programs, currently it is at 52,000 square feet anticipated to grow to 68,000 square feet and the hotel which currently has 20 rooms and is anticipated to grow to around 80 long term care/skilled nursing beds.

Mr. Chamness stated that there are 7 alternatives evaluated, each intended to meet the overall space needs of Swedish Medical Center. He outlined them as follows:

(Editor's note: Mr. Chamness referred to illustrations during this presentation.)

No action – no expansion, no growth, it is the status quo – 1.2 million square feet
Continued in the EIS as the mandatory no action alternative

Alternate 1A –No boundary expansion - no change in allowed MIO heights, but maximize development within the existing MIO districts. Maximum achievable development or 2.1 million square feet,

Not advance as it does not meet the identified need of 3.0 million square feet. not advanced

Alternative 2a -Compressed growth – Generally staying within the existing MIO boundaries, but with significant increases in MIO heights with the greatest heights concentrating to the west. Maximum achievable development 3.1 million square feet.

Alternative 2b Minimal boundary Expansion with Street Vacations. Generally stays within the existing MIO boundaries, vacating 16th and 18th Avenues and thus allowing reductions of heights in various locations Maximum achievable development 3.1 million square feet.

Alternate 3 - De-compressed growth – Includes both the vacation of 16th and 18th Avenues and various boundary expansions north, south and east of the existing campus. This alternative achieves 3.2 mil sq. ft. with heights less than the concentrated growth alternatives over much of the campus.

Alternate 4 - Compressed Growth with use of the Spencer technology and DSHS sites. This alternative achieves the needed 3.1 million square feet and allows some reductions in proposed increased heights.

Alternative 5 - Compressed growth with the vacation of 16th Avenue only - 16th Avenue would be vacated but remain partially open to provide some connections to the hospital and maintain the pedestrian and bicycle connections. This will maintain north/south connection to the campus. This alternative provides 3.2 million square feet.

Alternative 6 –compressed growth emphasis on the west reducing further the level of development on the remaining half block along the east side of 18th Avenue. This alternative provides about 3.0 million square feet.

Committee and Public Questions and Answers

Are there options that would reduce requested MIO heights further?

It is always a possibility. but would need further study concerning use adjacencies and other relationship within the campus.

How did you get stuck on the 3.2 million square feet? Are there alternatives that might meet immediate 20 year needs without so great projected growth or height increases?

The 3.2 million Square feet is a soft figure. The Design team is a looking at the alternatives that could work. It is understood that the final alternative will have to reasonably blend in with the neighborhood.

Is garage space included in the alternatives and if so where will the garage space be?

We will look at the neighborhood and study the current pattern to determine how many cars for the buildup for growth. This will include the creation a transportation

management plan and determination of parking needs. He noted that most parking will be provided with each new development project. Much of it will be underground

V. Public Comments

Direct Public Comment

Comments of Bob Cooper – Mr. Cooper noted that DSHS site goes in and out of the projections for the compressed alternatives. It seems like it goes in and out just slightly missed the 3.2 and I would like it to be considered. He noted that his greatest concern is whether the need for development is adequately justified. SMC has discussed how the Affordable Care Act will make increase demand but did not consider possible decreases in utilization with the promotion of wellness model. Try to drive health care out of hospital centers and I don't see it considered in this process. He noted that in articles that he has reviewed polls of hospital administration showed that 42% of respondents stated that they had curtailed expansion plans due to the provisions of the Affordable Health Care Act. Appropriate institutional growths within the boundaries provide immediate public benefit to the neighborhood. I would like to have the Committee focus on the constraint/compressed alternative that may take some of the northern properties DSHS and Spencer technology and not grow beyond these boundaries.

Comments of Chris Lemoine – Mr. Lemoine stated that he didn't want to see a fortress Swedish – I'd like to have street vacations, needs to be open, and more conversations on how the public will travel through. Public spaces, civic spaces, interaction opportunities, people and communities can travel through the open space. These considerations appear to be absent from this discussion

Comments of Frank Krogger. – Mr. Krogger requested for the inclusion for the maps, put in street names so that it is easy to understand.

Comments of Vicky Schianterelli. – Ms Schianterelli noted that the depiction of the properties along 19th and directly adjacent to the 18th, are misrepresented. There are a number of properties not shown, and it gives a visual illusion about sufficient distance between the homes and the proposed development. There are a number of cottages that are in the backyard of these houses. In some cases these are rented and other they are extensions of the homes that are grandfathered in based on where it is built in and it is very close to the property line. As currently depicted these diagrams understates to potential impact. They should be changed to accurately reflect the current development.

My concerns are the outgrowth piece. She stated that some of her neighbors have informed her that the Sabey Corporation has approached them to purchase their homes. If the ultimate plan is for full acquisition of this area, this should be stated upfront. She noted that Children's did but compensated residents with extraordinary purchase prices. If purchases do occur a similar effort should be required.

Comments of Ms. Flynn – Ms. Flynn expressed concern over the diagrams and noted that they appeared confusing. The vantage point is always from an aerial view from the west that does not show the relationship to the adjacent single family areas to the east. This understated the impact. Why would you want to grow this campus? You wanted to grow a hotel and take our houses? You want to take away our houses so people from out of town can stay at a hotel? Your footprint is huge. Why does it have to be up on the side? Just go up, up, up.

Comments of Laurie Lucky. – Ms. Lucky noted that she has lived in area for a long time. She observed that she had survived the unrest of the 60's and drug epidemic in the neighborhood and the crack epidemic of the 80's and 90's. Looking at what is being

proposed by SMC today, I am not sure which will prove to have been worse, the problems of the past, or today's corporate attack on our neighborhood by Swedish. It is horrible having Swedish, as a corporate body thinks it can come in to our neighborhood and vacates these streets, and put out more buildings and have nothing to do with the surrounding single family neighborhood. I've been a patient of Swedish. I like Swedish because I like working with real doctors who practice medicine not as faculty members. Still if this model represents the hospitals future as a research facility. I would rather have it disappear completely, and use Harborview, than see this disrupt the vitality of this neighborhood.

Comments of Jerry Matsui – Mr. Matsui noted that he lives on 19th Avenue for his entire life. He noted that in the alternatives it does not appear that much consideration is being given to redeveloping the current parking garage site. That site is located adjacent to other institutional uses. Major development there would have less effect on the surrounding residential areas. Removing this site from drives the tendency to overbuild elsewhere. He noted that even at 40 feet development height, the impact on properties on the west side of 19th is unacceptably dramatic. He also noted that all along 18th avenue, there is a geological problem because of the hydrology. Nobody is considering the geological concerns that may result in underground flooding. He further noted that this is a low-density residential neighborhood and the community has gone to great efforts to preserve this character.

Comments of Able Bradshaw– Ms. Bradshaw noted that she is long term resident of the neighborhood adjacent to a 50 ft. building. SMC continues to open their presentations with presentation of how great their services are and implies that neighbors' concerns are irrelevant. Please stop this. I don't want to give up my house to get health care here in Seattle. I assume that there will be very long construction, and I live next to the building being constructed, what is the projected construction time? What do I have to expect as a neighbor. I am furious that have to be here. SMC appears to have no empathy for the effects of this massive development on the people who live in their houses and this neighborhood.

Comments of an undisclosed individual – the commenter noted that it appeared to him that it was possible to build over parking facilities.

Responses to issues during the public comment period

Concerning alternatives with less than 3 million square feet of development - David Chamness noted that there is an effort to push higher development to the west. He also noted that Alternative 1A did consider a total development of less than 3 million square feet of development. It was evaluated but as it does not meet the overall need as outlined by Dr. Lewis, it was removed from consideration.

Concerning purchases of property near the MIO boundary - There was a brief discussion of how the code affected SMC purchases near its MIO boundary. Many noted that there had been restrictions on purchase or leases within about 2500 feet of the boundary in the past and asked if this still was the case. Steve Sheppard noted that this restriction was eliminated in about 1996 to allow the institution to buy property anywhere in town including adjacent to or near their boundary. However, unless it was incorporated into the MIO boundary it could only be used in accordance with its zoning.

Concerning the effect of Health Care Reform - Marcia Peterson noted that SMC has spent the last seven years expanding in remote locations. The new facilities are being constructed in recognition that the care model is moving towards ambulatory and out-patient services close to home. However the higher end functions need to be centralized. SMC is looking at this carefully and it is possible that there might be a slight overall decline in inpatient admissions. However, experts project this decline will be least in this area.

Concerning Sabey purchase of homes in the areas - Eileen DeArmon from Sabey Corporation noted that Sabey Corporation owns two houses on 19th avenue and north of Spencer Technologies. These were purchased 2006. Ms. DeArmon emphasized that Sabey is content to be a residential landlord. It made sense to invest in this community. If an individual is not interested in selling, Sabey will not pursue purchase.

VI. SEIS Scoping

Stephanie Haines noted that the comment period for EIS scoping had passed and briefly outlined the elements of the environment that would be covered in the EIS. She noted that the elements were included in the handout to the Committee and briefly outlined them. Element as identified in the handout were as follows:

1. Construction Impacts

- Erosion Control (short term impacts from clearing and grading)
- Air quality (short term impacts, truck idling, clearing and grading)
- Storm water runoff (quality, quantity)
- Noise (short term impacts from site preparation, demolition and construction activity)
- Sidewalk/street closures
- Pedestrian circulation
- Truck Trip Traffic (earth, demolition, construction materials)
- Transportation (haul routes, street closures)
- Staging areas
- Increased parking demand (construction worker vehicles)
- Transit (bus stop/layover locations)

2. Impacts of Operation

Air Quality

- Auto emissions from increased vehicular traffic
- Greenhouse gas emissions (City goal for carbon neutrality and worksheet)

Water Quality

- Storm drainage runoff and surface water flows (long-term impacts)
- Ground water flow

Height, Bulk and Scale

- Transition (between MIO heights and MIO boundary edges)
- Topography (between MIO and boundary edges)
- Large development sites (bulk, scale, and potential for creation of wind tunnels)
- Comprehensive Plan (Section B, Land Use Element of Comp Plan)
- Modified development standards

Historic Preservation

- Historic structures on campus
- Historic structures in Squire Park

Housing

- Reduction in housing supply (single family homes along 19th Avenue, and multi-family north and south of the existing campus)

Land Use

- Comprehensive Plan
 - o Section B of the Land Use Element Goals and applicable policies under Education and Employability and Health in the Human Development Element
 - o Section C of the Land Use Element Goals, Location Specific Land Use Policies, C-2 Major Institution Goals and Policies

- Neighborhood Plan(s)
 - Street Vacation Policies
- Compatibility with surrounding uses
- Neighborhood connectivity and cohesion
- Street level uses
- Hospital versus office use
- MIO criteria
- Rezone criteria
- Modified development standards
- Decentralization options

Light and Glare

- Lighting (interior, exterior, streetscape)
- Reflective surface (MIO boundary edges)
- Modified development standards

Noise and Environmental Health

- Noise generators (mechanical, operational, ambulances)
- Handling and disposal of medical waste

Parking (to be included in the Transportation Element)

- Parking Demand and supply (overflow)
- Transportation Management Program
- Modified development standards (minimum and maximum parking spaces)

Public Services and Facilities

- Excessive demands on “public services” (water supply, sewers, storm drains, solid waste disposal facilities, and streets and services such as transit, solid waste collection, and police and fire protection)
- Impacts of parks, civic and other open spaces

Shadows on Open Space

- Impacts to surrounding area (MIO boundary edges, public rights-of-way, proposed public open spaces)
- Modified development standards

Traffic and Transportation

- Increased traffic volumes
- Traffic operations, including intersection LOS
- Effects of proposed street vacations on parking and circulation
- Transportation Management Program (including effectiveness of existing TMP)
- LOS at parking entrances/exits
- Pedestrian and bicycle impacts
- Pedestrian Circulation
- Pedestrian, bicycle and vehicular safety and accident levels
- Loading and movement of goods
- Transit service and access
- Neighborhood parking supply and enforcement
- Cumulative transportation impacts with other First Hill Major Institutions (Seattle University, Swedish First Hill, Harborview, and Virginia Mason)
 - Consistency with City’s Transportation Plans
 - Transportation Strategic Plan
 - Transit Plan
 - Pedestrian Plan

- Bicycle Plan

VII CAC Comments Concerning Alternatives:

Nicholas Richter noted that:

- 1) He was pleased that some of the comments made by the CAC have been incorporated in the new alternatives. However, he expressed concern alternative 3 remains under consideration. Both members of the CAC and neighbors have expressed strong opposition to this alternative. It is not worth pursuing further.
- 2) Alternative 4 - - Compressed Growth with use of the Spencer technology and DSHS -sites is very interesting but greater attention needs to be given to identifying the appropriate heights for both sites...
- 3) The advanced alternatives all identify total square footage to meet SMC needs in a variety of ways. They do not include a discussion of their appropriateness in relationship to the surrounding development and I would like to see some discussion of this and public and neighborhood amenities that SMC proposes as mitigation.
- 4) More discussion of retail opportunities is needed. What type of retail opportunities will be offered and where?
- 5) Street vacations are generally undesirable and should be avoided.
- 6) Access points need to be identified? How can traffic impacts be identified if you don't know where the traffic access points are? Mr. Chamness responded that the architects will identify the access points prior to the initiation of the transportation study.
- 7) How does SMC intend to address the conflicts between the size, width and heights of the buildings and the potential impact to the neighborhood? Is adequate mitigation possible? Mr. Chamness responded that the architects are looking at potential buildings in the future. As part of the Master Plan, we are looking at how an office lab, clinical labs, and medical office would look. We are taking those into consideration, identifying the widths through industry standard.

There are still some controversial and negative ideas that were presented. It is important to do an outreach to the neighborhood, so that we can identify what kind of community amenities (public library, child care, elder care facilities around the neighborhood) the neighborhood wants.

VIII. Adjournment

Steve Sheppard informed the members that the next meeting is scheduled for July 18th.

No further business being before the Committee, the meeting was adjourned.

**SWEDISH MEDICAL
CENTER CHERRY
HILL CAMPUS MAJOR
INSTITUTIONS
MASTER PLAN
CITIZEN'S ADVISORY
COMMITTEE**

Committee Members

Najwa Alsheikh, Chair
Patrick Carter
Andrew Coates
Dylan Glosecki
Maja Hadlock
Joy Jacobson
Eric J. Oliner
J. Elliot Smith
Laurel Spelman
Mark Tilbe
Jamile Mack

*Swedish
Medical Center
Non-
management
Representative*

Nicholas Richter

Committee Alternates

David Letrondo

Ex-officio Members

Steve Sheppard

*Department of
Neighborhoods*

Stephanie Haines

*Department of
Planning and
Development*

Marcia Peterson

*Swedish
Medical Center
Management*

**Cristina Van
Valkenburgh**

*Seattle
Department of
Transportation*

Meeting Notes

Meeting #7

July 18, 2013

Swedish Medical Center
Swedish Education & Conference Center
550 17th Avenue
First Floor - James Tower

Members and Alternates Present

Najwa Alsheikh,	Patrick Carter	David Letrondo
Andrew Coates	Dylan Glosecki	Nicholas Richter
Laurel Spelman	Maja Hadlock	

Members and Alternates Absent

Jamile Mack	J. Elliot Smith	Mark
Tilbe	Eric Oliner	

Ex-Officio Members Present

Steve Sheppard, DON	Stephanie Haines, DPD
Marcia Peterson, SMC	Christina Van Valkenburgh, SDOT

(See sign-in sheet)

I. Welcome and Introductions

Najwa Alsheikh opened the meeting. Brief introductions followed.

II. Housekeeping – Approval of Agenda

The agenda was modified to include a discussion of revisions to the number of alternatives. Najwa noted that several of the previous alternatives have been dropped from further consideration.

III. Election of Committee Co-Chair

Ms. Alsheikh mentioned that Cynthia started as Committee chair but had to step down. Therefore, the election of a new co-chair is on the agenda and an email was sent to members concerning this vote. Steve Sheppard briefly summarized the duties of the co-chair. Ms. Alsheikh then asked for volunteers or nominations. Committee members declined to vote at the meeting and requested that this vote be postponed until the next meeting; all agreed. Ms. Alsheikh emphasized that the election has already been postponed once and urged action on this item at the next meeting.

IV. Alternatives No Longer under Consideration (added to the agenda)

Marcia Peterson from Swedish Medical Center informed the committee that SMC had determined that several of the alternatives previously discussed will no longer be under consideration. This was in part due to feedback from the Committee and public comment. Previous alternatives that will no longer be considered include: Alternate 3 which is de-compress growth which expands out

(beyond the current boundary to the 19th and that goes up to the North and to the South) and also Alternate 4 (which expands onto the DSHS site). With these options not advancing, this reduces the number of EIS has to cover to #3, #5, and #6.

Ms. Peterson noted that Alternative #3 includes the vacation of both. 16th and 18th #5 vacates 16th and includes a couple of sky bridges across 18th, and # 6 also includes a street vacation.

Dylan Glosecki suggested that there be an alternative that included no street vacations. David Chamness with Callison Architects responded that the vacation of 16th relates to the function of the emergency department. This is critical to the future emergency department and how the ambulances access the emergency department. After brief further discussion the Committee expressed general support for inclusion of an option including no street vacations.

Nicholas Richter thanked SMC for listening to the Committee and neighbors and removing Alternate 3. This dialogue and communications bodes well for the future. He noted that it was his opinion that the vacation of 16th Avenue might not as critical as long as 18th Avenue remained open with pedestrian activity maintained along 16th to the building through open connections, and if there is a vacation, it is fine as long as it includes in all of the options and pedestrian activity is emphasized.

IV. Discussion of Design Elements

Najwa Alsheikh noted that members had requested time to consider possible design elements that they believed might help soften or mitigate some of the impacts of the proposed campus development on the neighborhood. Dylan Glosecki had taken this opportunity to put together a series of images of both positive and negative elements at the SMC Cherry Hill and other nearby institutions. Mr. Glosecki was given the floor to present these images.

Mr. Glosecki noted that the images were intended is to facilitate discussion about what type of pedestrian amenities Swedish might add as it further developed its campus and interacts more with the surrounding neighborhood. This is an informal presentation. The Committee would like gather ideas on what Swedish can develop going forward.

Editor's Note: The presentation related to slides and was not easily converted into written form.

Images shown were:

1. Group Health on 15th – interior plaza connected with pedestrian access.
 - a. Showing retail spaces – gets pedestrian trail, interacts with campus.
2. Seattle U's corner – open space plaza, shaded trees, playgrounds, play space.
3. Street furniture at the street level
4. Current view of Swedish campus – does not feel welcoming
5. Current view of the current pedestrian connector to the campus

Ms. Alsheikh opened the floor to discussion. She stated that she would take comments and questions from both the Committee and public related to the slide presentation.

Public Comments/Questions Concerning Design Elements

Patrick Carter noted that there were no people on these photos; which suggests that these spaces are not in huge demand. How many people go to the pizza parlors, nail salons on 12th, maybe they are not beneficial? Dylan responded that the pictures were taken in the morning where people are

at work 10-10:30 am. That is not a common time when the public is visible. Dylan mentioned that these spaces are very important and it does have a lot of uses.

Ken Stangland responded that he lives on 16th and uses these spaces a lot. He uses the park/pedestrian pass way. However it closes early. These spaces should remain open longer so that people can use them 24 hours a day.

Vicki Schianterelli noted that inclusion of upper decks, open spaces or viewpoints on the upper deck of any building along 18th Avenue would present a problem for anyone on her block as a lot of folks might be staring at the backyards. More thought will need to be given to the rear of buildings, and especially anything constructed with its frontage on the east side of 18th Avenue. There will need to be considerably more innovations so that we can live in harmony with the major institution. Dylan responded that right now the Committee is brainstorm ideas; we are not proposing anything want some feedback from the community to take to Swedish. Vicki noted that she would like to have more opportunities to be involved in these discussions.

Bob Cooper stated that he lives on 16th south of the campus and that the small park in that area is used regularly. If there were more green spaces and plaza space at grade, it would definitely be used more often. He also noted that any pedestrian connector would need much better signage.

Eileen DeArmon stated that SMC is proposing that there be a future Design Workshop to discuss and gather input from neighbors about what neighbors value most in the neighborhood. No date has been set, but it should be relatively soon. Steve Sheppard stated that the Committee should co-sponsor this event. Virginia Mason did this and it was open to the public and proved very useful. The Committee decided to schedule it at the end of summer so people can do more planning, build communications, schedule facilitators and architects.

Committee Comments/Questions Concerning Design Elements:

Najwa Alsheikh noted that she was concerned 16th Avenue remains accessible to people regardless of whether it is vacated. There are spaces designated as public spaces but it is barren. It should include a well-designed public walkway at a minimum.

Members commented that the campus currently feels fortress-like and turns its back on the community. From Jefferson, it is neither accessible, nor can you see the entrance. There should be more landscaping and less concrete. The neighborhood would benefit greatly if Swedish provided better pedestrian/biking connections or if there were an effort to create a Greenway (enhanced streets) that goes through the 18th Avenue. Others opined that public amenities and small shops would be desirable along portions of the MIO boundary.

Andrew Coats stated that he would like to focus on the 16th Avenue and would like to see how the emergency vehicles will be coming in and out and understand the design elements. A great deal more information is needed from the architects including more information on alternatives.

V. General Public Comments

Comments of Murray Anderson – Mr. Anderson stated that he lives across the street from Jefferson and wanted to second the need to have more variety and interest along that side of the campus. Street level life is important. He also expressed concerns regarding the vacation of 16th Avenue and especially how it might be configured. Would there be any public access for continued entry to the garage or would it be primarily used for emergency vehicles only? Is there some way the street can be configured as a one lane one way so half of the street can be a walking plaza? He also noted that the design of 16th Avenue might be crucial to neighborhood acceptance of this level of development. Mr. Anderson also asked for clarification on ownership patterns and specifically which buildings are owned by SMC and which by Sabey. He offered the suggestion that SMC uses displace other leased space in the Sabey building. He noted that the total level of development is great and

that if the neighborhood is being asked to accept this it should be clear that it is SMC uses and not for Sabey lessors. Is this a part of Swedish; or a ploy by Sabey just to build office buildings?

Response: Marcia Peterson responded that the programs SMC would build will be supporting the campus. There is no intention of turning these new buildings into a general hospital; its focus will be on specialties like the Heart Center and Neuroscience. Natalie Price noted that the information about the buildings is at the Swedish website. There is an updated FAQ's posted on the website.

Comments of Bob Cooper: - Mr. Cooper stated that when looking at 18th Avenue vacation consideration might be given to moving development to the west and creating a much larger setback between the new hospital development and properties to the west. This area should continue to function as the buffer between the medical and residential development. Looking at 16th - pedestrian safety is very important and essential. Pedestrian through access is very important as is better signage. I would like to see a clear identification of entrances, which I believe is very important.

I would like it confirmed that everything will be related to Swedish or Swedish function. That seems different than in the past as the various medical office buildings were seen as a part of a research facility not the hospital. He suggested that there be some definition concerning what is considered functionally related to the role of the hospital.

Response: Marcia reaffirmed that there is no policy change. It will be all part of the NeuroScience Institute. There was a presentation made by Dr. Lewis that summarizes the vision of additional services for this campus. It is available online in the Swedish website.

Comments of Jerry Matsui – Mr. Matsui stated that he lives on 19th avenue. He expressed concern over the proposed height along the eastern boundary. The proposed height is increased from 37 feet to up to 90 feet. It would essentially be a two block long 90 foot high wall looming over the adjacent single family residence. He agreed with Mr. Cooper that the development be pushed to the west and stepped down towards the single family. I would like know a change on how to load the facility because the way it is currently designed is like a concrete mausoleum. He also stated that greater open space is needed and offered the opinion that this might be an appropriate use for the property along the east side of 18th Avenue.

Comments of Vicki Schianterelli – Ms. Schianterelli noted that in the prior plans green space was given up in exchange for decreased height. She asked how SMC would propose to meet the MIO open space standards. Green space is required and crucial. She also stated that open space between the boundary of the 18th and 19th is particularly important. The rear yards of properties along the west side of 19th Avenue are used for gardening and other activities by residents. If the 90 foot buildings were built these activities would be greatly compromised.

Comments of Ken Torp – Mr. Torp stated that he lives on 15th Avenue between Cherry and Jefferson. All of the alternatives propose the vacation of 16th Avenue and to many of us this vacation is not acceptable. Much of the discussion has been how to put lipstick on this pig. We need to first figure out whether the vacation is acceptable, necessary and required. All of the options also contain a kind of finger thrust up the rear of the neighborhood only because the property is owned by Sabey. This is unacceptable. This should be taken off and kept at the underlying zoning. We are looking at the fundamental issues of size bulk and scale. Looking at small designed details only takes away from this focus.

Comments of Ellen Sollod: Ms. Sollod stated that she served on the SU Major Institution Master Plan committee. She stated that is early in the process to be discussing details as the major elements have not been determined yet. The Committee needs to understand that any street vacation must balance out the function of the street that the City relies on. All functions of the street have to be accommodated, not only by Swedish. I would to see a careful analysis and evaluation of the

alternatives and how this really fits the needs of Swedish and the neighborhood; think of the big picture. Regarding the comments on the proposals:

- 1) The boundary expansion to the Spencer Technology site is not desirable and does not achieve a significant expansion of square footage.
- 2) The street vacations needs to be carefully analyzed; connectivity is not just about pedestrian access or a 14 foot sidewalk;
- 3) Height should be concentrated on the center of the campus not along the edges;
- 4) Proposed height is too high. 200 ft. height should be centered at the center of the campus, not on the edges. She stated that it is important to keep in mind the effect of the proposed heights on properties north of Jefferson street as well as along 19th.
- 5) Public access routes need to be open if possible. Going through a hospital or medical building to get a public route is questionable.
- 6) The building program may simply be too ambitious. It is possible that the building program that SMC is proposing is just too large to be accommodated on this site and in this environment. Uses that are not for the hospital functions should be located at a different Swedish location. Wall along Cherry St. and Cherry St. – analyze the height scale and other aspects of community connectivity.

Comments of Greg Taplock – Mr. Taplock stated that he lives on 16th and Cherry across the proposed 200 ft. building. The building that is there right now is a flat top building that allows a sweeping city view for every resident that sits behind the site you are proposing to build. Removing this view would be a major loss. He also asked how long the construction plan is. It can go on for a long time. He stated that if this moves forward in the direction of blocking the view; I choose to vote to leave the neighborhood.

Comments of Larry Malfort - Mr. Malfort stated that he wanted to echo Ms. Sollod's comment concerning the importance of not building high on the edges makes sense. If 16th is to be vacated for use by emergency vehicles, what is the fate of the existing parking garage? Will parking go somewhere else?

Response: Access to the parking garage will be maintained. There will still have parking access as well as pedestrian. An underground access is part of the vacation; because of the grade, that maintains a current issue.

V. Continued Committee Discussion

Dylan Glosecki stated that he would like to see a breakdown of the 3 million square feet to identify where the square foot would be located. A simple graphic format would be really helpful. He also noted that a park space as a buffer on 18th half block between the existing single family houses would be desirable. He agreed that the focus should remain on the height, bulk and scale. However it is not too early to begin looking at other measures that might mitigate that height, bulk and scale.

Najwa Alsheikh noted that she is nervous about advocating for retail use because it will eventually lead to an increase noise, traffic, and congestion. She had negative experiences with retail at other locations. Nicholas Richter noted that retail uses similar to what is presently located along 18th Avenue near Union Street might work. It is a nice place to start looking that primarily serves the community as an example that fits well in the neighborhood. Najwa agreed that the example does fits well with the neighborhood.

Laurel Spelman commented that having six alternatives was a bit overwhelming. Three alternatives are more manageable. A physical model should be developed and available so everyone can see every angle of the project. Nicholas Richter noted that the same result might be achieved through a

computer 3D model where the committee could manipulate the viewpoints to see it from various perspectives.

Steve Sheppard noted that there is clearly an emphasis both in public comment and from the committee on height, bulk, and scale. Many are stating that the development program identified by SMC might be too large. Under the code SMC proposes the level of development and that this is not negotiated with the Committee. That does not mean that the Committee must accept the plan as proposed. The Committee might look at the heights. Bulks and scale of development and the transportation and other impacts and take acceptance to them. It would be up to the institution to propose development standards that could be accommodated. That is the direction the analysis goes, not necessarily stating that the need for development has not been justified.

V. Adjournment

No further business being before the committee; the meeting was adjourned at 8:15pm.

**SWEDISH MEDICAL
CENTER CHERRY
HILL CAMPUS MAJOR
INSTITUTIONS
MASTER PLAN
CITIZEN'S ADVISORY
COMMITTEE**

Committee Members

Katie Porter, Chair
Leon Garnett
Dylan Glosecki
Maja Hadlock
Raleigh Watts
J. Elliot Smith
Laurel Spelman
Majo Hadlock
Linda Carrol

*Swedish
Medical Center
Non-
management
Representative*

Patrick Angus
David Letrondo
Lara Branigan

Committee Alternates

James Schell
Dean Patton
Ashleigh Kilcup

Ex-officio Members

Steve Sheppard

*Department of
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Stephanie Haines

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Planning and
Development*

Marcia Peterson

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Medical Center
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Cristina Van
Valkenburgh

*Seattle
Department of
Transportation*

**Meeting Notes
Meeting #8
August 15, 2013**

Swedish Medical Center
Swedish Education & Conference Center
550 17th Avenue
First Floor - James Tower

Members and Alternates Present

Najwa Alsheikh,	Patrick Carter	David Letrondo
Dylan Glosecki	Dean Paton	Laurel Spelman
Maja Hadlock	Katie Porter	Leon Garrett
Patrick Angus	Nicholas Richter	

Members and Alternates Absent

J. Elliot Smith Eric Oliner

Ex-Officio Members Present

Steve Sheppard, DON	Stephanie Haines, DPD
Marcia Peterson, SMC	Christina Van Valkenburgh, SDOT

(See sign-in sheet)

I. Welcome and Introductions

Najwa Alsheikh opened the meeting. Brief introductions followed.

II. Housekeeping – Approval of Agenda, Minutes for Meetings 6 and 7

The agenda was approved without substantive changes. The minutes for Meeting #6 were approved without substantive changes. The amended minute for Meeting #7 was approved with minor amendments. The following amendments included striking down the first paragraph and retaining the second paragraph as requested by Nicholas Richter. The other amendment to Minute #7 is under the Public Comments section to change the name from Patrick Carter to Mary Pat as requested by Dylan Glosecki.

III. Introduction of New Members and Alternates

Steve Sheppard welcomed and thanked the new members and alternates that were present at the meeting. Mr. Sheppard briefly introduced the new members (Leon Garret, Katie Porter, Patrick Angus, and Dean Paton) and asked each to briefly introduce themselves.

IV. Election of Committee Vice-Chair

Ms. Alsheikh noted that this Committee has been without a vice-chair for several months and asked if any member would like to volunteer to be the vice chair for this Committee. Mr. Sheppard noted that the primary duty of the vice chair is to serve as the

chair and facilitate meetings in the absence of the Chairperson. The vice-chair can also sign letters and correspondences for the Committee; participates in the development of the agenda; and sits in pre-meetings to discuss on how to proceed with the meeting.

The following Committee members volunteered to be the Committee's vice-chair: Nicholas Richter, David Letrondo, and Katie Porter. There was a question whether an alternate Committee member could be a vice chair, and Mr. Sheppard informed the Committee that it is beneficial to elect a tentative vice chair for now and will check according to the by-laws if an alternate can serve as a vice-chair. (Note: it was later determined that any alternate can serve as vice chair since he or she could only step up and assume temporary duties as chair in the event of the temporary or permanent absence of the chair.) Ms. Alsheikh asked the individuals who volunteered to be vice-chair for an introduction and a brief summary describing why they joined the Committee, their expectations and why they decide to run as the vice-chair of the Committee.

Mr. Richter mentioned that he joined this Committee provide input as a long-time resident of the community and bring balance and vitality within the neighborhood. Mr. Letrondo described himself as an experienced architect that worked on various architectural projects such as retail, health care, banks and schools. Mr. Letrondo mentioned that since he lived near Seattle Children's Hospital, he has the knowledge and experience on what the challenges having a health care facility expansion in a neighborhood. Ms. Porter stated that she works for Capitol Hill Housing, which is an affordable housing organization. She described her interest in this Committee as a way to assure that the community's voice is heard.

The Committee elected Katie Porter as the Committee co-chair with a total of 10 of 12 votes.

V. Brief Presentation on the Status of TMP Compliance and the Scope of Study of Transportation Issues that will be reviewed in the EIS

Christina Van Valkenburg from the Seattle Department of Transportation (SDOT) informed the Committee that SDOT is responsible for monitoring the Transportation Management Programs (TMPs) for all Major Institution Master Plans (MIMPs). In addition to monitoring the TMPs, SDOT is also responsible for compiling the commuter trip reduction acts regulation which is a State requirement, which the city adopted into its municipal code.

There are two types of requirements that SDOT monitors that are related to the TMP strategies. The way SDOT monitors the Swedish Medical Center is by using the Commuter Trip Reduction Survey (CTRS) instrument. The survey is completed every audit year. The way the survey was done for Swedish, it has two survey components. About 1,444 employees are surveyed, the current SOV use rate is 55.2%. The SOV goal in their current TMP is 50%. The SMC Lab Corp was also surveyed and Lab Corp. is at 54.4% SOV. Lab Corp. has about 413 employees. Also, Sabey Corporation with 496 employees is at 66.8% SOV, they are not meeting the goals established by the MIMP.

Nicholas Richter asked if the referenced data included Sabey, Lab Corp, and any other tenants on campus. Ms. Van Valkenburg responded that the survey is for all users and activities at the Cherry Hill campus. The TMP is a requirement of the Major Institution when the Major Institution was approved in 1994. There is a requirement imposed on the approval for TMP that applies to the entire campus with the goal of 50% SOV use. The goal technically applies to every single entity within the boundaries of the campus. However, there is also a CTR requirement for an employer that has 100 employees or more. Sabey, as an employer, also has a CTR requirement. They need to do a separate CTR. We have not done an aggregate number for Swedish, Lab Corp. and Sabey. Northwest Kidney Center should have been included in the survey.

Members expressed some concern that after 20 years of efforts established goal are still not met.

Ms. Van Valkenburg stated that SDOT works with DPD to monitor compliance with TMP. SDOT does not have enforcement authority. SDOT works with DPD and the Institution try understand what is preventing them not meeting their goals. In case for Sabey, they are working with the transportation management association in downtown to identify additional elements that they should use in order to assist them to meet their required TMP goals. In general available tools range from transit subsidies, flexible schedules, bicycle showers, working remotely, and parking management strategies. Eileen DeArmon (Sabey) mentioned that Swedish has a comprehensive program including subsidized carpools, shuttles, vanpools, taxis, zip cars, Metro Orca passes. About 45% of employees used non-SOV transportation, 55% use-SOVs. She noted that Sabey Corporation is very serious about reaching our required goal.

Steve Sheppard noted that part of the development of the Master Plan is to update TMP. The Committee will be asked to weigh in on what the TMP elements are. He also noted that the Committee will be hearing more about the TMP in the second half of this process

Katie Porter noted that the Children's Hospital TMP is often cited as the gold standard for TMP's. She and others suggested that the Children's TMP be evaluated carefully. SMC staff indicated that they are doing so.

Nicholas Richter suggested that Swedish to pay for additional residential parking zone enforcement

VI. Public Comments

Comments from Bob Cooper: Mr. Cooper noted that he Lives on 16th and Jefferson. He noted that SMC is responsible for the TMP, not Sabey.

Comments from Wimsey Cherrington: Ms. Cherrington stated that T parking is a huge issue now with the existing number of employees in campus. More expansion means more employees and a worsening condition. Something needs to get done. She noted that she has often observed people in their scrubs sitting on 17th between Columbia and Cherry sitting on their car, moving, and parking their car. Parking on the block is extremely difficult. She also noted that none of the three proposals presented in the previous meeting reflect a balance between growth of the institution and protecting the livability of the surrounding neighborhood.

Comments from R K Lee: Mr. Lee stated that he was concerned about: 1) the impacts of the proposed development, 2) maintaining the character of the neighborhood; and 3) the future advancement of the entire campus. Providence and Seattle University coordinated well with the neighborhood. They have been good neighbors. Hopefully Swedish can do the same thing.

Comments from David Saracini.: Mr. Saracini noted that his property will border the proposals for Alternatives 2, 3 and 6. He noted that there appears to have been little or no discussion concerning infrastructure improvements in the surrounding area required to support 2 million additional sq. ft. of office space. This needs to be included as part of the EIS He expressed shock that in Alternative 4, there is a 240 ft. building across the street from LR3 residential. He also noted that Children's does seem to be the gold standard, in doing research regarding street vacation in doing a public good, Children's made six public enhancement proposals as part of their plan.

Comments from Jerry Matsui:- Mr. Matsui stated that it is interesting that SMC has never achieved its TMP goals. SMC has credited its support of the RPZ zone as a positive action. However SMC did not initially support this and was forced to do so it by the neighborhood because of the parking impacts. As far as height, bulk, and scale, we are being punished with these alternatives that you are proposing. (50, 65, 90 ft. building?)

Comments from Ken Torp: Mr. Thorp commended the CAC for its focus on the height, bulk, scale issue as well as the two street vacations and the expansion of the boundary. He noted that he too questions the validity of the alternatives and what is driving them and what alternatives on the current boundary that should be looked at.

Comments from Ellen Sollod.: Ms. Sollod stated that she understood that the scope of the proposed boundary expansions had been reduced to include only the Spencer Technology building, its parking lot and the house just north of it. She asked if there were similar changes related to the street vacation. Ms. Sollod formally requested that an alternative be included for full study without any boundary expansion and noted that it appeared to her that the remaining boundary expansion appears to be driven by Sabey Corporation ownership of those properties and not by SMC needs. I would encourage the institution to respect the neighborhood in terms of seeing its increase its campus and not on its boundaries and remove its street vacations.

Comments from Sonia Richter: Ms. Richter stated that Harborview Medical Center and the neighborhood have a very good relationship and urged evaluation of that relationship as well as Children's.

Steve Sheppard made a comment that the removals of the alternatives were decided by Swedish and not by this Committee. Mr. Sheppard also mentioned that the City Council cares a lot about these issues being presented.

Comments from Pierre Bradette.: Mr. Bradette stated that he is concerned about the Spencer Technology boundary expansion as well as the proposed height. There would be significant impact on the neighborhood that would take away the character of the neighborhood. He urged the CAC to continue its efforts to focus on reducing the height, scale and bulk impact on the neighborhood.

Comments from Laurie Lucky: Ms. Lucky stated that she was concerned about transportation options; Swedish has not discussed improvements to mass transit.

She also noted that with the merger of Swedish and Providence, all of the employees of Swedish went under religious and ethical directives of Catholic Health Care services.

Marcia Peterson representing SMC responded and clarified that Swedish is not subject to ethical and religious directives. Reports to the contrary in the press are incorrect.

Comments from Vicki Schianterelli.: Ms. Schianterelli noted that she had written a formal letter to the CAC and directed members' attention to that letter. She noted that the letter did not address the vacation on 16th avenue. The justification for the vacation is for the ambulance coming through the 16th, Jefferson or Cherry. The problem is that people take speed on Cherry because it is downhill. People cruise down around 30 miles/hr. It is always impossible for ambulance to pull out to go to Cherry to make the left turn. There is no sense to vacate street for ambulance to make dangerous turn. The vacation of 16th makes no justification; there is no sense to vacate a street for ambulances to make dangerous turns. The traffic flows within TMP are not being addressed. Jefferson and Cherry are major arterials. Cherry has been narrowed down to 1 lane.

Comments from Abil Bradshaw: Ms. Bradshaw stated that she does not want to live at a Major Institution ghetto and that the proposal will greatly harm the neighborhood and should not be approved. She also asked how the proposal might affect property values.

Comments from Unidentified Commenter: The commenter stated that he was encouraged that the 18th Avenue vacation was no longer being pursued. He also stated that he remained confused concerning the relationship of the Sabey Corporation TMP to the overall SMC TMP. Sabey does not have their own employees, but leases to tenants.

Comments from Cindy Thelen.: Ms. Thelan stated that the heights being proposed for the campus are out of proportion to the surrounding neighborhood and will affect the light/shadow in her backyard residence.

Comments from Mary Pat Dileva: Ms. Deliva questioned why 16th Avenue needed to be vacated to accommodate ambulances. She also stated that any increased height should be at the center of the campus not on its edges and that the proposed project is too big, and should not be approved.

Comments from Murray Anderson: Mr. Anderson stated that he understood that there is a fine line in transportation issue and parking. He suggested that SMC consider lowering the parking rate so that employees will park in the parking garage and not on the residential areas.

VII. Discussion of Next Steps in the Process

Steve Sheppard noted that Swedish Medical Center has a great deal of work to complete in the near future. Both the Preliminary Draft Plan and Preliminary Draft Environmental Impact Statement have yet to be completed. Once they are completed, the Committee will receive them and have time to review them and provide comments back to Swedish Medical Center on the Preliminary Draft Plan and the City on the Preliminary Draft Environmental Impact Statement. The Committee will need to take a look at the preferred alternative; and the Committee need to determine if what is being proposed is acceptable and creates balance between the institution and the neighborhood.

VIII. General Committee Discussion

Nicholas. Richter stated that he understood that Seattle Children Hospital had the ability to terminate employees who parked in surrounding neighborhood. Mr. Sheppard stated that Children's can and has terminated employees for continued and flagrant violation of their no neighborhood parking policy.

SMC Staff made a brief presentation on Alternative 7. They noted that the major feature of Alternative 7 is that the 16th avenue vacation is eliminated as SMC was able to design a way to come under 16th via a tunnel. Since there is no street vacation, much square footage is shifted west. In addition the height limit on the 18th Street is reduced to 65 feet, the height on Spencer is 65 feet.

David Letrondo asked why none of the alternatives place the greater heights in the center of the Campus. SMC staff responded that there are many factors, including adjacencies of uses and the importance of a central drop off and entry for wayfinding purposes.

Marcia Peterson noted that the preliminary draft master plan will not be available until October 14, and that it might make sense to skip the September meeting. After a brief discussion the Committee voted unanimously to cancel the September meeting and schedule to meet again on October 17th with another possible meeting on October 24th.

IX. Adjournment

No further business being before the Committee; the meeting was adjourned.

information about the Swedish campus. It summarizes program components along with the alternatives that were presented in the past meetings; these alternatives are: 1, 5, 6, and 7. Additional information has been incorporated to these alternatives including: diagrams, development of standard components, landscaping, open space, parking spaces, and transportation, etc. There are several other components of this Draft Master Plan that are currently “works in progress” and have not been completed. This includes the transportation elements. He also noted that the structure setbacks have not yet been discussed.

Mr. Sheppard noted that once this Preliminary Draft Master Plan moves forward to the draft, there will be significantly more information provided including: streetscapes, landscaping, setbacks, etc. Mr. Sheppard informed the Committee that developing statements and comments to the current preliminary draft document is critical so that the next draft contains all the vital information.

IV. Overview of Preliminary DEIS contents and schedule of comments

Katy Chaney, from URS was recognized to present the Preliminary Draft Environmental Impact Statement (PDEIS). Ms. Chaney passed out the PDEIS. The PDEIS is provided to the applicant and Committee only and is not subject to public comments. She briefly went over the contents of the DEIS and noted that the draft PDEIS is currently a work in progress and new information will be added once several ongoing studies are completed. She also cautioned the Committee to understand that the visuals in Appendix B are very preliminary and based upon what was included in the Concept Plan, not the current alternatives, and will be amended significantly prior to the publication of the Draft Environmental Impact Statement (DEIS). Ms. Chaney briefly went over the organization of the PDEIS. Ms. Chaney noted that the PDEIS is being distributed to get comments from Swedish, Sabey, City of Seattle and members of this Committee.

Editor's note: The CAC received the PDEIS copies at the meeting

V. Overview of transportation analysis, approach and findings

Mike Swenson, from the Transpo Group, was introduced to make a presentation concerning the transportation analysis. Mr. Swenson stated that the Transpo Group has more than thirty experience in this field. The firm worked on a variety of transportation projects such as master plans focusing on multi-modal planning and analysis.

Mr. Swenson noted that the full analysis is not yet included in these preliminary documents. The transportation analysis will provide data and evaluate the impacts on both traffic generation and, transit utilization forward to 2040 and include vehicular, non-motorized impacts, and connectivity to parking, level of service at key intersections (a measure of time delay and congestion), traffic safety and neighborhood connections. Mr. Swenson further noted that the studies will be looking at a seven to eight year build out.

The Transportation analysis is also taking into account increases in traffic associated with projected development in other areas will impact and generate traffic and especially that associated with Seattle University or Virginia Mason. He noted that the choice of study area and which intersections and locations were included was made in close consultation with SDOT and DPD. Transpo will also be conducting studies and analysis to get better information regarding the parking utilization and will also include pedestrian and transit connectivity to be added to our list for improvements as we go through the process.

Mr. Swenson also mentioned that as a future goal, Transpo will look at the level of service for TMP for SOV in the studies. Currently the goal is a 50% SOV rate.

VI. Public Comments/Questions

Comments from Bob Cooper: Mr. Cooper asked if the alternatives presented at the meeting are the only alternatives in the table. He also asked if the Traffic data and analyses had been included in this scenario.

Response: SMC staff responded that the alternatives included in the Preliminary Draft Plan are the alternatives that are moving forward. These alternatives will be included in the draft EIS. As part of the draft EIS process both the public and various agencies can comment on impacts and alternatives.

Regarding the traffic planning, the response was that it couldn't be answered at this time.

Comment from Murray Anderson: Mr. Anderson stated that he was concerned about both parking and traffic flow. He strongly suggested that Swedish consider the possibility of validation of parking for patients so that patient parking would be lower cost so that patients and immediate family members would not have an incentive to park on the nearby streets. Swedish should strongly encourage its employees to use the bus and subsidize bus passes.

Response: Swedish subsidize bus passes at 50%.

Comment from Greg Harmon: -Mr. Harmon stated that he lives at 9th and Cherry. He expressed concern about light and glare emanating from parking garages in the broader area. He stated that similar problems might occur with the proposed increased development

Comment from an Undisclosed Individual: An individual who lives on 16th and Cherry made a comment regarding the options going forward regarding the Preliminary Draft MIMP. He stated that the only compelling logic for the irregular shape of the MIMP boundary is an opportunistic logic since Sabey owns the adjacent properties. He would like to see a very substantial compelling logic, for why the shape of the MIMP should include this that have a potential impact to the neighborhood particularly around traffic and parking.

Comment from an undisclosed Individual: An individual commented that it is important for the CAC members to review the EIS document and think about the environment. He noted that this is not a Swedish's EIS but the City's and CAC's EIS. He urged CAC members to review this carefully and make sure it answers questions concerning the environment impacts.

VII. Committee Discussion

Steve Sheppard informed the Committee that the next step in the process is to review the document that was presented. In the past, the Committee has either reviewed the whole document or split the document into sections. Each Committee member would then forward their comments to Steve and he would create a matrix that summarizes all the comments from each members. That compiled document would become the basis for development of the Committee's position at its formal meeting. It is very important for the Committee to look at the alternative sections carefully; and submit comments as early as possible so that the institution could come back with their response.

The Committee decided to split the document into sections and develop specific comments to each section and their comments to Steve Sheppard. Mr. Sheppard agreed to create a summary document to track these comments with follow up actions for the institution to review and respond.

The next Committee meeting is scheduled for Tuesday, December 5th. Mr. Sheppard mentioned that at this meeting, the Committee will have the opportunity to discuss and review the comments.

VIII. Adjournment

No further business being before the committee, the meeting was adjourned

**SWEDISH MEDICAL
CENTER CHERRY
HILL CAMPUS MAJOR
INSTITUTIONS
MASTER PLAN
CITIZEN'S ADVISORY
COMMITTEE**

Committee Members

Katie Porter, Chair

Patrick Carter

Andrew Coates

Dylan Glosecki

Maja Hadlock

Joy Jacobson

Eric J. Oliner

J. Elliot Smith

Laurel Spelman

Mark Tilbe

Jamile Mack

*Swedish
Medical Center
Non-
management
Representative*

Nicholas Richter

Committee Alternates

David Letrondo

Dean Patton

Ex-officio Members

Steve Sheppard

*Department of
Neighborhoods*

Stephanie Haines

*Department of
Planning and
Development*

Marcia Peterson

*Swedish
Medical Center
Management*

Cristina Van
Valkenburgh

*Seattle
Department of
Transportation*

DRAFT Meeting Notes

Meeting #10

December 5, 2013

Swedish Medical Center
Swedish Education & Conference Center
550 17th Avenue
First Floor - James Tower

Members and Alternates Present

Katie Porter

Patrick Carter

David Letrondo

Andrew Coates

Dylan Glosecki

Nicholas Richter

Laurel Spelman

Maja Hadlock

Dean Patton

Members and Alternates Absent

Jamile Mack

J. Elliot Smith

Mark Tilbe

Eric Oliner

Ex-Officio Members Present

Steve Sheppard, DON

Stephanie Haines, DPD

Marcia Peterson, SMC

(See sign-in sheet)

I. Welcome and Introductions

The meeting was opened by Katie Porter, brief introductions followed.

II. Housekeeping – Approval of Agenda

The Committee briefly discussed a proposed change to the Committee By-laws to respond to concerns over meeting locations. Nicholas Richter presented a suggested change to the by-laws as follows:

Section 4. Location: - The Advisory Committee public meetings shall take place on Cherry Hill Campus unless previously approved by vote of the Advisory Committee at a prior meeting or if required by the Department of Neighborhoods of the City of Seattle. Swedish Medical Center shall arrange a suitable location for Advisory Committee meetings. The Education & Conference Center at James Tower will be the default location of all advisory committee meetings. If Swedish is unable to provide space at the Education & Conference Center at James Tower, then notification and clear signage from the Education & Conference Center at James Tower to the new location on the Cherry Hill campus will be provided.

Mr. Richter moved its adoption. It was seconded by Dean Patton. Brief discussion followed. Marcia Peterson stated that the previous meeting was changed to the First Hill Campus due to a lack of space. She stated that it was not the intention of Swedish to

do this routinely. Steve Sheppard noted that under the current by-laws an amendment must be presented and one meeting and voted on at the next. The Committee therefore deferred its final vote on this amendment until meeting # 11

III. Public Comments

Comment Bill Zosel – Mr. Zosel stated that he had a chance to look at the Preliminary Draft Environmental Impact Statement and Preliminary Draft Plan and have concluded that neither is adequate. The EIS appears to be an argument in favor of the Swedish Proposal. The purpose of such a document is to provide reasonable alternatives. I do not see the CAC's previous suggestions acknowledged in the PDEIS. I still have a lot of questions, such as how and where the expansion of Swedish.

Editor's Note: Tape failure resulted in loss of a portion of the meeting, including several public comments. The Transcription resumes with discussion of the Committee's comments to the Preliminary Draft Master Plan and Preliminary Draft EIS.

IV. Development of Committee Comments to the Draft Master Plan and Draft Environmental Impact Statement

Alternatives Provided and Need

Laurel Spelman noted that all of the alternatives appear to be too large. She stated that an alternative should be developed that have no boundary expansion and with lower heights. The Seattle Municipal Code appears to require greater attention to matching height along the boundaries. None of the alternatives in the Preliminary Plan and in the EIS appear to meet his charge. Stephany Haines responded that DPD's evaluation is not looking at the total square feet so much as the direct impacts to determine if those impacts can be adequately mitigated.

Ms. Spelman noted that she understood that the Committee can comment on the needs of the institution but that it is ultimately not negotiable. She asked that the City Law Department determine if the interrelationship between Swedish and the Providence System, it that changes the nature of the Committee's ability to comment on need.

Dave Letrondo responded that it appears that Swedish comes up with alternatives. DPD cannot question the volume or area of these alternatives. The Committee reviews and the alternatives. This prelim draft state the impacts that those alternative have, it does not say we should do this. This is the environmental impact; it is up to the CAC, how to mitigate it.

Steve Sheppard stated that the code language defines the CAC's purpose. The Code states in Section 23.69.032 D that you may review and comment on the mission of the institution, the need for the expansion, public benefits resulting from the proposed new development and the way in which the proposed development will serve the public purpose mission of the Major Institution, but these elements are not subject to negotiation nor shall such review delay consideration of the master plan or the final recommendation to Council. You may discuss and comment on the need but it is not negotiable, i.e. what the institution says t they believe or conclude they need is their consideration. You may question that need in your reports, but ultimately your charge will be to look at the proposed development and determine whether it can be reasonably accommodated within the neighborhood regardless of the need. The Committee can and state that the height, bulk, scale, shadowing, and traffic impact do not represent a balance envisioned by the code and cannot be reasonably accommodated in the neighborhood. The reason for this was the skill of looking at the hospital need, state, region, economy; those kinds of skill are beyond what this Committee has. You need not conform your proposals to Swedish's stated needs. DPD or the Hearing Examiner can evaluate the need.

Katie Porter noted that she and others have questioned the relationship between Swedish and Sabey and that more information is needed concerning whether Sabey owned properties should be benefitting from code provisions intended to primarily apply to the hospital. What are the legitimate “hospital” uses? I believe it is not covered in the DEIS and should be. Are “medical” research facilities, data centers, etc. legally related to hospital care? We don’t have clarity on the uses.

Stephany Haines responded that this is a conceptual plan and that the institution has to identify their proposed range of uses so that issues such as traffic can be addressed. The institution is prohibited from developing institutional uses outside of their boundary but others can take advantage of the provisions of the MIO if they meet certain requirement. These requirements are listed in the Code. Ms. Haines read the code provision as follows:

All uses that are functionally integrated with, or substantively related to, the central mission of a Major Institution or that primarily and directly serve the users of an institution shall be defined as Major Institution uses and shall be permitted in the Major Institution Overlay (MIO) District. Major Institution uses shall be permitted either outright or as conditional uses according to the provisions of Section 23.69.012. Permitted Major Institution uses shall not be limited to those uses which are owned or operated by the Major Institution.

The code also provides criteria for making that determination. A non-related office building could not be built.

Dylan Glosecki stated that there needs to be a major discussion of height, bulk, and scale, particularly along the periphery of the Campus. It is simply unacceptable to see 200 foot towers adjacent to low-rise zoned areas. Swedish need to develop new alternatives and look into the perimeter heights. The disparities across zone boundaries are simply too great. There should be an alternative that includes much greater setbacks.

Patrick Angus asked for clarification concerning how DPD could question square footage needs. Stephany Haines responded that DPD does not define the institution’s need, but must determine the balance between need and the impact on the neighborhood.

In response to questions, Steve Sheppard noted that normally hospitals that have gone through this process have included a wide variety of space including research space and medical office buildings. Nicholas Richter noted that in this case buildings accommodation these uses are owned by a separate private agent. He noted that some of the uses such as lab-corps, sever a much wider set of users. He asked if this area derives any special benefit or whether these other clients provide for the mitigation of impacts. He stated that the suspect that they do not do so.

Mr. Richter noted that there are really only two alternative: 1) do nothing; or 2) accommodate substantial growth with only minor variations. There needs to be alternatives that are between these two so that some balance can be achieved. The documents that we have been given provide insufficient information to make informed decisions. None of the build alternatives are reasonable. In addition the both documents appear to confuse this low-rise neighborhood with First Hill. This is a major error. The alternatives that have been proposed to date are so far beyond what is reasonable in a low-rise neighborhood, that if a vote were held today the vote would have to be to reject the plan.

Ms. Porter suggested that members get all comments to Steve Sheppard and that he would combine them all for further review and draft the cover letter that will summarize what is missing in the preliminary draft that was presented to the Committee. Dean Patton suggested a two person group to draft the cover letter. Laurel Spelman noted that Mr. Sheppard had noted that member’s comments were amazingly similar and that he could combine those comments. He noted that the

thrust of any comments had to be established tonight. Specific wording can be perfected on-line but not the general comments. These must be done in open full Committee.

Mr. Sheppard summarized the following items that appeared to be the thrust of Committee comments:

- 1) The three build alternatives presented are simply variations of one alternative. There needs to be alternatives that are less impacting.
- 2) The height, bulk and scale impacts, and by associations traffic impacts, appear to be inappropriate and difficult to accommodate within this low density neighborhood.
- 3) The Spencer Technology Site expansions need much greater justification before going forward in any manner.
- 4) The need to identify mitigation efforts, it is difficult to see the purpose without these information;
- 5) The traffic and the amount of space analysis;
- 6) The public benefits are not just for the region but for the neighborhood as well.

There was further discussion of how to best complete Committee comments. After further discussion the Committee directed Mr. Sheppard informed to write and summarize a cover letter to address these issues, and will need comments from each of the Committee members. Katie Porter briefly reiterated what she considered the main thrust as:

- 1) All of the present Alternatives identified in the PDEIS and PDMIM (Alternatives 5, 6 and 7) are sufficiently similar to be considered variants of one alternative.
- 2) Any expansion of the MIO boundaries or MIO height designations should be more fully evaluated.
- 3) The height, bulk, and scale of all of the alternatives are out of scale with the neighborhood.
- 4) Mitigation efforts are inadequate.
- 5) Traffic impacts are inadequately address and should be given much greater attention.

After further discussion it was moved and seconded that the above represent the thrust of the Committee's comments. The question was called by show of hands. The vote was unanimous and the motion passed.

There was a question for Stephanie Haines if the Committee would see the document again to do another EIS draft. If there is another preliminary draft, it needs to be distributed to the CAC members so they can add comments. The preliminary draft is for review of the Committee and not for public review.

V. Adjournment

No further business was presented to the Committee. The meeting was adjourned

**Swedish Medical Center
Cherry Hill Campus
Major Institutions
Master Plan Citizen's
Advisory Committee**

Committee Members

Katie Porter –chair

Andrew Coats

Leon Garnett

Dylan Glosecki

Maja Hadlock

David Letrondo

Eric Oliner

J. Elliot Smith

Laurel Spelman

Mark Tilbe

Ida Woods

*Swedish Medical Center Non-
management Representative*

Nicholas Richter

Committee Alternates

Patrick Angus

Dean Paton

Ex-officio Members

Steve Sheppard

Department of Neighborhoods

Stephanie Haines

*Department of Planning and
Development*

Marcia Peterson

Swedish Medical Center Management

Christinia Van Valkenburg

Seattle Department of Transportation

December 12, 2013

Stephany Haines
City of Seattle
Department of Planning & Development
700 5th Ave Suite 1800
PO Box 34019
Seattle, WA 98124-4019
Ms. Marcia Pederson
Swedish Medical Center
747 Broadway
Seattle, WA 98122

Dear Ms. Haines and Ms. Pederson,

The Swedish Medical Center Cherry Hill Campus Major Institutions Master Plan Citizens Advisory Committee (CAC) is charged with advising the City and Swedish Medical Center concerning the development of the new Swedish Medical Center Cherry Hill Campus Major Institutions Master Plan (MIMP). One of the statutory responsibilities of the CAC is to formally comment on Preliminary Drafts of the Major Institutions Master Plan for the Swedish Medical Center's Cherry Hill Campus and its accompanying Preliminary Draft Environmental Impact Statement. These two documents were provided to the CAC on November 7, 2013 and the CAC met on December 5, 2013 to formalize its comments.

The CAC directed their efforts to what the proposed expansion would look like and how the level of development proposed would impact the predominately residential Cherry Hill/Squire Park Neighborhood. The proposed level of development, heights, bulk and scale would represent a major change within the current Major Institution's Boundary and greatly affect the entire surrounding neighborhood. While we understand that any viable proposal must meet Swedish Medical Center's needs, we believe it is our role to balance the growth of the institution with long term compatibility of the surrounding neighborhoods consistent with SMC 23.69.025. We are concerned that none of the current proposed alternatives strike this balance.

1. Concerning the adequacy of the current preliminary documents

- a. Both the current Preliminary Draft Major Institution Master Plan and its accompanying Preliminary Draft Environmental Impact Statement appear to be incomplete. The CAC considers these documents to be insufficiently developed to be considered the preliminary draft referenced in SMC 23.69.032D 5 and 6 and recommends that major

revisions and additions be made to these documents. Additions should include additional or substitute alternatives. Neither the present Preliminary Draft Major Institutions Master Plan nor its accompanying Preliminary Draft Environmental Impact Statement contain a full range of alternatives that might be more compatible to the existing neighborhood scale to adequately judge the acceptability of the proposals.

- b. Strong consideration should be given to re-issuing these revised documents and that the revised documents be considered the statutory revised preliminary drafts.
- c. That if significantly revised, these preliminary drafts should be forwarded to the CAC for formal review and timelines adjusted sufficiently to allow the CAC to fully review these documents and provide appropriate comments.

2. Concerning the delineation and description of alternatives.

- a. All of the present Alternatives identified in the PDEIS and PDMIM (Alternatives 5, 6 and 7) are sufficiently similar to be considered variants of one alternative.
- b. The present alternatives should either be replaced by or augmented by others that are more compatible with the surrounding low-rise single family residential zoning and use, and include alternatives without a boundary expansion.

3. Concerning expansion of the MIO boundaries and Heights

- a. The CAC currently considers the bulk, height and scale proposed in all of the proposed build alternatives to be beyond that which can be accommodated within the current neighborhood context, and that, therefore, the current alternatives do not meet the purpose of the Major Institutions code section 23.69.002 B to balance a Major Institution's ability to change – as well as the public benefit derived from change – with the need to protect the livability and vitality of adjacent neighborhoods.
- b. Any expansion of the MIO boundaries or MIO height designations should be more fully evaluated against the stated purpose and objective of the Major Institutions Code and justified prior to being included in any of the build alternatives. The CAC remains skeptical of proposed boundary expansions. Any boundary expansions should be consistent with all applicable re-zoning standards and respect the existing neighborhood context.

4. Concerning the balance of public benefit derived from institutional development (and need to protect the livability and vitality of adjacent neighborhoods), and also the identification of mitigation for the impacts of the proposed development.

- a. The preliminary draft plan and preliminary draft environmental impact statement should identify the public benefits that the institution considers accruing to the City, region, and neighborhood, as well as those actions being proposed by Swedish Medical Center as trade-offs from the maximum development goals of the institution intended to create the balance envisioned by the major institutions code that further the livability of the neighborhood. The stated benefits should derive from the activities of Swedish at the campus only, and not the system-wide benefits provided by all of the Swedish Medical Center system.

- b. The preliminary draft plan and preliminary draft environmental impact statements should identify the actions intended to mitigate the unavoidable impact of the proposed development. The initial drafts do not address these.

The CAC is also forwarding more detailed comments received from individual members for your reference. We encourage you to review these thoroughly.

The CAC hopes that a balance can be found that allows continued reasonable growth of the Swedish Cherry Hill Campus along lines that more fully respect its location within a low-density and primarily low-rise single-family neighborhood. We sincerely hope that a constructive dialog can occur and that compromises can be reached that can benefit both the region and SMC without unacceptable levels of adverse impact on the Squire Park and Cherry Hill Neighborhoods. We view reaching such a position as our central purpose and objective.

We thank Swedish Medical Center for the opportunity to make these comments and look forward to further review and comments on any revised preliminary draft documents.

Sincerely,

Katie Porter

Chair

Attachments:

Individual Committee Member Comments

**SWEDISH MEDICAL
CENTER CHERRY
HILL CAMPUS MAJOR
INSTITUTIONS
MASTER PLAN
CITIZEN'S ADVISORY
COMMITTEE**

Committee Members

Katie Porter, Chair
Patrick Carter
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*Department of
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Marcia Peterson

*Swedish
Medical Center
Management*

Cristina Van
Valkenburgh

*Seattle
Department of
Transportation*

**Meeting Notes
Meeting #11
January 16, 2014
Swedish Medical Center
Swedish Cherry Hill Campus
550 17th Avenue**

Swedish Cherry Hill Auditorium – A Level

Members and Alternates Present

Katie Porter	Patrick Carter	David Letrondo
Andrew Coates	Dylan Glosecki	Nicholas Richter
Laurel Spelman	Maja Hadlock	

Members and Alternates Absent

Jamile Mack	J. Elliot Smith	Mark Tilbe
Eric Oliner		

Ex-Officio Members Present

Steve Sheppard, DON	Stephanie Haines, DPD
Marcia Peterson, SMC (See sign-in sheet)	Christina Van Valkenburgh, SDOT

I. Welcome and Introductions

The meeting was opened by Katie Porter. Brief Introductions followed.

II. Housekeeping – Approval of Agenda, Discussion and Possible Adoption of By-Law Change

The agenda was approved without substantive changes.

The floor was opened to a discussion to adopt a by-law change that was proposed by Nicholas Richter during the last meeting. Katie Porter noted that the thrust of the amendment was to require regarding the location of where the meeting will be held. Ms. Porter asked the Committee to read the proposal in its entirety. The suggested working was as follows:

*Original Text (Article VI, Section 4)- Section 4. Location:
Swedish Medical Center shall arrange a suitable location for
Advisory Committee meetings.*

Proposed Amendment that would replace the prior text: (Article VI, Section 4) - Section 4. Location: The Advisory Committee public meetings shall take place on Cherry Hill Campus unless previously

approved by vote of the Advisory Committee at a prior meeting or if required by the Department of Neighborhoods of the City of Seattle. Swedish Medical Center shall arrange a suitable location for Advisory Committee meetings. The Education & Conference Center at James Tower will be the default location of all advisory committee meetings. If Swedish is unable to provide space at the Education & Conference Center at James Tower, then notification and clear signage from the Education & Conference Center at James Tower to the new location on the Cherry Hill

Marcia Peterson stated that she believed that this motion was unnecessary. The future meeting locations have already been scheduled. All future meetings are on the Cherry Hill Campus. Unfortunately the meeting location at Cherry Hill was unavailable on that one date due to schedule conflicts.

Mr. Richter mentioned that other locations on the Cherry Hill campus are suitable and appropriate location for these meetings and the amendment ensures that this would be the default location and that changes would have to be noted when meetings were rescheduled.

After brief further discussion the question was called. The vote was 7 in favor and 3 oppose to adopt the by-law change. A quorum being present and the majority in attendance having voted in the affirmative, the motion passes.

III. Public Comments

Katie Porter noted that public testimony is occurring at the start of this meeting.

Comment from Wimsey Cherrington: Ms. Charrington stated that she wished like to thank each Committee member for putting together the comments and also her appreciation for Swedish responses on those comments.

Comment from Linda Arkava: Ms. Arkava stated that she agreed with Committee comments concerning safe walking routes and pedestrian safety. She stated that she strongly advocated the idea of creating safe walkways and recreating 17th Avenue.

Comment from Ellen Sollid: Ms. Sollid stated that she too wished to thank the CAC for all the work that they have done to date. She stated that she was very pleased with the current CAC's comments and is anxious to see Swedish responses. She noted particular concern about the shadow impact, and impacts to the east - particularly between 18th and 19th. She asked how setbacks would be set and whether single family homes are sufficiently protected; she noted that alternative 9 appears to be moving towards a more positive direction.

Comment from Kent Toma: Mr. Toma stated that he would like to echo the sentiments of my neighbors here that Alternatives 8 and 9 are significant steps forward. I am looking forward to see more details at a more granular level. He stated that the consultants who presented the needs and goals analysis appeared to be presenting dates specifically to validate the Swedish need and not as an independent or fresh look. He stated that he supports CAC Dec 12 letter to Stephanie Haines commenting on the MIMP.

Comment from Allea Van Pelt: Ms. Van Pelt noted that the architect had asked what the Community wanted from Swedish. She responded that as a practicing physician, she would like to see more emphasis on prevention, public health measures, exercise classes, and nutrition classes. I went to the website, there are clinics all over, 42 classes, and 3 are offered in this campus. The future of health care should be research on prevention. If the hospital wants to help this community, focus on prevention,

Comment from Abel Bradshaw: Ms. Bradshaw stated that while she appreciated the work on this, the new alternatives# 8 and 9 are still too massive. SMC still is proposing an increase from 1 million to 3.1 to 2.7 million sq. ft. of development on this campus. This level of development does not belong in this residential neighborhood. This amount of development will result in more pollution, stress, crime, traffic and parking impacts. This is not downtown. This is Squire Park, this is a neighborhood; do not need to build it here.

Comment from Cindy Thelen: Ms. Thelen thanked the CAC for the tone of their comment letter, and expressed surprise regarding the concessions the Swedish and Sabey made. She urged the CAC to keep a critical eye on these projects. There are still 200-240' tall buildings. These are still too tall and the building on 18th Avenue still stretches from Cherry to Jefferson; a 5 story building right behind our houses, no alleys.

Comment from Marlo Dowell: Ms. Dowell noted that she is a resident and architect. She noted that as a patient she visited 5 different medical centers and campuses in Seattle and Tacoma. Most were high walled fortresses. She suggested that the Medical Center consider the edges of the campus and look for opportunities to build connections to the community, community retail, landscaping, retail opportunity among the community; and an overall make it more approachable feel to the campus.

Comment from Merlyn Rainwater: Ms. Rainwater stated that she would like to see a Seattle neighborhood greenway, north-south greenway included in the final plan. She expressed her hope that Swedish look beyond the exact edge, and find ways to provide amenities for the broader community, such as improve the bus stop on one side of the street, and do the other side of the street too.

Comment from Vicky Schantarelli' - Ms. Schanterelli thanked the CAC for their work and stated that she was curious concerning the 50 ft. along 18th Avenue. She expressed both doubt concerning the desirability of and concern over the effects of moving various uses to the 18th Avenue site. She noted that the original, 1994 MIMP, included hotels and any other very low-scale development there as a transition to preserve the residential look and feel. She suggested that any higher scale facilities remain on the central campus and not move to 18th Avenue.

Comment from Fred (Last name not given): The commenter noted that he was a neighbor on 19th Avenue. He thanked the CAC for their response to the Swedish plan Swedish for listening to these criticisms. He noted that he is still concerned about the 50' building along the whole length of the block; it cast a really big shadow to the residential neighborhood.

IV. Presentation of Need Calculations (Swedish)

Editor's Note: This presentation referred to a series of power point illustrations and was not easily transferred to written form. Copies of the slide presentation are attached.

Ms. Peterson introduced Terry Martin to make a brief presentation on needs. Ms. Peterson mentioned that she heard from CAC members that they desired more justification concerning the projected need for 3.1 million sq. ft.

Ms. Martin noted that she had been retained to further evaluate the need. She noted that her task was to determine if the 3.1 million square feet of development was valid. It is important to recognize that one of the major factors driving healthcare needs is our aging population. People are living longer, and as they age developing, more chronic illnesses which require complex treatment. We are already seeing the effects of this growing trend. People over 65 admitted to Swedish Medical Center at a rate that is 3.5 times more than people under 65. It requires longer stays in the hospital and more beds devoted to this need.

While King County is projected to grow by a relatively modest 25% between now and 2014, the over 65 populations, is projected to increase 127%. This will have a huge impact in our healthcare system.

Ms. Martin observed the Affordable Health Care Act (AHCA) will clearly affect the future of health care delivery in America. There will be a shift from in-patient to out-patient care as technologies changes, and federal guidelines focus on improves outcomes, integrated systems of care, hospital mergers, more efficiency in the healthcare systems.

Ms. Martin proceeded to go through a power point presentation on projected needs. She noted that the projected increase in the need for space is due to increased participation in the various programs provided by SMC, increased demand for patient beds, and increased demand for medical clinic and research space driven by an increase in the number of Doctors on Campus. In addition; there will be a need for more education space, and long term care. Within the Swedish/Providence System both the Cherry Hill and First Hill Campuses will continue as serve as specialty facilities where the more technically advanced care is provided, usually upon referral from other facilities. All of these factors require increases in available space. For example, education currently uses 73,000 sq. ft. and will have to increase to 150,000 sq. ft. in the future; long term care and assisted living will increase to 50 beds for acute rehab to support the sub specialty services. She stated that here research generally confirmed the Swedish needs projections.

The floor was opened to Committee questions concerning the needs assessment. Dylan Glosecki asked for clarification concerning long-term care. SMC staff responded that the Seattle Rehab Center leases space on campus to provide long term care. It is projected that this need will increase and be more closely integrated into overall hospital operations.

Several members noted that Seattle Children's, UW medicine have located their research facilities elsewhere and particularly in South Lake Union. They asked why this arrangement would not be better for SMC research spaces. SMC staff responded that the research done for Seattle Children's and UW are common bench research. This is basic scientific research and can be done offsite. The Swedish research is much more focused on specific patient evaluation and generally should be done in the hospital setting not a remote site.

V. Presentation of New Alternatives (Swedish)

Ms. Peterson mentioned that they heard the public and the Committees concern regarding the previously presented alternatives and have therefore developed new alternatives for consideration.

John Jex, from Callison Architecture stated that the preliminary draft master plan was resubmitted to the Committee on February 4 for another three week review period. That plan now contains two new alternatives (#8 and #9). He also noted that alternatives #5, 6, 7 are no longer being moved forward. The basic elements of these two alternatives are:

- no MIO boundary expansions
- no street vacation on 16th or 18th,
- less impact on neighborhood through mitigation of bulk and scale
- building setbacks.
- Movement of bulk and height to the center of the campus

In addition building width and depth limits are proposed as well as open space, landscaping. A complete setback package will be submitted.

Mr. Jex noted that for both alternatives #8 and #9 heights along the campus edges with the residential neighborhood have been reduced. No such edge has heights greater than 105

feet. The only exception is along the campus edge with Seattle University. He noted that alternative #8 retains all 3.1 million sq. ft. needed, but that alternative #9 further reduced height and achieves only 2.75 sq. ft. That level of development falls short of meeting SMC's projected long-term needs. There will be fewer long term care beds, fewer hotel beds on campus.

Mr. Jex also noted that various other community amenities are being proposed including improvements at key transit stop, possible community retail and green and open spaces. He also noted that the 18th Avenue greenway will propose improvements to 18th including bike lanes.

VI. CAC Comments

Several members stated that they appreciated the directions proposed in the new alternatives and that SMC reduces the requested sq. footage in alternative #9. Katie Porter observed that the two sky bridges are still being proposed across 18th. She stated that she continues to look unfavorably upon them. She also stated that heights are still out of scale but that she appreciates Swedish and Sabey for doing this as it is a good place to start discussion about setbacks and boundaries.

VIII. Adjournment

No further business introduced to the Committee. The meeting is adjourned.

Insert #1 - Power Point Needs Presentation.

SWEDISH MEDICAL CENTER CHERRY HILL
MIMP SPACE NEEDS ANALYSIS

JANUARY 16, 2014

Terrie Martin
CONSULTING

1. Purpose of Space Needs Analysis
2. The Context
 - Demographics: Existing and Projected
 - Trends in Health Care Delivery
 - The Region
3. Forecasts
 - Volumes
 - Space

AGENDA

To validate and refine future space needs on the Campus by type of space

1. Hospital
2. Clinical/Research
3. Education
4. Hotel
5. Long Term Care/Assisted Living/ Skilled Nursing
6. Other Campus Support

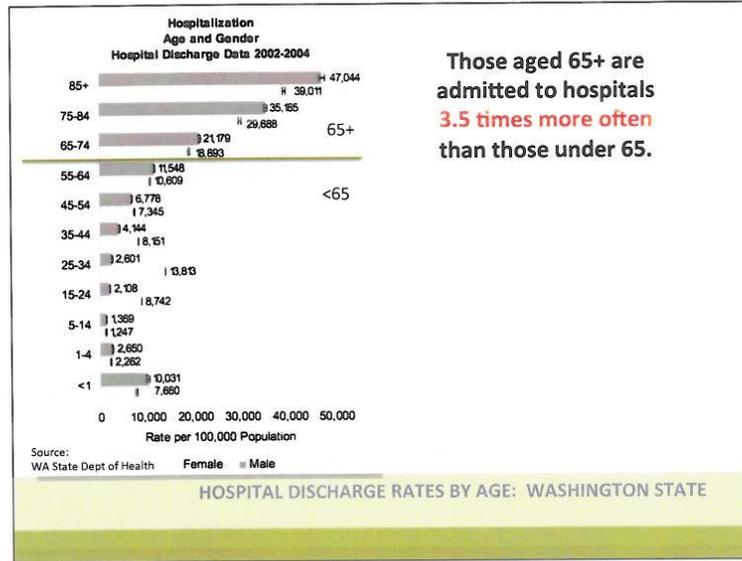
PURPOSE OF SPACE NEEDS ANALYSIS

Aging Population

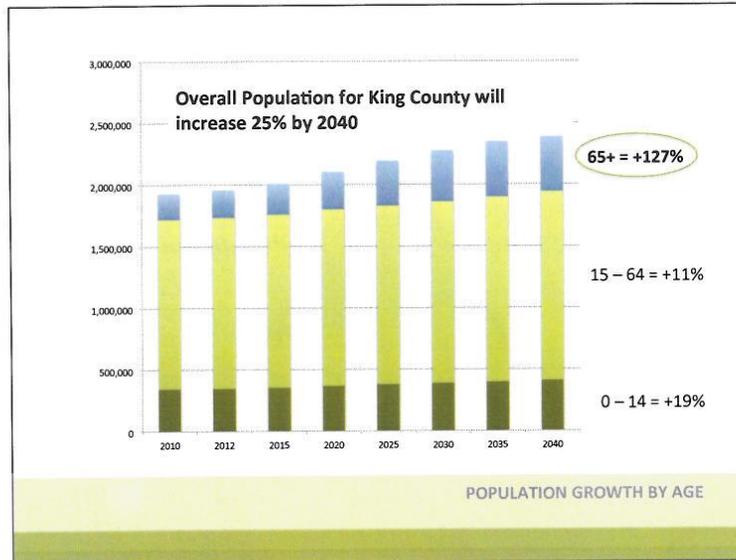
year	1910	2013
Ave Life Expectancy	51.5	80.3

- People living longer means:
 - more elderly alive today because of medical interventions
 - more chronic disease
 - more complex medical conditions prevalent with the elderly
 - more support needed for elderly
 - Sicker inpatients
 - More fragile outpatients

THE CONTEXT



Those aged 65+ are admitted to hospitals **3.5 times more often** than those under 65.

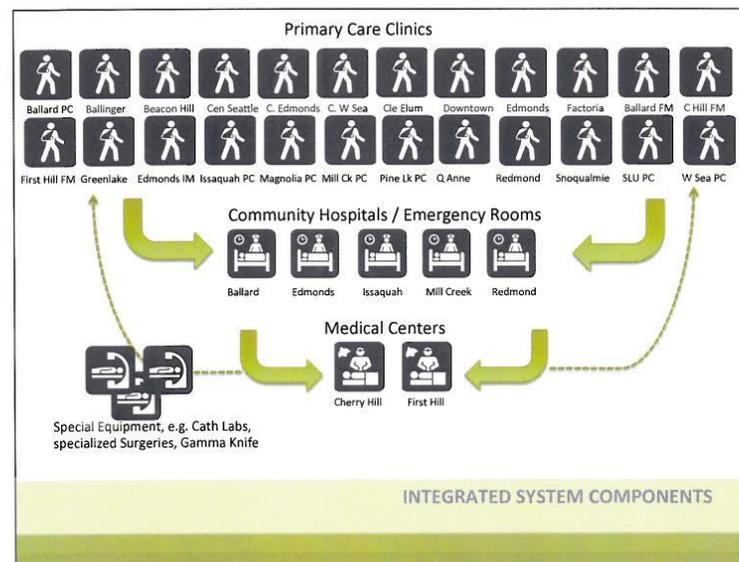


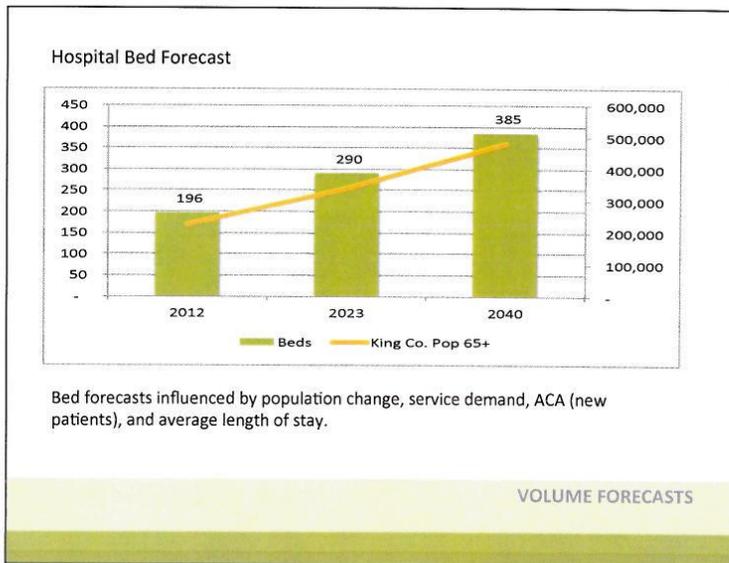
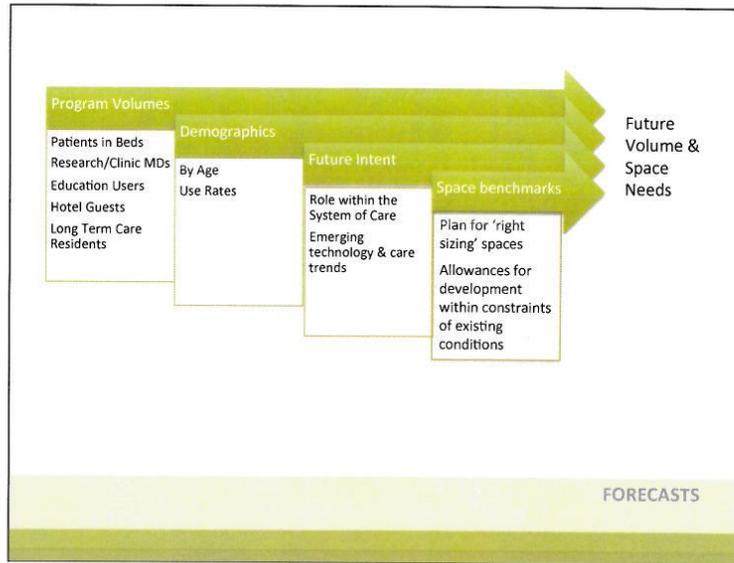


Experience of Care
Health of a Population
Per Capita Cost
IHI Triple Aim

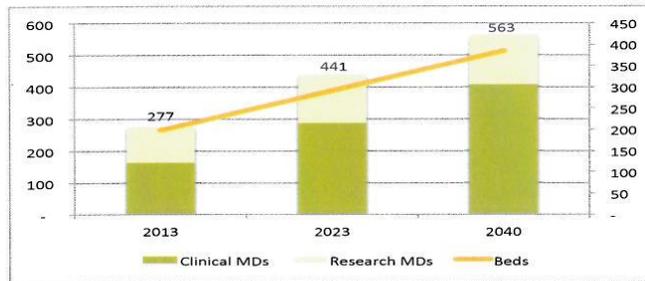
- Improved access to the right care at the right time
- Shift from inpatient to outpatient
- Improved outcomes
- Integrated systems of care
 - Hospital mergers
- **Better care for lower cost**
- Prudent use of technologies
- Changing/evolving reimbursement systems
- **Breakthroughs in research**
 - Integration of clinical care and research
 - Innovative technologies
- **Challenges in medical professional staffing**
 - Optimize precious resources
- **Aging physical infrastructure**

MAJOR HEALTH CARE TRENDS





Clinical and Research MDs



Clinical & Research MD forecasts influenced by inpatient bed growth, enhancing specialty programs, and expanding to meet needs of ACA.

VOLUME FORECASTS

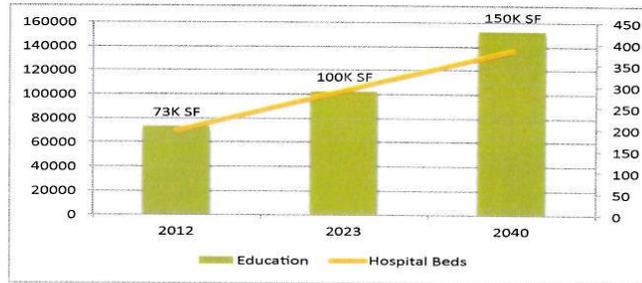
Hotel Rooms



Hotel Room forecast primarily influenced by inpatient bed growth. Some beds set aside for outpatients coming from out-of-town for treatment.

VOLUME FORECASTS

Education



Education forecast influenced by increases in patient volumes driving the need for additional staff, staff training for new technology and data/record systems, residency programs, and other teaching and training.

VOLUME FORECASTS

Long Term Care/Assisted Living/Skilled Nursing Beds



Long Term Care forecast assumes Seattle Rehab Center maintains existing program. Additional development on campus is assumed to be a mix of acute rehab and assisted living. Size is based on operational considerations.

VOLUME FORECASTS

Building Gross Square Feet			
Year	Existing	2023	2040
Hospital	541,300	1,014,000	1,350,000
Clinical/Research	427,000	1,014,000	1,250,000
Education	73,000	100,000	150,000
Hotel	12,500	40,000	80,000
Long Term Care	43,000	93,000	220,000
Other Support	50,000	50,000	50,000
TOTAL	1,146,800	2,311,000	3,100,000

CAMPUS SPACE NEED PROJECTIONS

**SWEDISH MEDICAL
CENTER CHERRY
HILL CAMPUS MAJOR
INSTITUTIONS
MASTER PLAN
CITIZEN'S ADVISORY
COMMITTEE**

Committee Members

Katie Porter, Chair

Patrick Carter

Andrew Coates

Dylan Glosecki

Maja Hadlock

Joy Jacobson

Eric J. Oliner

J. Elliot Smith

Laurel Spelman

Mark Tilbe

Jamile Mack

*Swedish
Medical Center
Non-
management
Representative*

Nicholas Richter

Committee Alternates

David Letrondo

Ex-officio Members

Steve Sheppard

*Department of
Neighborhoods*

Stephanie Haines

*Department of
Planning and
Development*

Marcia Peterson

*Swedish
Medical Center
Management*

**Cristina Van
Valkenburgh**

*Seattle
Department of
Transportation*

**Meeting Notes
Meeting #12
February 27, 2014
Swedish Medical Center
Swedish Cherry Hill Campus
550 17th Avenue**

Swedish Cherry Hill Auditorium – A Level

Members and Alternates Present

Katie Porter

Andrew Coates

Laurel Spelman

Patrick Carter

Dylan Glosecki

Maja Hadlock

David Letrondo

Nicholas Richter

J. Elliot Smith

Members and Alternates Absent

Jamile Mack

Eric Oliner

Mark Tilbe

Ex-Officio Members Present

Steve Sheppard, DON

Marcia Peterson, SMC

sheet)

Stephanie Haines, DPD

Christina Van Valkenburgh, SDOT (See s

I. Welcome and Introductions

The meeting was opened by Katie Porter. Brief introductions followed. Ms. Porter mentioned that the theme of tonight's meeting will be community benefits. There will be a presentation from the Squire Park Community Council regarding their recent meeting as well as from Swedish and Sabey concerning the proposed community benefits to be included in the plan. In addition there will be an extended public comment period.

II. Report Back on the Outcome of the Squire Park Community Council Meeting

Bill Zosel was recognized to discuss the outcome of the Squire Park Community Council meeting. Mr. Zosel noted that he is a board member of the Squire Park Community Council Squire Park held a meeting on January 22, 2014 concerning this issue. The meeting was attended by 40 people and was held at Centerstone. Mr. Zosel stated that the purpose of the meeting was to provide an opportunity for community members who had not been able to attend the CAC meetings to discuss Swedish Cherry Hill MIMP in a less formal setting. Participants developed a list of questions and comments for Swedish to respond to. The comments and questions were forwarded to Swedish. SMC has prepared a 16 page response to these comments.

Editor's note: The SMC response was attached to the meeting notice and packet provided to members prior to the meeting.

Mr. Zosel stated that the major theme of the comments was decentralization. The land use code requires serious consideration of decentralization. Without further consideration of decentralization the projection of needs inevitably leads to greater heights. The SMC position appears to be that only way to meet future demands is to build tall buildings. Neighbors question whether it is truly acceptable to build new buildings to the heights requested in a small scale, single family area. Mr. Zosel noted that decentralization was a major effort. He urged that the EIS carefully evaluate decentralization options.

Laurel Spellman stated that this list was focused on mitigation and asked if the Squire Park Community Council intended to forward additional comments on the various alternatives with a comprehensive list of mitigation. Mr. Zosel responded that the Squire Park Community Council plans to provide more thoughtful and comprehensive response in the future. He noted that the position of many in the neighborhood is that the scale of development proposed is still too large.

David Letrondo stated that the issue of decentralization is brought up in many forms, i.e. code requirements and asked if decentralization was required. Bill Zosel responded that the Seattle Municipal Code 23.69.002 discusses this and referred members to that code section. Steve Sheppard noted that members were previously provided that section of the code.

Nicholas Richter asked how the Cherry Hill Master Plan relates to other nearby plans. Steve Sheppard stated that in the initial code the idea was that development would be concentrated within the MIO boundaries or elsewhere in the City. There were prohibitions against development within 2500 feet of the MIO boundary. The intent is to discourage expansion into surrounding areas.

Laurel Spellman stated that it appears that Swedish Medical Center has done a good job justifying the co- location of vascular, and neurology the Cherry Hill. She stated that it is her opinion that the Committee needs to concentrate on the appropriateness of the bulk height and scale proposed within the Squire Park neighborhood, and not necessarily on trying to encourage or force Swedish Medical Center to build elsewhere.

Steve Sheppard reiterated that the Committee's role is to balance the needs of the growth of the institution with protecting the health of the neighborhood. Your role is not to make business decisions. The Committee's purpose is to discuss if those business decisions lead to development options that are reasonable within the neighborhood. He also noted that it would be useful for the Committee to develop some idea of what is acceptable and not just criticize those proposals brought forward by Swedish Medical Center.

IV. Swedish Medical Center Clarification Concerning Proposed Mitigation/Community Benefits to be included in the Plan

Marcia Peterson thanked the Squire Park Community Council for the opportunity to discuss their plans. Ms. Peterson noted that Swedish developed a detailed response to the Squire Park Comments. Ms. Peterson noted that there were three major topics that she wanted to discuss based on the comments were: 1) decentralization; 2) community benefits; and 3) community amenities.

Ms. Pederson stated that the Swedish system is already decentralized. Swedish acquired the Old Sisters of Providence Facility (Now called the Cherry Hill Campus) in 2001 and by 2007; it was determined that there needed to be a great deal more thought given to how to integrate this campus into the overall Swedish Medical Center's operations. In 2006, the

new CEO established a major decentralization strategy throughout the region in order to serve the region better in the future. This strategy resulted in new building at the Swedish Medical Center's Ballard Campus, and construction of new free standing emergency care centers in Mill Creek, Redmond and Issaquah. The focus is on providing care close to home. It was controversial, but urban hospitals are best care provider; it provides great services around communities. However, there are still many services Swedish don't provide at those facilities and the reasons are that it is too expensive to build these urban hospitals. This is a 30 year plan.

Ms. Peterson observed that Swedish Medical Center, like the 4,000 other non-profit hospitals not pay income tax. However, Swedish is subject to other taxes such as property, and payroll tax. The \$132 million Swedish did not pay in income taxes, were put back to the community; i.e. free health care, education and in the neighborhood, maintain primary care programs in the campus.

Swedish is planning a public meeting on March 15 to talk about these amenities. Swedish wants to hear from the community concerning what people want. Swedish has partnered with community clinics, sponsorships and donations to food banks, YMCA, etc.

Katie Porter stated that it is encouraging to see the opening of a dialogue with the Squires Park Community Council and the Swedish responses were really helpful. She asked now the Affordable Care Act might impact Swedish' development. Ms. Peterson responded that provisions of the act may push care into clinics with concentration of specialty referral centers.

Doctor Hensen was recognized. Dr. Hensen stated that he is the senior medical neurologist, senior administrative physician at Swedish Medical Center. A key to the successful operations of this hospital is to be a community partner and listen to what the community wants. Hospitals should not be isolated from their surrounding communities but part of the neighborhood. Nicholas Richter responded that there is a trust deficit that needs to be repaired. Katie Porter observed that any proposed amenities could be dwarfed by the height, bulk and scale.

V. Public Comments

Comment from Gena Owens - Ms. Owens stated that she lives at 18th and Union. She stated that she appreciates what was stated about the ACA. Her major concern is that Swedish does not have a type of facility/clinic in the south end of Seattle and that Swedish Medical Center should consider construction a small clinic in that area.

Comment from Troy Myers: Mr. Myers noted that others had asked when there would be more formal responses to community input. He noted that the tone of the meeting was different than in previous meetings and hoped that this would continue. Squire Park Community Council intends to continue this dialog.

Comment from Aleta Van Patten - Ms. Van Patten stated she was confused over Mr. Sheppard's statements concerning the lack of authority of the Committee to consider the needs of the institution. She noted that there was a lack of documentation to support Swedish Medical Center's statement that they have put \$132 million back to the neighborhood and that she would like to see documentation. She stated that Sabey does not put money back into for the community.

Comments from Lorie Lucky: - Ms. Lucky stated that she believes LabCorp could be located elsewhere thus freeing up space. She noted students of Seattle University are not represented here and suggested that there be a young adult clinic here. I don't want to see bio-tech companies in this neighborhood.

Comment from Abel Bradshaw - Ms. Bradshaw observed the discussion of the need for the plan to balance, mitigating the bulk, height, scale. No such balance has been achieved. Swedish Medical Center would gain substantial new development authority. The neighborhood could be destroyed and become a bizarre hospital grey zone - a hospital ghetto.

Comment from Ellen Sollod: Ms. Sollod stated that while she appreciates the input regarding community benefit it is a premature discussion until the issue about height, bulk and scale are resolved. It is not possible to mitigate shadow etc. She advocated retention of the heights, bulks and scales contained in the current MIMP that is now expired. There is a need to discuss physical mitigation, pedestrian, open space, transportation, infrastructure, offsite community improvements, and physical improvements.

Comment Merlin Rainwater - Ms. Rainwater stated that she lives on Capitol Hill, and travel by bike. I came across a report that calls on the whole community to look at transportation, and not just for mitigation, but creating healthy transportation choices for the entire community. I would like this Committee to look at transportation as the key to the health of the community.

Comment from Liv Harmon - Ms. Harmon stated that she would like to echo the difficulty of mitigating the impact of increased development. I love this neighborhood, but it has substantially changed with the current plan. The shadows shown are severe and would negatively affect her property.

Comment from Greg Harmon: Mr. Harmon stated that it doesn't seem that having a tertiary care hospital is the best use with the neighborhood. He noted that Alternative # 9 builds fortress and barrier and suggested that the plan that is eventually adopted open up to the neighborhood. He also stated that it was premature to talk about other issues including amenities.

Comment from Cindy Thelan - Ms. Thelan stated: that she believes that is premature to talk about mitigation and benefits, until there is better agreement concerning the height, bulk and scale Alternatives #8 and #9 are not really different from the other alternatives been discussed. She suggested that Sabey-owned single family properties be returned to individual homeownership and that Swedish Medical Center consider purchasing James Tower back from Sabey.

Comment from Charissa Clark: Ms. Clark stated that she is with the WA community action network and is very encouraged with the energy and the level of engagement by the community. There is clearly a lot of concern and lots to talk about,

Comment from Ken Torp – Mr. Torp stated that he too believes that the discussion of community benefits is premature. Most of the benefits outlined relate to existing Swedish complexes. What is being proposed is inconsistent with low rise single residential neighborhood. Swedish and Sabey are not listening to that concern and the height and scale being proposed continues to be unacceptable.

Comment from Mary Pat Deliva – Ms. Deliva stated that she hopes that the livability of the neighborhood is maintained and that there may be nothing Swedish can do to mitigate the height, bulk and scale SMC is proposing.

Comment from Janet VanSleek – Ms. VanSleek stated that she too is concerned with the proposed height, bulk, and scale and the cast will do to the neighborhood. She observed that Alternative #9, would shadow the nursing home at 16th and Cherry for 90 shut-ins. That is not just right; need building heights that give neighborhood some space and light.

VI. Committee Discussion of Possible Comments to the Revised Preliminary Draft Master Plan

Ms. Porter noted that there is a need to start discussions concerning what might be acceptable and not just saying no to all change.

Nicholas Richter directed member's attention to his comments. He noted that these were provided in a rather long document. He stated that there are four items; he would like to see discussed: 1) transportation management plan; 2) setback; 3) height, bulk, and scale; and 4) clarification concerning floor area ration, open space and lot coverage calculations. The calculations of floor area ration and open space appear to credit -development of some privately-owned spaces within the Campus boundaries. He suggested that the calculations be re-done.

Ms. Porter asked Mr. Sheppard to clarify this issue. Mr. Sheppard responded that private property not owned by the institution can take the advantage of the height, bulk, and scale proposed by the institution if it is found to be functionally related. He noted that the criteria for making that determination are contained in the code. If they are not functionally related private owners can build only to the development standards allowed by the underlying zoning. Stephanie Haines added that the code does not distinguish between institutionally owned and privately owned properties within the MIO when determining overall floor area ratio etc. as it assumes that the privately owned properties might be developed in the future to the MIO allowed heights. Ms. Porter asked that this issue be evaluated by DPD.

Several members noted that it did not appear that the Committee would be able to give detailed comments concerning height bulk and scale at this point in the process and that it seems more appropriate to develop a series of general observations and comments. Ms. Porter agreed with this observation and that the major issue clearly continues to be the proposed bulk, height and scale. She also noted that setbacks need much more attention. As currently shown, they are minimal and lead to monolithic facades - especially along the east side of the 18th Avenue site. Other's noted that the rear of that development seems like a Wal-Mart wall along people's property lines and suggested both greater setbacks and splitting the development into a number smaller building's.

David Letrondo stated that he would like to see different street views, and a more detailed shadow analysis that looks like throughout the year. Steve Sheppard responded that the views, and shadows analyses will be in the DEIS. Stephanie Haines stated that DPD is requiring that the Institution come back to the Committee with a new prelim master plan - based on code authority for the prelim draft EIS.

Various members asked how best to move forward beyond the present general observations. Steve Sheppard stated that Committee members need to start putting out ideas concerning what might be acceptable. The hope is that some consensus might be developed, at least within the Committee. The Committee might to look at the individual sites; go around the campus, multi-meeting, until a consensus decision is made.

Members agreed that prior to looking at heights bulks and scales that there is a need for additional views from various locations in the neighborhood and a new shadow analysis. Once that information is available it would be easier to actually begin to suggest what might be acceptable.

VII. Adjournment

No further business being before the Committee, the meeting was adjourned.

**SWEDISH MEDICAL
CENTER CHERRY
HILL CAMPUS MAJOR
INSTITUTIONS
MASTER PLAN
CITIZEN'S ADVISORY
COMMITTEE**

Committee Members

Katie Porter, Chair

Patrick Angus

Dave Letrondo

Dylan Glosecki

Maja Hadlock

Eric J. Oliner

J. Elliot Smith

Laurel Spelman

Jamile Mack

*Swedish
Medical Center
Non-
management
Representative*

Leon Garnet

Nicholas Richter

Committee Alternates

Dean Patton

Ex-officio Members

Steve Sheppard

*Department of
Neighborhoods*

Stephanie Haines

*Department of
Planning and
Development*

Marcia Peterson

*Swedish
Medical Center
Management*

**Cristina Van
Valkenburgh**

*Seattle
Department of
Transportation*

Meeting Notes

Meeting #13

March 20, 2014

Swedish Medical Center
Swedish Cherry Hill Campus
550 17th Avenue

Swedish Cherry Hill Auditorium – A Level

Members and Alternates Present

Katie Porter	Patrick Angus	David Letrondo
Dylan Glosecki	Leon Garnet	Nicholas Richter
Laurel Spelman	Maja Hadlock	

Members and Alternates Absent

Jamile Mack	J. Elliot Smith	Eric Oliner
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Ex-Officio Members Present

Steve Sheppard, DON	Stephanie Haines, DPD
Marcia Peterson, SMC	Christina Van Valkenburgh, SDOT

(See sign-in sheet)

I. Welcome and Introductions

The meeting was opened by Katie Porter. Brief introductions followed.

II. Housekeeping

Ms. Porter noted that the Committee received meeting minutes #9, 10, 11, and 12 to review; meeting minutes #10 is in progress.

Ms. Porter noted that there was an ongoing discussion of possible sub-Committees to review portions of the plan. Mr. Sheppard stated that after the last meeting, the Committee members decided to get together as possible sub-Committees and exchange ideas and get some help to formulate their positions regarding height, bulk and scale. Mr. Sheppard advised that since this process is quasi-judicial; it is best to be very conservative and careful concerning the public meeting law. Members can get together to discuss positions, but, if more than of four or five people are present, the meeting is considered a public meeting, and would require public notice. Mr. Sheppard cautioned members to inform him if they intended to meet as a small group so that he could determine if it more than of four or five people are present, the meeting is considered a public meeting, and would require public notice. Mr. Sheppard cautioned members to inform him if they intended to meet as a small group so that he could determine if it was a formal meeting requiring notice etc. Mr. Sheppard emphasized that the State public meeting law is very strict and that it would be best to use caution. City operating procedures require ten days' notice. If a significant number or members decided to meet and discuss the work of the Committee, exchange

proposals, etc.; it might be considered as a public meeting, if they appeared to be doing the work of the Committee. Members asked several questions concerning this and noted that previously it had appeared that member's could meet so long as a quorum was present. Mr. Sheppard noted that he wanted to know if several members were meeting to determine whether it might appear that they were doing the work of the Committee. He noted that appearance is an issue. Members can meet to clarify their positions but not to form a common position to then bring to the Committee without that being a likely public meeting.

III. SMC Progress on Current TMP Implementation

Ms. Porter asked Swedish for an update regarding compliance and progress on the TMP (Transportation Management Plan). Marcia Peterson introduced Dr. John Henson for a brief update on the TMP.

Dr. Henson noted that he is the Vice President of Medical Affairs at Swedish. He noted that the TMP is an important tool to manage the impact of traffic around this campus. The presentation at this meeting will focus on progress to meet the goals and conditions contained in the current TMP. Dr. Henson then introduced Michael Moy to discuss this issue further.

Mr. Moy stated that he works for CommuteSeattle, a non-profit organization that it is a public and private partnership between King County Metro and City of Seattle. Its role is to reduce drive-alone commuting and make room for economic growth, reduce congestions and more accessibility. Swedish Cherry Hill campus brought the group along to help resolve and reduce traffic congestions around the area, parking issues, and bring the campus in compliance with their TMP. The goal of the TMP is to achieve reductions in single occupancy vehicle (SOV) use to, a 50%. Mr. Moy noted that this effort combines information from the different employee groups on campus - transit, ride share, bike resources, etc. The evaluation also combines the efforts of the various independent programs:

For the Swedish Medical group, about 488 employees have access to a transportation passport pass; this annual discounted comprehensive pass makes a huge impact on people's transportation choices. CommuteSeattle is working King County Metro to pilot a new orca pass program, for fewer than 20 employees; right now any smaller companies do not have access to this pass, and we are working with them to get access. There is currently access to free van pool parking to all tenants on this campus. Also, Swedish Cherry Hill joined the Seattle2030 District, this is a private, public partnership measuring strategy through reduce environmental impacts of buildings and operations, it is a green building program, and a great effort by different property owners, architects, designers to make downtown Seattle more environmental friendly. CommuteSeattle will host transportation events for employees in campus and a community transportation fair on April 15 at the James Tower entrance. There will be seminar on the current transportation cuts, and the Move King County Now campaign, educational fairs regarding Commuters and computers to get more transportation options and about the current technology. There will be a Bike community seminar 101, during the Bike community month, and bike to work day.

A question was raised regarding if there would be a dedicated employee transportation coordinator and was asked if this will be a full-time job. Mr. Moy responded that there will be such a position and that this individual is responsible for the organization of the TMP, providing reports to State and City, and to monitor their drive-alone rate.

Dylan Glosecki: asked for more details concerning the "2030 district". Mr. Moy responded that that the 2030 district is about internal benchmarking, energy, transportation, water use, idea of historical, and hospital buildings need of different kinds energy or requirements;

extending resources across the districts and to have a communal target by sharing experiences and information.

Several members noted that there are many good suggestions, but that enforcement appears to be lacking. Dr. Henson responded that there are discussions underway regarding enforcement policies that will address parking in the neighborhood. Dr. Henson mentioned that he will work on how to enforce it but could not give any specific details on how it would look like.

Mr. Moy stated that CommuteSeattle will undertake research studies of the existing supply and demand and how people's behaviors are affected by this and other factors. This will include looking at the zip codes of where people live; study transit maps that is going straight to the campus; educating people about available transit services and availability.

Ms. Porter asked how often the information is updated. Mr. Moy responded that a transportation survey comes every other year. All participating groups on campus will have the same survey schedule in order to get better information.

Ms. Porter suggested using Children's as an example of best standard to which how an institution managed their parking enforcements in a residential settings. Dr. Henson responded that he is in contact with Children's and recognized that their plan works well around the neighborhood. He will be looking at best practices and see what direction Swedish will be heading. Mr. Moy also noted that he will be meeting with Sabey, Swedish and Children's.

Nicholas Richter asked Dr. Henson if a meeting took place between Swedish and the Transportation director from Children's. Dr. Henson responded they will be talking to Children's in the near future. Mr. Richter asked that he and others be provided a date for that meeting.

IV. Presentation of the New Alternative 10

Editor's Note: Much of this presentation referred to graphics and was not easily presented in written form.

Ms. Porter introduced John Jex from Callison to present the new Alternative 10.

Mr. Jex mentioned that the new Alternative 10 is an attempt to create less impact in the neighborhood and provide additional mitigation in bulk and scale issues through increase setback, and reduced heights. Mr. Jex also noted that there was additional information regarding the shadow studies that were requested in the previous meetings that will be available in addition to alternatives 8, 9 and 10.

Mr. Jex noted that the largest changes between previous alternatives and alternative 10 relate to the treatment of the 18th Avenue half block. Starting on Cherry Street on the north, the building on below will be 37 ft. at Cherry Street instead of 50 ft.; at 18th and Cherry, the site drops to approximately 30 ft. to Jefferson. The topography will be used to provide height mitigation along 18th and the boundary on neighbors at 19th; this will cut the building in half and a proposed separation of the building down to 15 ft. and the connectivity to the ground floor between the north and south buildings will have building entry canopies in which the features are not yet designed. Along the 50 ft. height zone that continues south to Jefferson, there will be a drop to 37 ft. There will be additional setbacks on 16th Avenue to mitigate the distance between the 200 ft. and the 160 ft. tower; the 105 ft. height on Cherry Street matches the James and East Tower. He noted that the 200 foot height buildings are now confined to the far west portion of the campus where elevation is lowest.

In the 18th Avenue half block he noted that the building would respond to the topography to reduce the height and a low area (15 feet in height) would be placed in the middle of the site to help make the building appear as two buildings. He noted that the rear of the underground parking does extend above grade to a maximum of six feet at some points. He went over setbacks noting that there would be a 25 foot setback along the rear lot line at grade and an additional 5 feet above 37 feet.

Mr. Jex also noted that the average distance between the houses along the west side of 19th Avenue and the proposed new construction is more than 80 ft. He noted that research shows that this distance creates a perceived zone of privacy. There is a proposal for to do landscaping around the perimeter that is yet to be designed along the 25 ft. zone.

Mr. Jex also briefly walked through the shadow studies for spring, fall, and summer was also presented.

Ms. Porter mentioned that this is the first time this Committee saw and heard this presentation and it will be challenging for the Committee members to comment on what is being presented. Ms. Porter also noted that this is also the first time the public saw and heard this presentation.

IV. Public Comments

The meeting was opened for public comments.

Comment from Troy Meyers: Mr. Myers commented that in response to Ms. Porter's request to provide acceptable solutions and present back to the CAC, there was not enough facts or data to make a presentation; the PDEIS was too vague. He also noted that the Squire Park Community Council had adopted two motions at their last meeting, agreeing to be the owner of legal agreements if needed from the community and to support individual community efforts as needed.

Comment from Ellen Sollod: Ms. Sollod encourage the CAC to look more closely at the Children's MIMP as an example in order to recognize that this is a low rise, residential neighborhood. At Children's, the height limit is 125 ft., the MIO is 160 ft., that has been agreed upon and in addition, all the boundaries that are adjacent to residential are at 37 ft. with extensive setbacks, and the development does not exceed 2.1 million sq. ft. She stated that she was still waiting for the new PDEIS that the CAC requested, and would like to see additional alternatives that further reduce height, bulk and scale to less than shown in; alternative 10 which is still too large.

Comments from Bob Cooper: Mr. Cooper stated that it is hard to comment on the new alternative as the target keeps moving and new alternatives keep coming forward and he does not know exactly what is on or off the table. The proposal still shows an expansion. By looking at the two alternatives, Mr. Cooper agrees with Ms. Sollod that it is packing too much property in too little space and it is completely out of proportion. In some ways the 50 foot proposal along 18th is worse than the previous 37 foot building that was rejected by the Hearing Examiner. In addition it is not clear if this new alternative includes additional height for the rehab/kidney center; it needs to spread further. He noted that the previous plan had 50,000 square feet of development underground. Some of the proposed development in these alternatives could be underground too.

Comments from Jerry Matsui: Mr. Matsui stated that Alternative 10 is still an abomination and is no better, but even worse, than previous 37 foot building that the neighborhood blocked during the last process.. It is the same configuration; if you try to mitigate by putting in vegetation, it is totally unacceptable. Any ultimately acceptable plan will need to be lower and further setback from the property line.

Comment from Chris Genese: Mr. Genese noted that he works with Washington Can. He noted that Providence is a huge multi-state organization. Washington Can has canvased the neighborhood. There are many concerns and different desires from this process; it needs to slow down, the community needs to come together and figure out what the community wants. Washington Can is working with the Squire Park community to organize a meeting to further discuss their concerns.

Comment from Aleta Van Patten: Ms. Van Patton stated that she needs to see the PDEIS because majority of the decision will be based on it. In addition there needs to be want more open space, bigger setbacks, less height and more functions placed. Swedish needs to come up with options that are more palatable for the community.

Comments from Lorie Lucky: Ms. Lucky stated that she agreed with others that the PDEIS needs to be made available. She also noted that undergrounding development would be desirable.

Comment from Cindy Thelen: Ms. Thelen stated that she was stunned as being part of the neighborhood. These are very tall buildings in a residential neighborhood that have a tremendous impact on the shadow studies. She concurred with others that 8th Avenue needs to be broken up into smaller units of buildings and appreciated the comments about what Children's has done.

Comment from Craig Cooper: Mr. Cooper noted that like to go the SOV goal in the current TMP is to reduce SOV use from 58 to 50%. He stated that he believes that Swedish Medical Center can do better than that. He further stated that he was surprised to hear that patient's gets free parking.

Comment from Abel Bradshaw: Ms. Bradshaw stated that in the shadow studies; her entire house is under a shadow. That will have a tremendous impact on trees, gardens, in the neighborhood. The plan needs to pay attention that people's backyard, and how they will be impacted by these shadows.

Comment from Julie Popper Ms. Popper noted that she was with SEUI Healthcare 1199 Northwest that represents union workers at Swedish Cherry Hill. The members were warned that cardio and neuro are moving to First Hill as well as acute care. If they are moving, why does Swedish need to build this building? Is this really for Swedish or just to service Sabey to manage more property? She emphasized that the MIMP is for Swedish, which is a local community hospital, and it is not for either Providence or for Sabey.

V. Continued Discussion of the EIS

Stephanie Haines was introduced to discuss the Environmental Impact Statement (EIS). The MIMP process is very detailed and requires a cycle of reviews. There will be plenty of opportunities for public comments once the draft is published. Ms. Haines mentioned that there is a schedule and the draft is set to publish on May 22nd.

Katy Chaney from URS summarized the upcoming schedule with regards to the draft EIS. The draft EIS and draft MP will be published on May 22nd; there will be 45 day comment period. There will be a public meeting tentatively scheduled on June 12th, the public are welcome to bring their comments. The public can submit written comments to be considered in the EIS. There will be preparation and the final EIS and final MP will be available sometime in October; at that time, the CAC and the City of Seattle will develop their own recommendations.

VI. General Committee Discussion

Brief general discussion ensued. Members noted that they needed more time to consider alternative 10 before having a meaningful discussion. Members determined that a follow on extra meeting would be needed to develop comments to Alternative 10 and suggested April 10th from that date. Members agreed

Ms. Porter asked if there is a response with regards from the SEIU comments about the move of cardio and neuro to First Hill. Ms. Peterson noted the decentralization is being discussed. Various programs and services may be moved around, but there has been no proposal to remove either of the major proposed programs from the Cherry Hill Campus.

Nicholas Richter stated that the reduced heights over the non-Swedish owned parcels in the western portion of the campus is a major missed opportunity that should be re-considered. Dave Letrondo asked why greater height there is more appropriate. Mr. Richter responded that it is adjacent to Seattle University. Other members agreed that this should be considered. Patrick Carter noted that some neighbors raised a question about excavating below ground to achieve square footage goals. She asked if this was possible.

Mr. Sheppard responded underground space is not counted when determining wither floor area ration or total square footage of development ; When the Committee looks at the bulk and height it is the areas above ground.

Mr. Jex clarified that the campus has significant square footage underground; the proposals under these alternatives continues that approach; there are codes that prohibits some hospital functions underground.

Ms. Haines made a comment that here are two measurements in the Master Plan that is being used: 1) gross sq. footage; how much sq. ft. are the institution is putting on this campus; this is used to measure parking, and traffic studies, whether it is above or below ground; 2) floor area ratio, for the site, this is looking at the bulk, and how much sq. footage is above ground as it relates to the property

Ms. Porter thanked Swedish, Callison, and Sabey for introducing another alternative; this shows their effort and willingness to get closer to meet the needs of the community.

VII. Adjournment

No further business being before the Committee, the meeting was adjourned.

**SWEDISH MEDICAL
CENTER CHERRY
HILL CAMPUS MAJOR
INSTITUTIONS
MASTER PLAN
CITIZEN'S ADVISORY
COMMITTEE**

Committee Members

Katie Porter, Chair
Patrick Angus
Dave Letrondo
Dylan Glosecki
Maja Hadlock
Eric J. Oliner
J. Elliot Smith
Laurel Spelman
Jamile Mack

*Swedish
Medical Center
Non-
management
Representative*

Leon Garnet
Nicholas Richter
Committee Alternates
Dean Patton

Ex-officio Members

Steve Sheppard

*Department of
Neighborhoods*

Stephanie Haines

*Department of
Planning and
Development*

Marcia Peterson

*Swedish
Medical Center
Management*

Cristina Van
Valkenburgh

*Seattle
Department of
Transportation*

**Meeting Notes
Meeting #13b
April 10, 2014**

Swedish Medical Center
Swedish Cherry Hill Campus
550 17th Avenue
Swedish Medical Center Education and Conference
Rooms A and B

Members and Alternates Present

Katie Porter	Patrick Angus	David Letrondo
Andrew Coates	Dylan Glosecki	Laurel Spelman
Maja Hadlock		

Members and Alternates Absent

Jamile Mack	J. Elliot Smith	Eric Oliner
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Ex-Officio Members Present

Steve Sheppard, DON	Stephanie Haines, DPD
Marcia Peterson, SMC	Christina Van Valkenburgh, SDOT

(See sign-in sheet)

I. Opening of Meeting – Initial Comments

The meeting was opened by Katie Porter. Ms. Porter stated this is an informal meeting intended as a brainstorming discussion. The Committee will neither pass motions nor conduct any formal Committee business. In the next formal Committee meeting, it will have the motions that will be discussed in tonight's meeting. She also noted that public comments would be taken at the start of the meeting.

II. Public Comments

The floor was opened to public comments.

Comments from Aleta Van Patten: Ms. Van Patton encouraged the Committee to continue to question the placement of both, neurology and cardiology At Cherry Hill. She noted that there are many other locations where these functions might be located. Swedish hospital is not the mecca.

Comments from Julie Popper: SEIU: Ms. Popper noted that the Sabey Corporation is a for-profit company and as such is interested in more profit. She noted that she had discussed the issue of program moves with some union members. They informed her that cardio is already starting to move. This appears to give a more accurate picture of what's going on.

She urged Swedish Medical Center to be more forthright and honest about what's going on.

Comment from Bob Cooper: Mr. Cooper noted that he had gone back and looked at the past Plan. He noted that much of the vision of the prior plan never materialized. The building that was initially

envisioned as a three 3 story building turned into the James Tower. Daycare for neighborhood kids never materialize. He noted that the eastside of the campus was envisioned as a transition between Swedish Cherry Hill and not a block-long massive building. He stated that the existing tower is an iconic landmark and would suggest that nothing should obscure the existing site of the tower. It is a He stated that the master plan should be about accommodating primary medical care it is not accommodating research, foundations or assisted living.

Comment from Greg Harmon: Mr. Harmon stated that he lives on 19th Avenue and E Cherry Street. He offered two major comments: 1) the 18th Avenue half block should remain as a transition between the low-rise neighborhood scale and the larger buildings to the east. The currently proposed buildings are out of scale; 2) Labcorp and other auxiliary services that are taking space can be located elsewhere. There is already a Northwest kidney center in Broadway.

Comment from Cindy Thelen: Ms. Thelen stated that she lives on 545 19th Avenue. It is important to remember that the task of the Major Institutions Master Plan for Cherry Hill is to balance the needs of the Swedish with maintaining the vitality of the neighborhood. She noted that the proposed development on the 18th Avenue half block will impact Single family homes. She also advocated that no parking garage be located off of 18th Avenue. The height on that half-block should not more than 37 ft. measured from one point on the slope. Ideally this half block should be developed with smaller buildings with open space between, greater setbacks, narrowing of 18th Avenue, and neighborhood amenity. She urged Swedish to consider the privacy of the neighborhood and consider a small number of windows in the building to be used. Consider green space, rain gardens, chemical noise, exhaust provide ventilation system. Scale back proposal,

Comment from John Perry: Mr. Perry stated that he lives on 16th Avenue. He questioned why these developments or uses are proposed for this particular space. More details on this are needed. Why must it be here? Many of these uses do not have to be in a residential area. Cherry Hill is not necessarily the place for research and further development.

Comments from Jerry Matsui: Mr. Matsui stated that he lives behind the 18th Avenue half block. He stated that this half block should be transitional. From 1994 up until today that has been the plan and vision. This particular planning process seems to ignore that. The proposed use would have no open space, green space, nor amenities for the neighborhood. It benefits Sabey. He urged the Committee to take the long-term view that this should remain a transitional block

Comment from Vicki Schiantarelli: Ms. Shiantarelli stated that she agreed with most of the previous comments made at the meeting. She stated that a 50 foot height is not the proper transition to the 30 foot single family area to the east. She noted that Children's has done a better job with transitions to the single family areas. She particularly noted that Children's bought up 5 blocks of residential space in order to a better transition.

She urged the Committee to look at how other institution, university and hospital deal with transition and look at their relationships with Sabey.

Comment from Abby (last name not available): The commenter noted that the last EIS did not see ground water or flooded lots of road on the west side. However this area has a basement flooding problem. It is a high saturated area. The commenter asked it the proposed development with include irrigation and whether it will interrupt ground water flows. This needs to be addressed in the EIS.

III. General Committee Discussion

Editor's Note: The discussion moved from topic to topic. For these notes those portions that dealt with the same topic have been placed together.

Resignation of Nicholas Richer and Solicitation of New Members -

Steve Sheppard noted that Nicholas Richter was moving and thus was resigning from the Committee. He thanked Nicholas for his services to the Committee. Mr. Sheppard mentioned that this resignation leaves two regular and two alternate positions vacant. These will need to be filled in the next few weeks. The City will be soliciting new members. Those on the mailing list will receive notice

Marci Peterson mentioned that a flyer going around with information on what are we currently proposing and detailed information about it and where we are in the current process. There will be copies available to the people in attendance.

Programmatic Changes - Possible relocation of Uses off of the Cherry Hill Campus

Ms. Porter noted the comments from SEIU concerning program moves and asked for any additional comments and updates and to respond with regards to moving cardio to First Hill. Ms. Peterson responded that Swedish Medical Center is in the process of studying the possibility of moving some services to First Hill. This study includes both cardio and neuro, but is in very early phases. Mr. John Jex commented that this is a major issue that is of interest to the community. The general types of medical care changes in 5-10 years; there is a 15% growth per year. In Neuro and Cardio, there is a growth problem; neuro and cardio are both growing rapidly and cannot co-exist in the current facility. There are things that need to be changed on campus in order to provide better patient care. For instance, vascular surgery was moved to First Hill in the last month and a half strictly due to volume issues. Cardiac uses several ancillary services that are not well represented at Cherry Hill campus. He stated that Swedish Medical Center is looking at a number of changes. There evaluation will be expensive and will clearly take time, Neighbors will not notice it and it will not have a material impact on the development process.

Sabey and/or Swedish Ownership east of the 18th Avenue Half Block

Mr. Richter stated that Sabey should make a clear commitment to sell its residential properties outside of the 18th Avenue half block back to residential. He offered the opinion that this might help reduce mistrust between Sabey and its neighbors. Ms. Peterson responded that it might be preferable to retain these properties as rentals. Mr. Richter noted that current relationship between the neighbors and the institution is clouded by mistrust and that the long-term question would be how long these would remain as rentals. Many would continue to see ulterior long-range motives and ask why Sabey would be interested in a small time rental especially on 19th.

Nature of Transitional Uses in the 18th Avenue Half Block and Past Treatment of that Area -

Ms. Porter stated that she was surprised on what she saw on the 1994 plan. It seemed clear that that plan located a series of very small scale buildings there as a compromise. She asked for clarification on this.

Mr. Sheppard responded that when the Sister of Providence purchased the properties along both 18th and 19th Avenues, the neighborhood grew very concerned. The sisters envisioned expansion on that entire block. After considerable conflict, agreements were reached between Squire Park and the Sisters of providence to dispose of homes along of 19th and to the east. Those properties were returned to private residential use. Properties on the east side of 18th were retained and their use negotiated as part of the development or the last mater plan. The neighborhoods agreed to support new higher development west of 18th in exchange for location of very low-scale uses on the 18th Avenue half block. Soon thereafter, the city began to review the major institution code in general. The problem was the code at that time required the institution to identify use, approximate size and footprint, 5-10 years down the line. It is no longer reasonable to develop that way that would constraint the designers, so the city stepped back, instead of designing a specific building; the plans now focus on development standard and

particularly on the allowed height, bulk and scale on a development site. Specific uses and designs are determined later and subject to review by the Standing Advisory Committee.

Ms. Porter stated that one of the key tasks for the Committee will be to determine what the appropriate transition along this half-block should be. Ms. Porter commented if the 1994 agreement seemed like a fair transition. Ms. Peterson responded that that smaller buildings called out in the 1994 plan might appear fair to some in the neighborhood, but might not meet the needs of Swedish.

Height in the 18th Avenue Half Block and Height Measurement Techniques

Mr. Richter noted that development on the 18th Avenue half block varies between 37 ft. rising to 50 ft. depending upon the topography. He suggested that the buildings be partially excavated into the site to retain a maximum height of 37 ft. He noted that the proposed 25 ft. setback appears reasonable. Others disagreed and stated that a greater setback from the rear property line was desirable. He suggested that modulation or splitting of the building masses would greatly help soften its appearance and assist with any transition. Ms. Porter agreed.

A brief discussion concerning height measurement ensued. The major issue was how the code determines the ground level of determining height. There was no consensus reached on this issue and members continued to advocate for a maximum height or 37 feet regardless of method of measurement.

Mr. Sheppard noted that at Seattle University their CAC worked with the University to define height measurement techniques that were different than that contained in the Code. These were made conditions of that plan. Mr. Sheppard offered to provide examples.

Possible Partial Vacation of 18th Avenue

Members noted that much greater flexibility could be achieved with a partial vacation of 18th Avenue and a narrowing of that street. That might allow development on the 18th Avenue half-block to shift west and allow both reduced height and increased setback from properties on the west side of 19th Avenue. Ms. Peterson asked what is involved in the street narrowing. Ms. Haines responded that this would require some sort of street vacation.

Mr. Richter asked if it is possible to have a conditional or partial street vacation. Ms. Haines responded that this would be complicated and that it would be important to begin discussions now. It will be up to SDOT and the City Council and they are not favorable to street vacations. However it is possible that a partial street vacation might work

Building Massing in the 18th Avenue Half Block and Setbacks

Mr. Porter mentioned that several members had proposed having 4 separate, rather than one single building on the 18th Avenue half block. If so then each building might have a different height calculation. Members stated that this might be a good direction to consider achieving a better visual transition. Others noted that the 25 foot setback needs to be screened and landscaped.

Ms. Porter made a comment that a 37 ft. maximum and having about 4-5 buildings with lower intensity and lower parking demand and a radius being established and parking analysis that focuses on where people are parking away from the residences, if it is possible to have a lower intensity to this block.

Mr. Jex stated that he could not say if that will achieve the needed square footage in a new configuration. The parking count could be mitigated but cannot give any specifics.

Parking in the 18th Avenue Half Block

Concern was also expressed over the amount of parking designated on 18th it was noted that the street is already congested and that entering and exiting cars from the garage might be difficult. In addition members noted that it was important to have all of the parking underground.

Mr. Jex responded that there are pros and cons concerning underground parking on the 18th as to a structured parking. There is a need to see the transportation plans in the EIS to see the statistics regarding higher volume parking on higher areas. The draft report will have the parking counts by zone. This report will be available in May and a transportation studies will analyze it.

Ms. Peterson responded that she would be concerned if parking was lost on this block. Many patients will be using nearby facilities and less parking on that block might severely affect them. She urged the Committee not to overly burden patients due to lack of parking.

A comment was made that currently, only 15% of parking are being proposed to patients. A request was made to determine the average percentage of parking breakdown in the campus. Another comment was made to be careful in making analogies and comparison with Children's parking because there were careful planning and analysis that was done to make sure parking around the Children's campus is acceptable to the surrounding community.

Summation of Positions concerning the 18th Avenue Half Block.

Ms. Porter noted that there had been some progress defining issues and noted that the 18th Avenue half block would be the focus of future meetings. She summarized the current directions of the Committee as follows:

- 1) That height be limited to 37 ft. height;
- 2) That a minimum 25 ft. setback along the east property line be maintained;
- 3) That the building mass be separated into about 4-5 separate buildings;
- 4 That Swedish be encouraged to excavate the building(s) into the site to achieve lower height;
- 5) That there be a 5 ft. setback along Jefferson and Cherry as long as there is a street level transparency; and
- 6) That a partial street vacation in order to shift building mass west, be investigated.

IV. Concluding Comments and Adjournment

Mr. Richter thanked everyone On the Committee and encouraged the Committee to continue the discussions in order to achieve a sustainable solution.

Ms. Porter thanked Swedish, Sabey, and Callison for providing a new alternative. She noted that she appreciates the continued willingness of Swedish to adjust plans and integrate community wants and hopes. She observed that that this might help bring institution and the neighborhood closer to some agreement.

No further business being before the Committee, the meeting was adjourned.

Swedish Medical Center Cherry Hill Campus Major Institutions Master Plan Citizen's Advisory Committee

Committee Members and Alternates

Katie Porter – chair

Dylan Glosecki vice chair

Lara Branigan

Leon Garnett

Maja Hadlock

Ashleigh Kilcup

James Schell

J. Elliot Smith

Laurel Spelman

Linda Carrol

Swedish Medical Center Non-management Representative

Patrick Angus

David Letrondo

Dean Paton

Raleigh Watts

Ex-officio Members

Steve Sheppard

Department of Neighborhoods

Stephanie Haines

Department of Planning and Development

Andy Cosentino

Swedish Medical Center Management

Christinia Van Valkenburg

Seattle Department of Transportation

**Meeting Notes
Meeting #14
April 24, 2014**
Swedish Medical Center
550 17th Avenue
Cherry Hill Auditorium
Rooms A and B

Members and Alternates Present

Katie Porter	Patrick Angus	David Letrondo
Linda Carrol	Leon Garnett	Maja Hadlock

Ex-Officio Members Present

Steve Sheppard, DON	Stephanie Haines, DPD
Marcia Peterson,	SMC Christina Van Valkenburgh, SDOT

(See sign-in sheet)

I. Opening of Meeting – Initial Comments

The meeting was opened by Katie Porter. Brief Introductions followed. The meeting notes for meetings up to meetings 12 were approved without substantive changes. Minor editing and typo changes were held in abeyance.

Mr. Sheppard noted that the City is advertising for new members to replace those who have resigned. Vacant positions are those previously occupied by Andrew Coasts, Joy Jacobson and then temporarily by Nicholai Richer, and two alternates.

Linda Carol was introduced as the replacement For Jamile Mack. It was noted that the institution was free to replace their representative as they felt appropriate.

There was a brief discussion concerning the purpose of the Committee. David Letrondo stated that he was concerned that the Committee appeared to be constantly returning to the issue of needs. He directed the Committee's attention Seattle Municipal Code 23.69.032D: CAC's comments shall focus on identifying and mitigating impacts. He noted that Mr. Sheppard had clarified the previously but asked for further clarification.

Mr. Sheppard noted that the language in the Code is a bit ambiguous. That section states in part

“The Advisory Committee may review and comment on the mission of the institution, the need for the expansion, public benefits resulting from the proposed new development and the way in which the proposed development will serve the public Purpose mission of the Major Institution, but these elements are not subject to negotiation nor shall such review delay consideration of the master plan or the final recommendation to Council.”

He noted that almost every Advisory Committee has struggled with this issue and the Department of Neighborhoods has raised this without law department. The language and other references in the Code have been interpreted to mean that the Institution defines its needs and goals - in essence its business plan. The institution presents their needs to the Committee and the Committee can comment on those presentations. However, the Committee cannot recommend denial of the plan based upon their disagreement with the institutions projected needs. Consideration of needs may inform the Committees deliberations, but ultimately the Committees task is to evaluation the requested height, bulk, scale (HBS), transportation plans etc. against its consistency with, or appropriateness within the broader neighborhood context..

The Committee can say that the scale is too great and recommend changes in scale or other mitigating elements to achieve a balance between accommodating the needs of the institution and protecting the livability of the neighborhood. The Committee can also state that the proposed level of development is too great. The Committee does not necessarily have to come back with proposals to balance their need with community's feedback and limits that they are proposing.

Various members asked if the Committee could still recommend lower heights and greater setbacks even if that might imply that SMC might not be able to meet all of their needs. Mr. Sheppard responded that the Committee can do so and can recommend various heights and setbacks irrespective of need. However the Committee cannot base their lower heights on a perception that they doubt need, but on perceived impacts on the neighborhood.

II. Public Comment

The Meeting was opened to Public Comments

Comments of Mary McLaughlin - Ms. McLaughlin stated that she understood that the purpose of Committee was to represent the neighborhood. It doesn't matter what Swedish or Sabey wants. Swedish has said, "they don't know why they need this much space, don't have any plans for it..." Ultimately, the whole purpose of this Committee is to say what is good for the neighborhood and attempt to mitigate the bad aspects of the plan.

She further stated that the proposed Goal of 50% Single Occupancy Vehicle use is not good enough, especially with bus cuts - #3 and #4 which go directly through this neighborhood.

Comments of Ellen Sollod: Ms. Sollod stated that the proposed bulk height and scale of development is too great for the neighborhood, in every way. The Campus is surrounded by lower-density development. Even along 15th Ave the adjacent to Seattle U. Major Institutions Overlay allows height only to a maximum of 65 feet. The proposal currently places a 200 foot building along this street. Similar heights not greater than 65 feet should be considered for the adjacent Swedish properties, and if greater heights are proposed then there should be substantial upper-level setback. She encouraged Swedish and Sabey to look at vast resources of other campuses within the boarder Swedish/Providence system and satisfy proposed needs in other locations. Adopt a good neighbor policy here on Cherry Hill. What would it take for Swedish to be a good neighbor?

Comments of Cindy Thelen: Ms. Thelen stated that she urges SMC to begin to try to look at their proposals from the neighborhood perspective. Neighbors have put forth ideas, we are not monolithic, there are different voices, but we'd like to see some of our ideas mocked up. She observed that to this point Swedish has incorporated few neighborhood concerns. Height, bulk and scale is way out of control for residential neighborhood. She asked that

Swedish consider locating this expansion elsewhere. We're not interested in bringing jobs into the neighborhood.

Comments of Greg Harmon: Mr. Harmon stated that he considered the proposed heights to be too great to be accommodated within this low-rise neighborhood. The 160 and 300 foot heights remain unacceptable.

Comments of Vicky Schianterelli: Ms. Schianterelli stated that she agreed with the comments made by Bob Cooper presented at last meeting as far as the overall heights. The focal point of the present hospital is the tower. Being able to see the old elements of the hospital is important. They should not be blocked by other structures. She noted that the entire proposal feels like a high-rise, not a welcoming hospital. It would be more appropriate in the Central Business District than here. She noted that the proposed development in the 18th Avenue half block is strikingly similar to that proposed in 2009. That proposal was rejected by the Seattle Hearing Examiner and that decision is what triggered this process in the first place.

Comments of Jerry Matsui: Mr. Matsui stated that the proposal for the 18th Avenue half block now is no different than back in 2002, with a continuous wall on the mid-block. The plan needs to go back to proposals in 1994 with residential-type structures, maximum height of 28', patient family housing, a daycare, and green space. This area should be a transitional piece of land. He also noted that 350 car garage as problematic. Let's not forget that Providence is part of this. This is about what Sabey wants, rather than what is necessary. Sabey should give up houses on 19th.

Comments of Ken Thorp: Mr. Thorp stated that the Committee should look at Children's hospital model for what an institution should like in a residential neighborhood. Buffer and transitional heights.

Comments of Laurie Lucky: Ms. Lucky noted that a woman who came to a CAC meeting a few months ago had asked that Swedish consider opening a clinic in Southeast Seattle and asked if there has been any consideration of this. She also noted the alliance with Providence Medical system and referenced it positions concerning woman's reproductive health care. She stated that she was not in favor of special accommodations for any hospital that denies reproductive rights, end-of-life care, etc.

Comments of Sonja Richter: Ms. Richter stated that the proposal is too big. It's like the emperor's new clothes. She stated that the 160 and 200 foot heights should be rejected, and other locations found for some of the uses. She stated that the Committee and SMC should look at Children's for guidance concerning the proper direction to go

III. SMC progress on Current TMP

Swedish staff reiterated that they have formalized their relationship with Commute Seattle. That group will be assisting Swedish to identify transportation needs and evaluate strategies to reduce single occupancy vehicle use.

Swedish will develop a revised TMP as part of this plan. Commute Seattle will conduct the required surveys to respond to TMP reporting. At this point there is a major effort to consolidate reporting and surveys on campus.

IV Continued Committee Discussion of the 18th Avenue Half Block

Katie Porter summarized the outcome of the agreements from Meeting 13b as follows:

- 1) That height be limited to 37 ft. height;
- 2) That a minimum 25 ft. setback along the east property line be maintained;

- 3) That the building mass be separated into about 4-5 separate buildings;
- 4) That Swedish be encouraged to excavate the building(s) into the site to achieve lower height;
- 5) That there be a 5 ft. setback along Jefferson and Cherry as long as there is a street level transparency; and
- 6) That a partial street vacation in order to shift building mass west, be investigated.

David Letrondo noted that this position seemed to be going back towards the 1994 plan. He asked why are we re-visiting what we already did in 1994? He noted that there are many ways to break up the appearance of height and bulk without actually building four separate structures. Mr. Letrondo suggested several different methods including possible facade modulations, screening, use of different materials etc. One alternative might be to have a one or two story podium with the higher areas split with vertical or horizontal modulations. Marcia Pederson agreed that the Committee should stop talking about the 1994 plan. She noted that years have passed and that the development scheme developed at that time no longer is appropriate. Others offered the observation that four separate buildings would be desirable.

Katie Porter noted that it has been the consistent comment from residents near that half block the half-block that they viewed the 1994 agreement as a major concession that would remain long-term. They had traded off greater development west of 18th for much more modest development on that block and associated neighborhood amenities there. She asked what has changed other than a failure to develop the envisioned uses on that property?-. Swedish never delivered on its promises

A member noted that Children's had significantly reduced its heights and setbacks from similarly zoned areas. Marcia Pederson responded that Children's is different in that it occupies a much bigger. In addition, Children's expanded its boundaries and demolished a considerable number of houses. That's how they achieve those transitions and setbacks. She noted that in its earlier alternatives, Swedish too proposed expansion onto the entire 18th Avenue block. This was proposed in order to achieve a similar transition. However the neighborhood and Committee opposed this action.

Katie Porter observed that there is a great deal of distrust in the neighborhood over the issue of transition and use of the 18th Avenue half block and also with how transportation has been handled over the years. The neighborhood's goal has been to maintain the low-density and low-rise character of the neighborhood. That was the goal 20 years ago, and clearly remains the goal today. Neighbors want to see Swedish as an ally in this effort. Currently Swedish and Sabey are seen as opponents, trying to counter that goal. David Letrondo responded that the reason Swedish is proposing greater development is that Swedish has different needs now.

Various members noted that there was broad support for the lower heights and possible splitting of the building into various structures or masses.

Maja Hadlock noted the discussion of a partial street vacation and asked if the City had looked at that since the last meeting. Christina Van Valkenburgh responded that she and others had discussed this. Partial vacations are more complex than full vacations. The remainder of the street would have to meet all the standards set for this type of street. Reducing the public right of way would end up with a sub-standard street, and SDOT would not be likely to support a partial vacation. She also noted that SDOT is planning a greenway for 18th. We need at least 2 10' lanes, plus sidewalks, a planting strip, and a biking 10' lane.

Katie Porter asked if the Greenway could be relocated to 19th Avenue. Ms. Van Valkenburgh responded that there is – streets have a hierarchy. 19th Avenue is meant to be more local use than 18th Avenue and therefore it is unlikely that SDOT would support relocation of the proposed greenway she noted that from an engineering standpoint, it's very unsafe to have curbs not aligning across intersections. There would be a jog on 18th, meeting with the other blocks from the north and south. North of cherry would be different. Council makes final decision on street vacation, but SDOT wouldn't support. CAC can make whatever recommendation it wants.

Katie Porter stated that regardless of the current SDOT thinking she would favor having two alternatives for development on the 18th Avenue half block- on wit and one without a partial vacation. Stephanie Haines noted that the partial vacation will not be in the DEIS later in May. If it is a serious option, there would have to be a supplemental EIS, because this is a major modification

Discussion returned to possible building configurations. Mr. Jex from Callison began to draw up rough sketches of various alternatives to a four building scheme. After brief discussion Committee members asked that Mr. Jex model the various alternatives and especially what a four building mass might look like and provide this to the Committee at its next meeting. Mr. Jex agreed to do so to the extent that a model could be developed that would have usable floor plates.

V. Adjournment

No further business being before the Committee the meeting was adjourned

Swedish Medical Center
Cherry Hill Campus
Major Institutions
Master Plan Citizen's
Advisory Committee

Committee Members
and Alternates

Katie Porter – chair
Dylan Glosecki vice chair
Lara Branigan
Leon Garnett
Maja Hadlock
Ashleigh Kilcup
James Schell
J. Elliot Smith
Laurel Spelman
Linda Carrol

*Swedish Medical Center
Non-management
Representative*

Patrick Angus
David Letrondo
Dean Paton
Raleigh Watts

Ex-officio Members

Steve Sheppard

*Department of
Neighborhoods*

Stephanie Haines

*Department of Planning
and Development*

Andy Cosentino

*Swedish Medical Center
Management*

Christinia Van
Valkenburg

*Seattle Department of
Transportation*

**SWEDISH MEDICAL CENTER CHERRY HILL CAMPUS MAJOR INSTITUTIONS
MASTER PLAN CITIZEN'S ADVISORY COMMITTEE**

Meeting Notes

Meeting #15

April 24, 2014

Swedish Medical Center
550 17th Avenue
Cherry Hill Auditorium
Rooms A and B

Members and Alternates Present

Katie Porter	Patrick Angus	David Letrondo
Linda Carrol	Leon Garnett	Maja Hadlock
Dylan Glosecki	Laura Branigan	Laurel Spelman
J. Elliott Smith		

Ex-Officio Members Present

Steve Sheppard, DON	Stephanie Haines, DPD
Marcia Peterson,	SMC Christina Van Valkenburgh, SDOT

(See sign-in sheet)

I. Opening Comments and Housekeeping

The meeting was opened by Katie Porter. Brief Introductions followed. The meeting notes for meetings 13 and 14 were approved without substantive change

II. Brief Discussion of Pending Cuts in Transit Service

Staff was introduced to discuss the impacts of transit service changes to the Cherry Hill Campus. He noted that the first phase reductions will be rather unspectacular but the cuts that follow will be more problematic. Route 4 and 27 are eliminated but partially replaced with the street car. Route 211 is eliminated. This eliminates direct connections to the east side. Route 3 will eventually see a slight increase. The City is considering purchasing back some additional service house. None-the-less SMC will have to carefully evaluate both the impacts of these cuts and possible ways to mitigate this loss.

III. Public Comments

Comments of Bill Zosel – Mr. Zosel stated that the heights bulks and scale proposed for the campus is clearly greater than what the Seattle comprehensive plan envisioned. In addition he noted that Swedish Medical

Center has failed to meet its TMP Goals Twenty years after adoption of the last Campus Master Plan, Swedish Medical Center's Transportation Management Single Occupancy Use goals have not yet been achieved. This is not an urban center land that the addition of so much development,

traffic generation and parking garages does not mesh with the established City goals. He encouraged both DPD and the Institution to look at other locations to accommodate the projected growth.

Comments of Bob Cooper – Mr. Cooper stated that the plan should be more comprehensive and look at both the Cherry Hill campus and the Providence system as a whole. Swedish Medical Center has made changes, but they are insignificant and come nowhere close to striking a reasonable balance. The reduction in total square feet of development in the various alternatives has not been significant. Heights must be reasonably related to adjacent development. Two hundred foot high rise towers are simply inappropriate within this low-rise neighborhood context. Feet height is inappropriate anywhere on this.

Comments of Ken Torp - Mr. Torp stated that he endorsed the comments of both Mr. Zosel and Mr. Cooper. The height bulk and scale of development is simply too great and must be reduced significantly. He noted that he has heard that Sabey had hired ex deputy mayor Tim Ceis to lobby the executive. He asked if this were true and, if so, whether it constituted a serious ethics violation.

Comments of Ellen Sollod - Ms. Sollod stated that she too felt that heights were inappropriate and passed out pictures of 200 foot building. She particularly noted the

Comments of Troy Meyers – Mr. Meyers reminded the Committee that Squire Park will hold a follow-on meeting to further discuss its positions.

Comments of Sonja Richter - Ms. Richter stated that the heights proposed are very much out of scale with the surrounding neighborhood. Several buildings have been under the current zoning that are 40 feet in height with allowances for slopped roofs. These buildings themselves are inappropriate and are very impactful to her home. The heights being proposed for campus are so far above these that they would be simply overwhelming. She asked for clarification concerning the amount of commercial development and what percentage of the projected growth is attributable to this rather than hospital development.

Comments of Aleta Van Patten – Ms. Van Patten noted that the commercial partner should not benefit from the special provisions of the MIO zone. She suggested that development be spread throughout the Providence Health Care System.

Comments of Abil Bradshaw – The height bulk and scale here is like a small downtown and is inappropriate.

IV Committee Discussion of height, Bulk and Scale

Katie Porter briefly summarized the results of the last meeting. She noted that the meeting had dealt almost exclusively with the 18th Avenue half block and that the Committee had endorsed the following:

- 1) That height be limited to 37 ft. height;
- 2) That a minimum 25 ft. setback along the east property line be maintained;
- 3) That the building mass be separated into about 4-5 separate buildings;
- 4 That Swedish be encouraged to excavate the building(s) into the site to achieve lower height;
- 5) That there be a 5 ft. setback along Jefferson and Cherry as long as there is a street level transparency; and

- 6) That a partial street vacation in order to shift building mass west, be investigated.

John Jex was introduced to discuss Swedish Medical Center's reactions to these requests. He noted that the revised draft will not include four or five separate buildings. Instead it will continue to include the two building mass floor plates as shown in the previous version. Swedish also evaluated the 37 foot height request and determined that this request could not be accommodated without loss of critical space. He suggested that the conversation concerning this block needs to continue.

Various members expressed disappointment with The Swedish position. Dylan Glosecki noted that the Committee continues to be locked in a protracted disagreement with Swedish over this block. It may be that Swedish and the Committee simply cannot reach agreement on this block and will have different recommendations going forward to the Hearing Examiner. We need to look at the rest of the campus. Laurel Spellman agreed.

Discussion then progressed to the main campus. David Letrondo asked for clarification concerning development on the Seattle University site. Steve Sheppard stated that the Seattle University Master Plan designates this area as MIO 65. The area is presently developed with their athletic field and supporting buildings. No significant development was proposed for this site other than upgrades to the building along 15th. Katie Porter stated that the area along this boundary might be a location where greater development might be accommodated in exchange for reductions in heights in the rest of the Swedish Cherry Hill Campus. Dylan Glosecki agreed that greater height in this area might allow reductions on heights from 200 to 165 feet elsewhere.

Katie observed that the spire is a major visual focus and that reasonable heights should be measured against the height of that spire. Perhaps it should be considered the appropriate greatest height on the Campus. John responded that the tower is 150 feet and if you draw a straight line over to 15th that rises to 200 feet. For the neighbors east north and south the tower will be visible. From the west it will not.

Members noted that the only areas where greater heights might be appropriate would be in the Central block for the main hospital wing and possibly at the west block (between 15th and 16th) which is both downhill and adjacent to Seattle University. Laurel Spellman stated that whatever height is eventually identified for the west block, it should be uniform. She also advocated inclusions of public meeting spaces at the corner of 18th Avenue and Cherry Street.

There was brief discussion of the possibility of development in the area now devoted to the central plaza. Members noted that there might be more opportunity there for in-fill development that might allow heights to come down everywhere on campus. Stephany Haines noted that this is designated as a major open space. Swedish reiterated previous statements that the parking garage that underlies this site was not designed to easily accommodate development above it and for this reason Swedish does not look favorably on this proposal. The central space has three; below-grade levels. The 160 feet height above those levels is needed for the patient bed needs.

V. Adjournment

No further business being before the Committee, the meeting was adjourned.

**SWEDISH MEDICAL
CENTER CHERRY
HILL CAMPUS MAJOR
INSTITUTIONS
MASTER PLAN
CITIZEN'S ADVISORY
COMMITTEE**

Committee Members

Katie Porter, Chair
Leon Garnett
Dylan Glosecki
Maja Hadlock
Raleigh Watts
J. Elliot Smith
Laurel Spelman
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*Swedish
Medical Center
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Committee Alternates

James Schell
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Ex-officio Members

Steve Sheppard

*Department of
Neighborhoods*

Stephanie Haines

*Department of
Planning and
Development*

Marcia Peterson

*Swedish
Medical Center
Management*

Cristina Van
Valkenburgh

*Seattle
Department of
Transportation*

Meeting Notes

Meeting #16

June 19, 2014

Swedish Medical Center
Swedish Cherry Hill Campus
550 17th Avenue

Swedish Cherry Hill Auditorium – A Level

Members and Alternates Present

Katie Porter	Patrick Angus	David Letrondo
Dylan Glosecki	Dylan Glosecki	Linda Carrol
Laurel Spelman	Maja Hadlock	James Schell

Members and Alternates Absent

Lara Branigan	J. Elliot Smith	Dean Patton
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Ex-Officio Members Present

Steve Sheppard, DON	Stephanie Haines, DPD
Andy Cosentino, SMC	Christina Van Valkenburgh, SDOT

(See sign-in sheet)

I. Welcome and Introductions

Katie Porter opened the meeting. Brief introductions followed. Ms. Porter noted that SMC had changed its lead staff for this project and introduced Andy Cosentino. Mr. Cosentino stated that he was the Vice President of the Swedish Neuro Science and has been with Swedish for 14 months. He informed the Committee that he would not be the lead person for the project.

Katie Porter also noted that a new member had been added to the Committee. Mr. Schell stated that he was a longtime resident of the neighborhood and noted a special interest in land use and development in the neighborhood.

II. Housekeeping

Ms. Porter informed the Committee that tonight's meeting would include: 1) a brief presentation and comments about the Integration Transportation Board and. 2) further discussions of the Draft Master Plan. **III. Integration Transportation Board**

Mr. Cosentino made a brief presentation concerning the Integration Transportation Board. Swedish Medical Center understands that traffic and parking associated with Cherry Hill has been a major concern to its neighbors for years. He noted that it seems that the Swedish Medical Group, LabCorp, and Northwest Kidney, its employees, and vendors have often avoided use of the

available garages and that this has led to use of on-street parking and caused traffic congestions. SMC has looked at ways to address this issue and is proposing that an integrated approach be developed. One of the components of this will be the establishment of an Integrated Transportation Board (ITB). The goal of this board is establish unified policies among all providers, develop strategies, encourage alternative modes of transportation and thus eliminate adverse traffic congestion.

Members of this board include two CAC members, a member from SDOT, a member from King County Metro, a member from DPD, a member from Northwest Kidney Center, a member from the Seattle City Council and a member from Sabey Corporation. The chief HR officer of Swedish will chair this board.

Board meeting frequency will be twice a month at least to find a solution to the first priority (set a unified parking policies among all the participating entities that applies to all employees and vendors); and the work of this board will feed into the Transportation Management Plan (TMP). The first board meeting will occur in early July.

This is an immediate step and it will take several weeks of collaboration and debate to find a meaningful solution.

IV. Public Comments

The meeting was opened to public Comments. Ms. Porter noted that comments would be limited to two minutes for each commenter. Ms. Porter stated that the primary focus of the process is the development proposals from SMC not weighing of Swedish's value as a health Care provider. She urged commenters to focus on the specific development proposal and its impacts to the neighborhood.

Mr. Sheppard stated that there had been some concerns expressed over the video taping of the meetings by Swedish Medical Center. Mr. Sheppard noted that City Council meetings are videotaped, and there is no precedence to deny this for these meetings.

Mr. Cosentino stated that videotaping is important for the executive leadership at Swedish are then able to watch and hear these comments from the public. Members of the public responded that the genesis of their concerns is that it could be used in the court. Mr. Cosentino responded that it not SMC's.

Comments from Eric Camiscus: Mr. Camiscus commented that he lives in Bremerton and is suffering from multiple sclerosis. He mentioned Swedish is one of the best places to come for health care that specializes in his current condition. He supports the expansion of the hospital for more services and research and trust the doctors and the hospital and it is a wonderful idea for the hospital to expand.

Comments from Andrea Welling: Ms. Welling stated that she lives in Magnolia and was diagnosed with brain tumor a year ago. She credited Swedish for saving her because of their expertise and supports the organization and the facilities around the neighborhood to provide service.

Comments from Ken Torp: Mr. Torp stated that he lives in the neighborhood and is impacted by the proposed expansions. The fundamental issues for the neighbors are height, bulk and scale. He observed that these issues were not been sufficiently addressed in the DEIS and that the EIS contains inaccuracies. He expressed particular disappointment with how the DEIS addresses parking issue. He also noted that the first priority is to divert its employees from parking in the neighborhood while the proposal presented calls for reducing the subsidies for residential zone parking permit which shows inconsistency. Mr. Torp stated the CAC meetings should be a conversation between the Committee and the citizens of the neighborhood, but recently, Swedish has packed meetings with people noting how they value

the receiving quality medical services that they received. He stated that he believes that this is inappropriate and is taking advantages of these people.

Comments from Ellen Sollod: Ms. Sollod stated that she lives on Cherry Hill and noted that she forwarded her comments in writing regarding the DEIS to the CAC. She stated that the DEIS is intended as a finding of facts with an unbiased analysis of potential impacts as an effective tool for the City to evaluate the MIMP and for public to review, instead, the document is ridiculed with inaccuracies. She gave several examples. First she noted that the DEIS stated that heights of 200 to 240 feet are compatible with surrounding land uses when the surrounding development is residential in nature and all much lower. Second the DEIS stated that the campus is well served by transportation systems when many are lacking. Third, the DEIS choose to forgo any discussion of energy impacts. She noted that the document appears to serve to support the Swedish/Sabey position and is not useful to the City and is not a non-biased or objective evaluation.

Comments from Andrea (Last name was not provided): Andrea stated that she loved Swedish and she lives in Sea-Tac. She parked mostly outside of campus and mentioned that UW has a problem with parking. She has no parking outside of Swedish. She reiterated that Swedish hospital is the best and loves the doctors.

Comments from Natalie Price: Ms. Price noted that there were many patients in attendance at the meeting. They feel so strongly about this campus and its future that they have come here in person to share their observations. In order to be respectful of everyone's time she read a short statement on their behalf as follows

We support the master plan that will enable the growth of the Cherry Hill Campus so that Swedish can continue to provide patients with the best treatment options, latest technology and state of the art facilities.

Ms. Price asked that those supporting this position stand. There were a considerable number who stood.

Comments from Bill Zosel: Mr. Zosel stated that he lives in Squire Park. He stated that it is unfortunate for some people about the division that is being created between the people that lives in the neighborhood and Swedish desire be able to provide excellent quality care and expand. He noted that one of the reasons that SMC is in this dilemma is that they sold half of the Campus to Sabey Corporation. There are therefore many uses that are not technically SMC at this campus.; Mr. Zosel stated that he supports the expansion and reclaiming the spaces that LabCorp and the Northwest Kidney Centers uses, but the division against each other should not be propagated. He asked the Committee to look into the DEIS and see if it provides a reasonable alternative, and provides environmental impacts that can be mitigated.

Mr. Zosel also noted that the DEIS was lacking adequate information on many of the transportation elements. He noted that the Cherry Hill Campus is not in an urban village where increased intensity of development is encouraged and that one way the SMC could significantly reduce the adverse impacts of their development might be to relocate some of the uses that drive their needs to their other nearby campus. He noted that this is one of the ways to reduce transportation impacts. He noted that the Committee had formally commented in April that the EIS needs to provide a full analysis of decentralization that would accommodate the development at other campuses.

Comments from Troy Meyers: Mr. Meyers generally endorsed Mr. Zosel's comments. He stated that he is concerned about this public meeting. He supports the mission of Swedish and gets on-going care from the hospital. He commented that the fundamental issue here is

the inaccurate information being presented in the DEIS and lacking details about appropriate urban village location and its compatibility with the residential neighborhood.

Comments from Sonja Richter: Ms. Richter noted that at the end of the previous meeting SMC was asked if they or Sabey had hired a lobbyist and that SMC stated that they would answer that question at the end of the meeting. That question was never answered. She noted that many patients were emotional concerning quality of care. She asked how patients were contacted and what they were told about the overall process. She stated that she was happy that patients receive quality care and service from Swedish. However, this is not the issue and instead is the height, bulk, and scale along with parking problems that has not been accomplished in the last 20 years and she is very skeptical that this new board will solve the problem. The expansion is too big and it has nothing to do with the care being provided. She noted that Sabey does not provide care; Sabey provides business and money.

Ms. Porter noted that the time allotted for public comment had passed and that there were still people who had requested to speak. She asked that those who had done so provide written comments. She asked the audience to continue to send written letters and comments to Mr. Steve Sheppard and reiterated that comments should focus on the issues of height, bulk, scale and the draft EIS and not about the quality of care that Swedish provides.

V. Brief Discussion of the Nature of Public Comments

Laurel Spellman requested that she be allowed to make a brief statement. She stated that she loves this institution as she had three operations from Swedish, one of which saved her life. But the issue of quality of care is not what is being debated here. She stated that she resents having the public meetings dominated by repetitive statements. She asked that SMC honor this and respect our time. She mentioned about the issue of parking and as a CAC member is not interested in the process to get there, but the results to get there.

Mr. Cosentino responded it was his understanding that constituents on both sides of the argument should have an equal voice during the public hearings. The constituents of Swedish are physicians, staff and patients. The positions of SMC staff and Sabey is irrelevant. It is the intent of Swedish to have these constituents to have their voice heard in this public commentary period.

VI. Committee Discussion of the Draft EIS and Draft Master Plan

Ms. Porter began the discussion by reviewing the comments that have been received. Mr. Sheppard noted that he had sent out a matrix for the Committee members to use for the comments. He noted that many members had indicated that they were not prepared to offer comments until the next week. He noted that Dylan Glosecki had finished his comments and that these have been forwarded to members. Mr. Sheppard stated that he forwarded comments from non-Committee members as well, and particularly from Bob Cooper and Nicholas Richter. Mr. Sheppard suggested to begin the discussion by going around the table and respond to the comments using the matrix that includes Dylan's comments.

Ms. Porter asked the Committee base comments on Option 10. She mentioned that there is still discomfort with the height included in Option 10. Mr. Sheppard informed the Committee to focus on the key issues of height, bulk, scale and setbacks on their comments and go from there.

Ms. Porter Stated that conceptually, the proposal could get closer to an agreement if it maintains the existing 105 ft. over much of the Campus with any greater height concentrated in the center of the campus

Mr. Glosecki added that to the west, the 65 ft. area with greater height at the center still seems too high. He stated that a maximum of 105 ft. is more appropriate than 200 ft. Mr. Glosecki commented that he appreciated some of the efforts to further reduce heights on the 18th Avenue half block and initially thought that a 50 foot height would work and Sabey and that Swedish had made a good effort to look at appropriate setbacks. However, after a further look at that block he no longer has that opinion and would advocate of a capped at 37 ft.

Ms. Porter asked members to weigh in on Dylan's comments. Laurel Spellman responded that she too believes that height in the area between 15th and 16th should be further reduced and would agree with 105 feet. She would like to see Swedish focus on its core business and that its important function is the hospital, then she would therefor support a height of 160 ft. for the hospital expansion area on the Central Campus. She also agreed with Mr. Glosecki that the east block should not be higher than 37 ft.

Mr. Glosecki noted that the reduction of the height of the 200 ft. tower to 105 ft. would result in the loss of volume for the Northwest Kidney Center and they may need to relocate or redesign the whole area. He would like see more investigation of possible alternatives for reduces heights in that block.

Members asked for more information concerning the amount of square footage would be lost with a reduction of the block between 15th and 16th. Katie Porter responded that t other areas might take up some of the shortfall. Mr. Jex noted that a change from 160 to 105 feet in this location would result in about a 300,000 square foot reductions. He further noted that there are problems with increased height in the center of the campus as the underground garage is not designed to accept development above it.

Ms. Spellman noted that she had looked carefully at the Seattle Children's proposal and that it proposed only 2.4 million square feet on a site that is four times the size. She noted that the Floor Area Ratio (FAR) for this proposal is about 4.7. She stated that the maximum FAR should probably be restricted to about 3.0 to be compatible with the surrounding neighborhood.

Ms. Porter asked how much square footage is currently on campus at this time. Mr. Cosentino responded that currently on campus it is 1.4 million sq. ft. and Option 10 through the course of 30 years will be at 2.75 million sq. ft. Ms. Porter asked about the existing vacancy rate, and Mr. John Jex responded that the East Medical Tower is at capacity and the James Tower is at close to capacity.

Ms. Spellman responded that there are many non-related uses on campus, noted that Children's had made the strategic decision to locate much of their research off-site, and urged SMC to further evaluate dispersion of its non-core functions. She stated that it was her opinion that the proposal was still high and bulky for this site. Mr. Cosentino stated that the research at Swedish Cherry Hill is 99% transitional with patients, and it is different than the bench research that is being done at Children's. The research program needs to be very near the assets of the hospital.

Ms. Porter noted that the Committee heard from the community and through the public comments that the intensity and height of the building is not compatible with the neighborhood regardless of its use and need, and scaling down the density is a better business decision for the hospital.

Mr. Patrick Angus mentioned that in reading Nicholas Richter's comments and examples of other MIMP's around the City; Swedish received everything they wanted. The decisions made here will set new precedence for future MIMP's. Mr. Angus' concern is that as years goes by and as the City of Seattle grows, more and more of these buildings be developed around this

neighborhood and this neighborhood will not look like the same. Swedish clearly has a perceived need for this expansion, but should listen to the opinions of the neighborhood to come up with better alternatives.

Mr. Glosecki commented that it is important to know what the need is. It is this Committee's job to know what the community can take. Swedish does great work with patient care and services, but having this type of expansion on multiple sides of single family neighborhood is troublesome. We heard what Swedish needs are, but not heard what will the effect of meeting their needs would be on the neighborhood.

Mr. Sheppard stated that his understanding of the positions established at this meeting were: 1) that many members may be comfortable with 160 ft., or something higher, on the hospital area in the central campus; and 2) that there should be further evaluation of the heights on the 15th to 16th block ranging between 160 feet and 105 feet.

Mr. Cosentino stated that he hoped that it might be possible to reach a consensus or compromise and settle the height issue and then discuss a charrette regarding the design work. He noted that it is critical to sustain the mission of the hospital for future use in developing possible alternatives.

Mr. Glosecki noted that the main areas of disagreement appeared to be the West Tower and the 18th half block. He noted that he heard from the community that they feel strongly that 37 ft. is the maximum acceptable height on the 18th half block and would like Swedish to step up and make some concessions to make it possible.

Mr. Cosentino made a comment that the purpose and mission of Swedish in Cherry Hill is not negotiable. It is difficult and challenging to forecast what the healthcare needs are in the next 30 years. He noted that the Swedish administration is looking out at the residence of this region and come up with possible alternatives that can fit in a small footprint. He asked the Committee to clarify if the two main issues are 18th Avenue and the West Tower. Ms. Porter responded that these are the two main issues. Mr. Cosentino mentioned that the current work of the design team is to come back with several different options on what 18th would look like. Ms. Porter responded that she would hold back regarding the design because the Committee have seen the design and would like to re-examine the height on 18th and the West Tower instead.

VI. Parking and Transportation

Mr. Glosecki commented that it is great to have the ITB in place. He noted that the goal of 50% SOV use at Swedish is low and that Swedish can do a lot better and should set a higher goal. He also noted that parking on campus should be encouraged to avoid parking around the neighborhood.

Mr. Cosentino commented that he totally agrees with Mr. Glosecki's observation and that is the reason for establishing the ITB. He noted that the new CEO is looking at this issue with a fresh set of eyes.

Ms. Porter asked for further clarification on the proposed loading docks. She noted that there is already a lot of traffic and a great deal of potential for conflicts.

Mr. Jex outlined the location of the loading dock. He stated that he would like to get the loading dock off 16th and get to a less extensive patient arrival zone which is on 15th.

Members noted that enforcement of the RPZ zone restrictions continues to be an issue. Parking enforcement should stay on the table and be part of any transportation management plan. He suggested that employees should be parking inside the campus and not around the neighborhood and if it is violated there should be some form of disciplinary action. Mr.

Cosentino responded that the policies around parking will have teeth for both employees and vendors, but noted that making parking more affordable through further subsidy will be a challenge.

Christina Van Valkenburgh stated that SDOT is currently reviewing the document to identify the locations for loading and unloading and mentioned the information that needs to be identified in the EIS Master Plan is make sure that this is realistic.

Ms. Porter expressed concern with the parking garage on 18th and particularly with potential entry and exit conflicts. Ms. Van Valkenburgh responded that SDOT has not done any preliminary designs along the 18th with the new garage. Ms. Porter had indicated that 18th was identified as an option for a greenway facility. Ms. Van Valkenburgh responded that they are beginning to do an internal process to assess what makes sense and 19th could be identified as another viable option, 18th is currently in the radar because that is what the Master Plan has identified.

Mr. Glosecki commented that 19th is a great option and a viable spot for the Bicycle Master Plan. He also made a comment about parking and start to reduce the cost of parking on campus by encouraging carpooling, biking, mass transportation, and increasing subsidies from 50% to 75% or 100% for employees to take mass transit is a good direction.

Ms. Van Valkenburgh commented that as long as this Committee is looking at 18th, try to focus on the key potential service access points for patients, driveways along that corridor.

Mr. Cosentino responded that he will take the recommendation to senior leadership having parking strategically located for utilization of disabled parking around the hospital.

VI. Adjournment

No further business being before the Committee, the meeting was adjourned.

**SWEDISH MEDICAL
CENTER CHERRY
HILL CAMPUS MAJOR
INSTITUTIONS
MASTER PLAN
CITIZEN'S ADVISORY
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Committee Members

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Transportation*

**Meeting Notes
Meeting #16b
June 26, 2014**

Swedish Medical Center
Swedish Cherry Hill Campus
550 17th Avenue
Swedish Cherry Hill Auditorium – A Level

Members and Alternates Present

Katie Porter	Patrick Angus	David Letrondo
J. Elliott Smith	Dylan Glosecki	James Schell
Linda Caroll	Laurel Spelman	Maja Hadlock
Raleigh Watts		

Members and Alternates Absent

J. Elliot Smith	Mark Tilbe	Eric Oliner
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Ex-Officio Members Present

Steve Sheppard, DON	Stephanie Haines, DPD
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Andy Cosentino, SMC

Christina Van Valkenburgh, SDOT

(See sign-in sheet)

I. Welcome and Introductions

The meeting was opened by Katie Porter. She stated that the meeting would start with a brief statement from Steve Sheppard. Mr. Sheppard stated that the meeting was a continuation of the discussion among the Committee at meeting 16 regarding the development of its comments and recommendations to the draft master plan and the draft EIS. The Committee's task is to balance the desire and the need of the institution and protecting the livability of the neighborhood. Such recommendations include height, bulk, scale, traffic, etc. This is not the forum in which any decisions concerning the overall need of the institution to grow or expand is determined. Because of the need for the Committee to develop its comments, public comments at this meeting will be limited to about half an hour.

Ms. Porter stated that during the public comment period, she would asked the public to make comments relevant to a specific proposal of height, bulk, scale and traffic and would like the public to try to refrain from cheering and clapping.

II Housekeeping

Ms. Porter noted that the Committee has been without a Vice Chair for almost a year and asked if any members were interested

if any members were interested in the position of vice chair. Mr. Dylan Glosecki volunteered to be the Vice Chair of the Committee. Ms. Porter asked if there were any other nominees. None were forthcoming.

It was moved and seconded that:

Dylan Glosecki be elected as Vice Chair of the Committee

The question was called by voice vote. The vote was unanimously a quorum being present and all present having voted in the affirmative, Mr. Glosecki was elected Vice Chair of the Committee.

III. Review of Comments on the Draft Master Plan and draft EIS (00:06:45)

Ms. Porter noted that Mr. Sheppard had compiled a listing of combined comments from the previous meeting and that had been e-mailed to him.

Editor's Note: *Much of the discussion referred the documents provided to members. These consisted of: 1) a summary of height options as provided by various members to DON; 2) height options as developed by Dylan Glosecki, and 3) a table of initial combined comments as provided by members to Don. Each of these was forwarded to members prior to the start of the meeting. They are attached to these meeting notes as attachments 1, 2 and 3.*

She suggested that the Committee use these as a starting point for their deliberations. Also as we have normally focused on height bulk and scale primarily, she suggested that the Committee first focus on other issues to assure that they receive proper attention. Members agreed.

Ms. Porter noted that one of the most glaring items lacking in the documents were design guidelines. While any design guidelines might be voluntary, the Committee has previously indicated that these would be very helpful.

Ms. Porter noted that the intent would be to have design guidelines to help define what the exterior buildings would look like. Mr. Glosecki agreed with Ms. Porter about the information regarding the design guidelines.

Mr. Glosecki noted of possible elements for any design guidelines including transparency, color, and some landscape elements. Stephanie Haines stated that a need for design guidelines. Steve Sheppard noted that in several recent processes design guidelines had been developed and attached to the adopted plan as a council condition.

Katie Porter noted that there are several areas where the DEIS does not identify major mitigation. She offered noise as one examples. Stephanie Haines noted that the EIS is not the decisions document. It identifies impacts and might suggest mitigation. The actual document that will make specific recommendations for conditions will be the final report of the Direction or DPD.

Ms. Porter and Mr. Glosecki noted that the discussion energy use also appeared to be minimal.

Ms. Porter noted that one of the main area of discussion was transportation. The DEIS appears to state that there would be significant adverse and unavoidable negative impact on the neighborhood. She asked that SMC discuss what actions might take to mitigate this. Andy Cosentino responded that mitigation strategies are being developed to tackle these issues. One of the strategy is the formation of an Integrated Transportation Board (ITB). The board will have its first meeting on July 10 and the intent is to bring input from all stakeholders within the Cherry Hill campus, gather interest and come up with a unified

approach and policies in dealing with traffic and parking. Ms. Porter noted that SMC had indicated that might consider free parking on the campus. Mr. Cosentino stated that there would be many issues considered and that would be brought to the ITB. Ms. Porter noted that in Section 7.07.06 of the DEIS it appears to indicate that even with major mitigation, the neighborhood will have to endure major unavoidable impacted

Elliott Smith stated that there was a real need to do a broader traffic study that also incorporated data related to Harborview and Yesler Terrace. Stephany Haines noted that the study did take known project that are in the pipeline into account.

A back and forth discussion occurred regarding what might trigger specific traffic mitigations such as traffic light and traffic circles. Ms. Haines responded that generally this would be triggered by level of service at various intersections. Ms. Porter asked if there was a standard for the level of service that might trigger mitigation. Ms. Haines responded that there was no set standard.

Dylan Glosecki noted that the TMP has been planning for 25 years and are trying recently trying to get compliance. The board is very much appreciated as a significant step and would like the board to look at Children as a model in terms of having a strong policy regarding their employee parking and would like that being replicated in Cherry Hill.

Mr. Letrondo and Mr. Smith agreed on the importance of having traffic studies and an overall traffic analysis along the neighborhood. An analysis that would show hot spots, anticipate time signals, and adding street lights...

Ms. Porter one of her concerns related to the parking garage on 18th. She observed that there might be significant conflicts between cars, pedestrians and cyclist. That street is identified as a greenway and bike path and would also have major entries and exits from the new 350 car garage. She asked how this would be handled and if it is safe. She asked if it was determined that this situation was unsafe, might it be possible to relocate the bikeway to 19th. Andy Cosentino responded that patient care locations make it almost certain that there will be major parking along 18th Avenue. Patients with neurological disease should not be expected to park 500 ft. away from the hospital. This is not feasible.

Ms. Porter emphasized the need for further traffic study and noted that it is important to know where the traffic is coming from.

Various members observed that loading zones might be a major problem. She asked how this would be handled. Mr. Jex noted that the plan assumes loading zones along 15th Avenue but that there has been no decisions concerning how many. The hospital will continue to have the option of increase loading zone capacity along 16th Avenue. Ms. Porter noted that with all of the further development being proposed if it can accommodate all the height and density Swedish is requesting, that additional loading will be required and should be further detailed.

Ms. Porter asked if members had any additional comments concerning the DEIS and that if not discussion would proceed to the Master Plan itself. No further comments were made at this point and discussion proceeded to the Master Plan.

Steve Sheppard stated that he had asked that members provide any additional comments that either clarified or added to the positions put forward at meeting 16 so that they could be forwarded to members as a starting point for further discussion. Most members did so (summarized in attachment 3 to these meeting noted.) In many cases comments were easily summarized for the document provided to the Committee, but not in all cases. The most difficult areas was height. Various members had weighed in on various possible heights. Mr. Sheppard noted that he had compiled all of the comments on heights in the form of a map

and table showing what members had put forward for consideration at this meeting. (Attachment 1 to these meeting noted). In addition Mr. Glosecki put in his own version of the map. While not all who provided comment either weighed in or provided specific comments, a clear majority of members appeared to be in reasonable agreement on heights for the Central Campus. None supported 200 feet but were willing to see 160 feet granted to the hospital building., There was disagreement concerning: 1) the Block between 15, and 16th Avenues, and cherry and Jefferson streets, and 2) the 18th Avenue half-block. For both of these areas lower heights than indicated in alternative 10 were proposed. Dylan's proposal contained the most significant level of decreased height for these two areas. He asked that members try to come to some agreement on the heights for those two areas where there is not general agreement.

Elliott Smith as A how you measure heights. Mr. Jex responded that the City issues a set of standards to set the height measure of the building and it calculates the height along the slope and do an average of those heights. For example, along Jefferson, a set of 15 ft. increments and each 15 ft. will take an average to go up at 65 ft. to create an average conditions; it will then take the low and high point. He noted that there were two alternative methods allowed by code. In all cases the heights proposed are compliant with the code provisions. In some cases this results in heights that are not always at the maximum height stated. 15th Avenue was used as an example. The starting point would be set at an average and many areas would be below the 200 feet indicated. There was further discussion of height measurement techniques.

Members noted that there is still discomfort with the proposed 160 ft. heights and asked if SMC could look at further reductions. Mr. Jex noted that the height issue related both to the appropriate location, adjacencies and necessary floor plate sizes and floor to floor heights. Small decreases in a building height might be significant in that it eliminates an entire floor. The current proposed medical uses of the buildings with a 160 ft. height measurement is the right height. Imposing further height limits could hinder the ability of SMC to meet its mission and goals. Mr. Jex responded that he could look at further reductions.

Ms. Porter observed what Mr. Sheppard had previously identified heights in various locations as the contentious issues. She agreed and stated that she was interested in more trade-offs concerning that issue. She stated noted that Swedish had projected lower heights over properties that neither Swedish nor Sabey owned. She stated that she felt that a consistent height regardless of owner should be treated equally. Stephanie Haines noted that recent changes in the code preclude SMC from proposing rezones to properties that they do not own.

There was a brief discussion of the situations in which Swedish could propose increased heights for those properties not owned by either Sabey or Swedish Medical Center. In general it was determined that the recent code changes required pre-MIMP approval by the owner. With this information the CAC determined that they would accept the MIO 65 designation proposed for those two sites. (South and north margins of the block bounded ty between 15th and 16th Avenues, and East Cherry and East Jefferson Streets)

Discussion then turned to the heights of the proposed development on the remainder of block bounded by between 15th and 16th Avenues, and East Cherry and East Jefferson Streets.

Mr. Glosecki stated that his proposal was for a heights of 65 feet those areas along East Cherry and E Jefferson Streets with 105 in the Center of the Block. . Steve Shepard stated that those members who provided comments related to heights on this block for the combined document appeared split. Few appeared interested in the 200 feet proposed by Swedish in the Draft Master Plan and the Committee appeared split between 105 feet and

160 feet. He noted that it was time for the Committee to attempt to come to some consensus on this issue.

After brief discussion, Steve Sheppard noted that the Committee had several options. One option could be:

The CAC does not support 200 feet of the site bounded by 15th and 16th Avenues, and East Cherry and East Jefferson Streets. The CAC currently supports a lower height between 105 and 160 feet maximum and requests that Swedish Medical Center develop a variety of options for this site that would achieve these reduced heights.

Alternatively the Committee could make a choice between 105 and 160 feet. Linda Carrol noted that the reduction to 105 feet would appear to reduce overall square footage by 700,000 square feet. She asked if that would still allow 2,750,000 square feet of development. Mr. Jex asked what the objections might be to 200 feet. He noted that reductions in square footage in the 200 foot areas could result in more development on the 18th Avenue half block. He also noted that building over the garage would carry a very heavy cost.

IV. Public Comments

Ms. Porter opened the meeting to public comments. She noted that the time for adjournment was approaching but asked members to authorize extending the meeting so that decisions could be made following public comment. Members agreed

Comments from Ken Torp: Mr. Torp stated that the Committee must not meet the needs of Swedish. He commented that if you are not a member of the CAC, he suggested to not to come to the meeting and hijack the discussion. He provided several letters. He stated that he believes that a 105 foot maximum height anywhere is appropriate. He also stated that Swedish should apply what Children's and Seattle University did on their MIMP regarding their height limits in recognition of the residential neighborhood they are in.

Comments from Troy Meyers: Troy stated that this proposal is unreasonable because of the current proposal of height, bulk and scale. He stated that Swedish document state that the current campus is at capacity. However, he sees vacant space and development opportunities within the present MIO. The institution has indicated that both the Neuro and heart institutes will be at Cherry Hill and not at first hill. He asked if there is a commitment to this or if relocation to First Hill is still "in play". He noted that he saw no reason why Swedish needs should trump the protection of the quality of life in the neighborhood.

Comments from Abil Bradshaw: Ms. Bradshaw noted that the neighborhood had been asking for an overall smaller facility for years. However the overall square footage has not been reduced significantly. She also noted that much of the need for expansion appears driven by the needs of Sabey and not by the need for hospital expansion.

Comments from Andrew Hendrickson: Mr. Hendrickson asked if the height included mechanical equipment or if this equipment would extend above the MIO heights. He noted that the equipment might produce considerable noise. He noted that he was also concerned that the amount of development proposed would generate a great deal of traffic. He suggested height limits as low as 85 feet over much of the campus.

Comments from Kim Wall: Ms. Wall stated that she has lived here for 30 years and have been through many meetings about the hospital. All in the neighborhood will be greatly impacted by the development. She stated that she opposed to the present proposal. She noted that she had receive a card asking for support from neighbors in her mail bot but that it offered no background nor did it allow for any opposition. Patients would be inclined to

support the institution if they received good care. However, they live elsewhere and are subject to none of the negative impacts.

Comment from Bob Copper: Mr. Cooper stated that there needs to be a balance between the neighborhood and the institution. He noted that much of the development adjacent to the hospital predates its development. The hospital did not exist and then development occur around it. Instead the hospital moved into an established neighborhood and then expanded. The neighborhood has struggled for over 100 years as this intuition grew within an already established low-rise area. He asked if some of the space allocated to other uses (lab-corps and some of Sabey's uses) could be recaptured for hospital related uses thus reducing the need for additional height. He noted that development over the recently developed garage might carry costs but would still be appropriate. This is a 30 to 40 year plan and development heights should reflect this.

Comments from Jennifer Crowley: Ms. Crowley stated that she is a property manager for Sabey and also lives in the neighborhood at 15th Avenue and Yesler Way. She stated that in the past there was a previous standing advisory committee that reviewed the proposed development in the 18th Avenue half block. That Committee concluded that the building appeared acceptable but that the change in use would require a major amendment to the plan. The City of Seattle disagreed and declared it a minor amendment. The Committee remained silent but a group from the neighborhood including the Square Park Community Council, 19th Avenue block watch appealed that City decisions to the Seattle Hearing Examiner. The Hearing Examiner ruled absent the City. Sabey exercised its right to appeal the findings of the Hearing Examiner to the Superior Court. Sabey did not bring any action against any neighbor but only asked that the Hearing Examiners decisions be overturned.

Comments from James Fife: Mr. Fife stated that the patients might not have been technically on topic, but were speaking forthrightly. He stated that it is difficult to have a world class neighborhood cut in half by a 200 foot high "world class" hospital. He noted that traffic is already difficult and that this development will make it worse.

Comments from Ellen Sollod: Ms. Sollod stated that she has served on the Seattle University Committee and that this process and that process are very different. Seattle University was very open to negotiation with the neighborhood. Swedish has not done so. She noted that the MIMP is neither a popularity program to see who likes Swedish. It is about the land use code and level of developemtn. Swedish appears not to be interested in taking neighborhood concerns into account.

Comments of Cindy Thelan. Ms. Thelan stated that she supports the 65 feet at the two margins of the west block but not the 160 feet in the Center. Swedish's insistence on maintaining a 200 foot height shows that the entire project is out of scale with the neighborhood. She noted that she supports braking the development in the 18th Avenue half block into several separate buildings. She objected to the marketing campaign that has nothing to do with land use and that includes the neighborhood post cards asking for support.

Comments of Vicky Schiantarelli – Ms. Schiantarelli stated that alternative 1a was dismissed prematurely and should be resurrected. She noted that the institution asked for many acceptations to regulations that other institutions do not necessarily have. Greater efforts should be made to keep the views of the historic 1910 Building (James Tower) open. Heights should not block views of this building. The 1994 MIMP allocated 14% of the campus to open space while the current plan reduces this. She noted inconsistencies with how the open space is discussed.

Comments from Jerry Matsui: Mr. Matsui stated that he was bothered for a very long time by Swedish and Sabey's attitude toward the neighborhood and its deceptive and condescending attitude. He noted that the EIS even denies the low-rise residential character of the neighborhood. This is a very diverse neighborhood in terms of race, ethnicity, sexual orientation, religion, income etc. Denying the character of this neighborhood constitutes a form of institutional racism. When this for profit developer buys us homes for institutional development, a new form of red-lining is instituted. He noted that he was a retired city employee in race and social justice. He stated that SMC's past actions make it inappropriate for the combined Swedish/Sabey to benefit from special city concessions.

Comments from Catie Chaplan: Ms. Chaplan stated that she was not in support of the present plan. The campus is very awkward for transit, especially bus service on 23rd because of the significant grades. Most patients will have to depend on cars. Approaches to campus are already congested.

Comments from Liv Harmon: Ms. Harmon stated that she has more questions about what the comments she heard today. She noted that the neighborhood is not easily accessible and that this makes so large a development inappropriate.

Comments from Claudia Montenegro: Ms. Montenegro lives on Cherry and stated that she supports her neighborhood and does not agree with the current height, bulk and scale.

Comments from Greg Harmon: Mr. Harmon stated that the current proposal is too big for the neighborhood. This will double the amount of development that community will be losing some bus service, there will be more traffic and more accidents with patients come and go. He noted that transportation will not be better. The DEIS n identifies many intersections that will be functioning at level of service F. That is not appropriate.

Comment from Sherry Williams: Ms. Williams noted that she was the community affairs director for Swedish Medical Center and she stated that she would like to engage the community in and around the Medical Center and develop community partners with organizations, community leaders and organizations to promote a healthy community. She works with a variety of organizations to promote community benefits programming. Swedish works every day to improve health through community benefits. Community benefits includes community educations programs, charity and uncompensated care, health programs, research and Medicaid benefits. In 2012, Swedish provided \$130,000,000 to support these activities and in 2013 \$142,000,000. Over 2,000,000 were for community building activities. Ms. Williams provided many examples of programs directed to the Squire Park Neighborhood

Editor's Note: The tape became garbled for the last portion of the public comments and much of M. Van Nguyen's, Ms. Deleva's and Ms. Richter's comments could not be captured.)

Comments from Thu Van Nguyen: Ms. Nguyen stated that she was very upset about the current proposal. She also objected to the cards sent to neighbors.

Comments from Mary Pat Dileva: single-family homes, parking, financial impacts.

Comments from Sonia Richter: Ms. Richter urged the CAC to be independent and remain critical of the present proposal. It is too big

V. General Discussions

A brief break was taken followed by continued discussion of the Committee's comments.

Discussion returned to the issue of height on the central campus and the wet block. Ms. Porter stated that she thought that the suggestion made by Mr. Sheppard prior to the public comment appeared to be a reasonable directions – having SMC further evaluate heights on the west block from as low as 105 ft. to as high as 200 ft.

Dylan Glosecki was recognized to discuss his height proposals. He noted that he had developed them after having various conversations with neighbors and a couple of CAC members. Neighbors were clear that 105 feet was a better match to the neighborhood scale. 160 feet was considered appropriate only for the core hospital function on the central block. 200 feet was supported by no one. He therefore decided that a maximum height of 105 ft. height was most reasonable and reflected that in his suggestions. Other's noted that there was a need for considerably more modulation of the facades on the west block.

John Jex stated that, given floor plate needs, the parcel (west block) is not large enough to split into two buildings. Members then suggested possibly expanding the area that is allow to go above 65 feet in order to reduce heights in the center of the west block. Mr. Jex stated that the floor plat minimum for the large practices envisioned for this building would be 42,000 square feet per floor. There was further discussion of this option during which Mr. Jex outlined both opportunities and problems with expansions. He offered to look at options. Various members stated that any evaluation had to include the possibility of a 105 foot maximum for the west block.

Mr. Sheppard reiterated the suggestion made prior to public comments. He noted that there were two option the CAC members can discuss: 1) CAC is not convinced or does not support a 200 ft. on the west block site; 2) CAC wish to explore lower heights, with the hope of meeting the needs of the institution ranging from a maximum height of 160 ft. down to a minimum height of 105 ft. and would like for the institution to come back with possible alternatives.

Ms. Porter stated that she sported this positon and suggested that that be the positions. It is a good tact to encourage the institution to examine alternatives that is not 200 ft. and have the ranges from 105 to 160 ft. and find a way to present alternatives.

Mr. Sheppard commented that he had stated that a range of 105-160 ft. based upon the heights in Mr. Glocecki's and others maps provided (attachments 1 and 2 to these meeting notes). He noted that there appeared to be a lot of support for 105 ft. but that others suggested 160.

After further discussion, Ms. Porter moved a variation of previous wording as stated by Mr. Sheppard:

The CAC recommends that Swedish/Sabey come back to the CAC with a new alternative that explores extending the height development to a greater are within the wet block in order to achieve lower height between 105 and 160 feet maximum and requests that Swedish Medical Center develop a variety of options for this site that would achieve these reduced heights.

The motion was seconded and the question called by show of hands

The vote was:

5 in favor,
0 oppose and
4 abstaining.

A quorum being present and a majority of those present having voted in the affirmative, the motion passed.

Mr. Sheppard stated that he would draft a response on the committee's behalf before July 6th on the EIS and would like clarification that the committee at the present time does not support a 200 ft. on this location. 160 feet was supported only for the central hospital block. He wanted that clarified. Members agreed that this be done.

It was moved that:

The CAC does not support 200 feet of the site bounded by 15th and 16th Avenues, and East Cherry and East Jefferson Streets.

The motion was seconded and the question called by show of hands

The vote was:

8 in favor,
0 oppose and
1 abstaining.

A quorum being present and a majority of those present having voted in the affirmative, the motion passed.

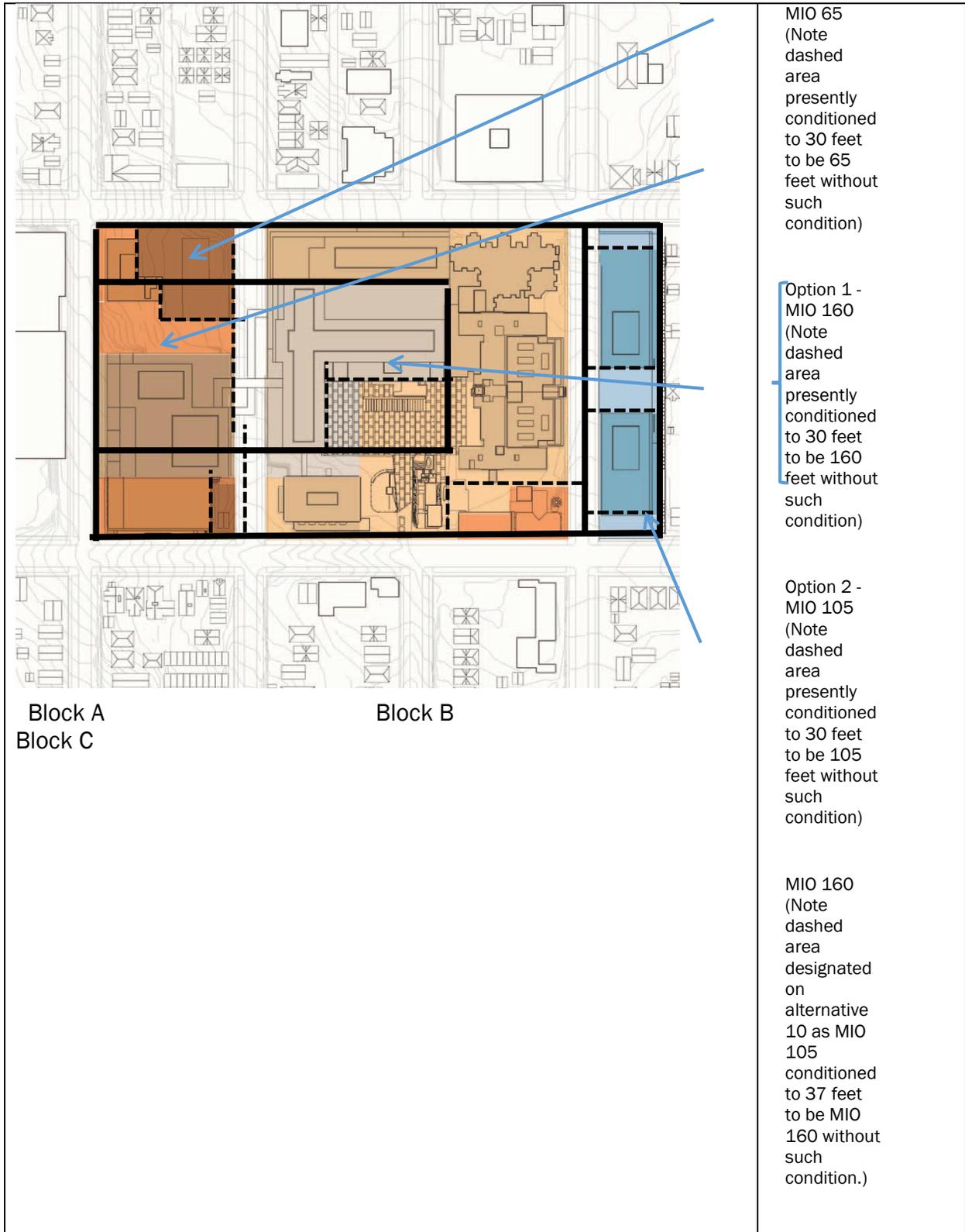
Mr. Sheppard informed the Committee that he will take all individual comments and combine them. There will be wording changes but the positions will remain as discussed tonight. He asked members to carefully review the specific wording to assure that the wording is correct. He stated that he would consider the combined comments as having been generally agreed to tonight with the changes as indicated in the two motions tonight. He asked if members agreed. None objected. He noted that the only major areas of disagreement between members was height along the west block. He noted that no new positions can be established out of the public eye.

VI. Adjournment

No further business being before the Committee, the meeting was adjourned.

Attachment #1 - Height options as provided to DON from Members

Summary of Possible Height Options



	<p>All in main block that is not in the MIO 160 area to be MIO 105</p> <p>No conditioning for steam plant area</p> <p>Option 1 - multiple MIO's as shown in Alternative 10</p> <p>Option 2 MIO 37 with additional building separations</p>
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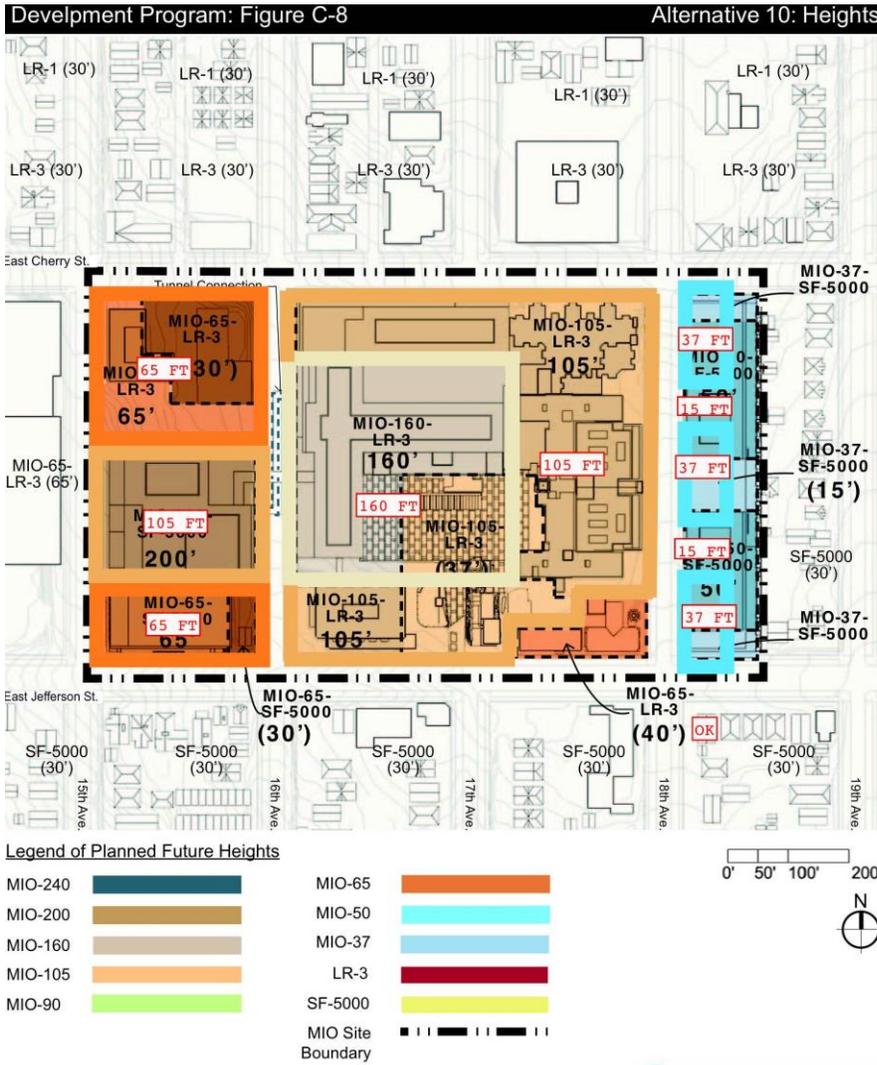
At the last meeting the Committee appeared to have begun to narrow height options down somewhat. I believe that if we could come to some general agreement on heights other issues would fall into line more easily. At the end of the meeting I agreed to try to summarize what I had heard discussed. I outlined what I saw as the multiple options being discussed and asked if these were the directions. You indicated that they were. There are undoubtedly others too. The above summarizes what I thought I heard and I am offering it as a starting point for further discussions of bulk/height issues.

Combined alternative	Block A	Block B	Block C
1	MIO 65 along Cherry and Jefferson MIO 160 in the middle half.	All MIO 105 with central core (including over the courtyard MIO 160)	As proposed in Alternative 10
2	MIO 65 along Cherry and Jefferson MIO 160 in the middle half.	Same as in Alternative 1	MIO 37 with additional building separations.
3	MIO 65 along Cherry and Jefferson MIO 105 in the middle half.	Same as in Alternative 1	As proposed in Alternative 10

	MIO 65 along Cherry and Jefferson MIO 105 in the middle half.	Same as in alternative 1	MIO 37 with additional building separations.
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I hope that this can give us a starting point. Sorry for the relatively sloppy graphics.

Attachment #2 – Height Drawing as provided by Dylan Glosecki



SWEDISH MEDICAL CENTER

Attachment #3 – Combined comments as provided to DON from various members prior to meeting 16b and forwarded to members prior to that meeting.

DRAFT MASTER PLAN 20140522

COMBINED COMMENTS – 24 June 2014

SPECIFIC TO DRAFT MASTER PLAN

MIMP Section	SMC Proposal	CAC Comments
GENERAL		NO COMMENTS MADE ON ALT 8 OR 9. THESE ARE NOT VIABLE OPTIONS. ONLY COMMENTED ON ALT 10.
GENERAL		CURRENT OPEN SPACE IS NOT EASILY ACCESSIBLE. FUTURE OPEN/GREEN SPACE DESIGN SHOULD BE INVITING SO IT WILL BE USED AND APPRECIATED BY NEIGHBORHOOD AND GUESTS. (LC)
GENERAL		WHERE NEW DEVELOPMENT ABUTS R.O.W. INCLUDE MITIGATIONS AS FOLLOWS: <ul style="list-style-type: none"> ● STREET LEVEL TRANSPARENCY ● PEDESTRIAN SCALE ELEMENTS - CANOPY, STREET FURNITURE, ETC. ● ELEMENTS THAT ENGAGE & ACTIVATE STREET ● NO PARKING AT, ABOVE OR PARTIALLY BELOW GRADE ● LANDSCAPE VEGETATION - POLLENATOR PATHWAY CERTIFIED
GENERAL	DESIGN GUIDELINES	THEY ARE MISSING. THIS IS VERY CONCERNING. DESIGN GUIDELINES WILL ALLOW COMMUNITY MEMBERS TO CONCRETIZE THE PROPOSALS. THIS IS ESPECIALLY IMPORTANT BECAUSE PROJECTS LOCATED WITHIN A MIMP DO NOT UNDERGO DESIGN REVIEW.TABLE B!
GENERAL		THIS INSTITUTION IS PREDICTED TO EMIT 1.3% OF CITY'S CO2 EMISSIONS THIS IS LARGE AMOUNT OF CO2 EMISSIONS FROM A SINGLE SOURCE AND MITIGATIONS SHOULD BE IMPLEMENTED TO REDUCE ENERGY USE AND CO2 EMISSIONS: <ul style="list-style-type: none"> ● LEED BUILDING CERTIFICATION - MANDATE GOLD MINIMUM ● LEED CAMPUS CERTIFICATION ● INVESTIGATE LIVING BUILDING ● POLLENATOR PATHWAY CERTIFICATION MANDATE FOR ANY NEW LANDSCAPING http://www.pollinatorpathway.com/certification/ ● REDUCE SOV GOAL IN TMP TO 30% (CHILDREN'S HAS 38% SOV COMMUTES)
GENERAL		AS MITIGATION ADD MORE COMMUNITY SERVICES SIMILAR TO THOSE EXISTING AND PLANNED ON PAGE 86 INCLUDING FARMER'S MARKET

GENERAL		RECOMMEND CREATING ECONOMIC GROWTH OPPORTUNITIES FOR NEIGHBORHOOD BENEFIT. CONSIDER PROPOSED HEALTH WALK AND/OR OTHER GREEN SPACE OPPORTUNITIES BE PART OF PHASE 1. (LC)
PROGRAMMATIC NEEDS A.3.D (PAGE 4)	Programmatic needs assumptions are projected	THE MIMP SHOULD COVER NEXT 15-20 YEARS, NOT 25-30 YEARS. -TOO MUCH SF REQUESTED FOR THIS SITE. -SPACE NEEDS INCLUDES EXPANSION OF NUMEROUS UNRELATED USES AND NON-SMCC USES THAT COULD BE MOVED OFF CAMPUS. -CLINICAL RESEARCH PROGRAM SHOULD BE LOCATED OFF SMCCH CAMPUS. (CHILDREN'S MOI MITIGATION INCLUDED LOCATING 1.3 MILLION SF OF RESEARCH FACILITIES IN SLU. UW MEDICINE HAS BUILT SIMILAR AMOUNT OF OFF CAMPUS RESEARCH IN SLU (LS)
B. Development Standards		
DENSITY	<u>Change lot coverage from 35% to maximum of 76%</u>	INCREASED DENSITY RATHER THAN FURTHER ENCROACHMENT INTO THE NEIGHBORHOOD IS PREFERRED. CONCENTRATION OF SERVICES IS GOOD FOR PATIENT CARE AND THE PUBLIC EXPRESSED SUPPORT OF CONTINUED CONCENTRATION OF HEALTH SERVICES AT THE JUNE 12, 2014 PUBLIC HEARING AND AT THE JUNE 19, 2014 CAC MEETING DURING PUBLIC COMMENTS. (LC) THE EMPTY CHAIR CONCEPT MAKES SENSE. USING FLEXIBLE DESIGN, SMC IN PARTNERSHIP WITH SABEY (EXPERIENCED REAL ESTATE DEVELOPER) AND CALLISON (NATIONALLY RECOGNIZED HEALTH CARE FACILITY DESIGNER), HAS PRESENTED A PLAN TO MOVE EXISTING FUNCTION TO A NEW BUILDING IN ORDER TO DEMOLISH AND REBUILD IN (LC)
1. SHADOWS	SHADOW STUDIES	ADEQUATELY PORTRAYED. RECOMMEND COMPROMISE BETWEEN 160 AND 200 FOR WEST TOWER TO FURTHER REDUCE SHADOW EFFECTS. CURRENT "CITY FOREST" ADDS AS MUCH SHADOWING AS SMC PROPOSAL. (LC)
2. Existing Underlying Zoning (page 16)	<ul style="list-style-type: none"> Underlying zoning of the existing campus is both SF 5000 east of 18th and on the southern 2/3rds of the block bounded by 15th, 16th Avenues and Jefferson and Cherry Streets. 	
3. Modifications to Underlying Zoning (page 17 through 23)	<p>Other than the establishment of the MIO heights (Covered separately in this review) SMC is proposing modifications to underlying zoning shown on Table B1.</p> <p>Areas where modification are indicated include:</p> <ul style="list-style-type: none"> Maximum lot coverage 	<ul style="list-style-type: none"> 160 FT IS THE APPROX HEIGHT OF TALLEST EXISTING BUILDING. AS THIS CAMPUS IS SURROUNDED BY SF AND LR3 ZONES WITH A MAX HEIGHT OF 35 FT AND THE SURROUNDING AREA IS NOT LIKELY TO INCREASE IN HEIGHT TO GREATER THAN 65FT IN THE FUTURE, IT WOULD SEEM GOING HIGHER THAN THE EXISTING HEIGHT OF 160 FT WOULD BE INAPPROPRIATE 23.44.012 HEIGHT LIMITS (PAGE 20) THE REQUESTED HEIGHTS OF 160, 200 AND 240 ARE TOTALLY OUT OF SCALE OF THE SURROUNDING NEIGHBORHOOD. -THE ENTIRE SEATTLE UNIVERSITY MOI IS AT OR BELOW 105' EXCEPT FOR SMALL SLIVER OF LAND ADJACENT TO BROADWAY. (LS)

	<ul style="list-style-type: none"> • Height Limits (also covered more fully in other areas of the plan) • Yards in SF zones • Garage entrances in SF zones • Building connections (23.45.518) • (And others) 	<ul style="list-style-type: none"> • -8TH AVENUE HALF BLOCK PROJECT SHOULD NOT EXCEED 37 FEET AS IT ABUTS SINGLE FAMILY HOMES. (LS) • -CENTER QUAD BUILDING SHOULD BE ALLOWED AT 160 ONLY BECAUSE HOSPITAL FUNCTIONS (ROOMS AND SURGICAL FUNCTIONS) ARE MOST DIFFICULT TO REPLICATE ELSEWHERE. (LS) • -CENTER S QUAD BUILDING SHOULD NOT EXCEED 105 FEET TO MINIMIZE BUILDINGS THAT EXCEED HIGHEST ALLOWED HEIGHTS IN SURROUNDING NEIGHBORHOOD (ADJACENT SEATTLE UNIVERSITY MOI IS 65' LIMIT). (LS) • -REMAINDER OF THE BLOCK SHOULD BE 65 FEET FOR SIMPLICITY SAKE. (LS) <p><u>23.44.014 Yards (page 21)</u></p> <ul style="list-style-type: none"> • GROUND LEVEL SET BACK FOR 18TH AVENUE BUILDING SHOULD BE 25 FEET WITH NO PORTION OF UNDERGROUND PARKING GARAGE SHOWING ABOVE GRADE. ADDITIONAL DESIGN CONSIDERATION AND COMMUNICATION WITH NEIGHBORS ABOUT PLACEMENT AND DESIGN OF PROPOSED FENCE. CONSIDERATION SHOULD BE MADE TO PROVIDE LANDSCAPED BUFFER AT GRADE WITHIN 25 FOOT SET BACK TO PROVIDE SOFTER EDGE TO ADJACENT SINGLE FAMILY HOMES. (LS) <p><u>23.44.022</u></p> <ul style="list-style-type: none"> • STREET LEVEL TRANSPARENCY SHOULD BE A DEVELOPMENT STANDARD AND MEANS OF MITIGATION FOR THE MIO <p><u>23.45.570</u></p> <ul style="list-style-type: none"> • NO MODIFICATION SHOULD BE ALLOWED. SWEDISH SHOULD BE REQUIRED TO MEET GREEN FACTOR FOR FACADES GREATER THAN 60 FT PARTICULARLY AS A MITIGATION MEASURE FOR THEIR PRESENCE IN A LOW RISE AND SINGLE FAMILY RESIDENTIAL NEIGHBORHOOD.
<p>3a Structure Setbacks</p> <p>Page 24 to 41</p>	<p>Various setbacks are proposed along all major street margins. These setbacks vary between Alternatives 8 and 9 and 10. In general Alternative 10 setbacks are greater with more extensive upper level setbacks</p>	<p>GENERAL:</p> <ul style="list-style-type: none"> • SETBACKS ALONG MIO BOUNDARY TO HAVE FOLLOWING MITIGATIONS: <ul style="list-style-type: none"> ○ STREET LEVEL TRANSPARENCY ○ NON REFLECTIVE MATERIALS (DO NOT CAUSE GLARE) ○ LANDSCAPE / CIVIL SPACE / POCKET PARKS <p>SETBACK A-A:</p>

		<ul style="list-style-type: none"> ● "PARTIALLY BELOW GRADE PARKING" IS STILL ABOVE GRADE, NO ABOVE GRADE PARKING - IS VISIBLE BY NEIGHBORS THROUGH SLATTED WOOD FENCE ● PROVIDE 25 FT SETBACK AT GRADE, WELL-LANDSCAPED, FENCED IN WITH TRANSPARENT FENCING AT JEFFERSON AND CHERRY TO ACT AS SHARED BACKYARD WITH NEIGHBORS ALONG 19TH <p>SETBACK B-B</p> <ul style="list-style-type: none"> ● FACADES ABUTTING ROW SHOULD HAVE STREET LEVEL TRANSPARENCY <p>SETBACK C-C</p> <ul style="list-style-type: none"> ● FACADES ABUTTING ROW SHOULD HAVE STREET LEVEL TRANSPARENCY? ● ALL PARKING AT ROW SHOULD BE COMPLETELY SUBMERGED. ● SINK BUILDING ONE LEVEL AT 18TH HALF BLOCK AND PROVIDE CLERESTORY WINDOWS. PUSH PARKING FURTHER BELOW GRADE. <p>SETBACK D-D</p> <ul style="list-style-type: none"> ● REMOVE 5 FT CURB WALK (NOT NEEDED BC NO STREET PARKING). REDUCE DRIVE LANES TO 11 FT. ADD 3 ½ FT BIKE LANE GOING EACH DIRECTION. <p>SETBACK E-E, SETBACK F-F</p> <ul style="list-style-type: none"> ● FACADES ABUTTING ROW SHOULD HAVE STREET LEVEL TRANSPARENCY. ● JEFFERSON STREET LEVEL FACADES SHOULD INCORPORATE RETAIL USES. <p>SETBACK J-J</p> <ul style="list-style-type: none"> ● FACADES ABUTTING ROW SHOULD HAVE STREET LEVEL TRANSPARENCY <p>SETBACK K-K 2</p> <ul style="list-style-type: none"> ● MATCH EAST SIDE 5 FT SETBACK TO WEST SIDE 5, 10, 15 FT STEPPED SETBACK ● RECOMMEND COMPROMISE BETWEEN 160 AND 200 FEET FOR THE MAXIMUM HEIGHT. (LC)
<p>3b Height limits Pages 42 through 43</p>	<p>This section identifies both proposed height zones (Table B-4) and special conditioned Heights (Figure B-18).</p>	<p>A2 & A6:</p> <ul style="list-style-type: none"> ● REMOVE CONDITIONED HEIGHT. KEEP 65' AND PLAN FOR FUTURE DEVELOPMENT <p>A4:</p> <ul style="list-style-type: none"> ● ALT 10 SHOULD BE 160. 160 FT IS THE APPROX HEIGHT OF TALLEST EXISTING BUILDING. AS THIS CAMPUS IS SURROUNDED BY SF AND LR3 ZONES WITH A MAX HEIGHT OF 35 FT AND THE SURROUNDING AREA IS NOT LIKELY TO INCREASE IN HEIGHT TO GREATER THAN 65FT IN THE FUTURE, IT WOULD SEEM GOING HIGHER THAN THE EXISTING HEIGHT OF 160 FT WOULD BE INAPPROPRIATE. <p>C1-C5:</p> <ul style="list-style-type: none"> ● THIS BLOCK SHOULD BE COMPLETELY REWORKED AMONG MULTIPLE NEW ALTERNATIVES. 37 FT SHOULD BE MAX HEIGHT. SINK CURRENT MASSING BURYING 1ST LEVEL OF PROGRAM UNDER GROUND. THIS MOVE

		<p>NEARLY ELIMINATES SHADOW IMPACTS TO ADJACENT RESIDENTIAL</p> <ul style="list-style-type: none"> ● DIVIDE MASSING INTO A MINIMUM OF 3 SEPARATE BUILDINGS AND EXPLORE AS MANY AS 5 SEPARATE BUILDINGS TO BREAK DOWN BULK AND PROPERLY TRANSITION TO ADJACENT SINGLE FAMILY. CONNECT BUILDINGS WITH GLASS SKYBRIDGES IF NECESSARY TO KEEP CIRCULATION INTACT. ● KEEP PROPOSED SETBACKS FOR ALT 10
HEIGHT (GENERAL)	SMC PROPOSES 30' TO 200'	RECOMMEND COMPROMISE BETWEEN 160 AND 200 FOR WEST TOWER. (LC)
3c Lot coverage Pages 44 to 45	SMC proposes lot coverage of 76%.	<ul style="list-style-type: none"> ● DEVELOPMENT SHOULD OCCUR AT CARMACK HOUSE, AND SITE CONTAINING NW KIDNEY CENTER AND SEATTLE REHAB. OPEN SPACE AT THESE LOCATIONS HAS MINIMAL NEIGHBORHOOD BENEFIT.
3d landscaping Pages 46 to 51	This section included both landscaping , pedestrian circulation pattern suggestions and Community Amenities (Figures B-22 and B-23)	<p>LANDSCAPING:</p> <p>THE GOAL SHOULD BE TO ENHANCE EXISTING LANDSCAPING AS A NEIGHBORHOOD BENEFIT.</p> <ul style="list-style-type: none"> ● ROOFTOP GARDENS SHOULD BE ACCESSIBLE TO PUBLIC AS NEIGHBORHOOD BENEFIT ● LOOK INTO POLLENATOR PATHWAY - http://www.pollinatorpathway.com/ - (info@pollinatorpathway.com) ● MIO COMM. AMENITIES W/IN LANDSCAPING: ● “REPLACING STREET TREES” IS HARDLY A NEIGHBORHOOD AMENITY. SWITCHING A LARGE MATURE TREE FOR A “SMALLER SCALED TREE” IS NOT AN AMENITY. IT IS HARMFUL TO THE NEIGHBORHOOD AS THE TREE CANOPY IS REDUCED. USE FLEXIBLE PAVING INSTEAD TO CONTROL ROOTS. WHERE IS THIS PLANNED? ● EXPAND PROPOSED RETAIL AT PROVIDENCE ANNEX ALONG JEFFERSON EAST AND WEST. ALSO ADD RETAIL ALONG 15TH. ● DEFINE RETAIL AS INCUBATOR SPACE RENTED FOR A REDUCED RATE TO LOCALLY-OWNED SMALL BUSINESS ONLY. <p>FIGURE B-21:</p> <ul style="list-style-type: none"> ● CREATE NEIGHBORHOOD CONNECTIONS TO ROOF GARDENS CHERRY & 17TH AND MIDBLOCK ON 18TH AS AMENITY ● PROVIDE NEIGHBORHOOD CONNECTIONS TO POCKET PARKS ALONG 18TH MIO BOUNDARY AS AMENITY ● DISTINGUISH BETWEEN EXISTING AND NEW / PROPOSED AREAS. ● CREATE NEIGHBORHOOD POCKET PARK NORTH OF ANNEX BUILDING <p>FIGURE B-23:</p> <ul style="list-style-type: none"> ● ADD VIEW AFFORDING POCKET PARKS ALONG CHERRY BT 15TH AND 16TH

		<ul style="list-style-type: none"> • ADD LANDSCAPED PEDESTRIAN PATHS / NEIGHBORHOOD CONNECTORS FROM 18TH TO POCKET PARKS ALONG EASTERN MIO BOUNDARY • BETTER DEFINE WEST GARDEN IN CENTRAL PLAZA • EXPAND PROPOSED RETAIL AT PROVIDENCE ANNEX ALONG JEFFERSON EAST AND WEST.
<p>3e. Open Space</p> <p>Pages 52 through 54</p>	<p>Portions of the main entry plaza (all but the western 60 or so feet adjacent to the Emergency Services Building) is identified as designated open space</p>	<p>THE CENTRAL PLAZA IS NOT OPEN SPACE</p> <ul style="list-style-type: none"> • SEE 3RD SENTENCE 4TH PARAGRAPH: "PAVED AREAS THAT ARE OPEN, SUCH AS PARKING LOTS DRIVES, SERVICE AREAS, AND SIDEWALKS WERE NOT INCLUDED." CONFLICTING STATEMENT WITH FIGURE B-24 <p>TABLE B-6:</p> <ul style="list-style-type: none"> • GRAPHICALLY SHOW EXISTING LANDSCAPED OPEN SPACE AND PROPOSED FUTURE LANDSCAPED OPEN SPACE ON FIGURE B-24 <p>4B. BUILDING WIDTH AND DEPTH LIMITS</p> <ul style="list-style-type: none"> • KEEP GREEN FACTOR REQUIREMENT OF 0.5 TO CREATE 150 FT OF MODULATED FACADE (PREVIOUS COMMENTS) • MURALS AS PUBLIC ART (SEE PREVIOUS COMMENTS)
C. Development Program		
<p>1. Alternative Proposals for Physical Development</p> <p>Pages 61 through 70</p>	<p>Other than restating the heights outlined in the Development Program Section 3b, this section discusses the relationship of each alternative to the projected 2040 needs.</p>	<ul style="list-style-type: none"> • ONLY ALT 10 IS COMMENTED ON AS ALT 8 & 9 ARE SIMPLY PREVIOUS ITERATIONS OF ALT 10 THAT SHOULD BE REPLACED WITH NEW ALTERNATIVES <p>18TH HALF BLOCK</p> <ul style="list-style-type: none"> • GRADE PLANE SHOULD STEP DOWN FROM CHERRY TO JEFFERSON. DIVIDE THIS BLOCK INTO 5 SECTIONS TO DETERMINE GRADE PLANE. • SINK BUILDING 1 STORY BELOW GRADE TO ENABLE 37' MAX HEIGHT • SUNKEN 1ST STORY ENABLES CONNECTION OF ONE BUILDING TO ANOTHER • GLASS SKY BRIDGES, IF NECESSARY TO CONNECT BUILDINGS • - NEW ALT - SHOW MASSING AS 3-5 SEPARATE BUILDINGS <p>CENTRAL BLOCK</p> <ul style="list-style-type: none"> • MAKE CENTRAL PLAZA PEDESTRIAN FOCUSED. CURRENTLY IS MOSTLY DRIVEWAY <p>JEFFERSON BOARDER</p> <ul style="list-style-type: none"> • MANDATE STREET LEVEL RETAIL ALONG THIS BORDER PICKING UP ON RECENT COMMERCIAL DEVELOPMENT ALONG JEFFERSON AND 14TH, EXISTING RETAIL 16TH, 17TH AND ANNEX BUILDING

		<p>BLOCK BT 15TH & 16TH</p> <ul style="list-style-type: none"> • LOWER MAX HEIGHT FROM 200 FT TO 105 FT • PUT LOST VOLUME IN NEW BUILDINGS ON CONDITIONED SITES CARMACK AND SEATTLE REHAB. RENOVATE NW KIDNEY CENTER BUILDING. • REMOVE CONDITIONED 30 FT HEIGHT, LEAVE 65 FT TRAFFIC CALMING MEASURES BOTH SIDES OF R.O.W. AT ALL 6 INTERSECTIONS • CURB BULBS • PATTERNED, COLORED PAVING • INCREASE PARKING SETBACK FROM INTERSECTIONS (& ENFORCE VIOLATIONS) • SEE 12TH AVE ADJACENT TO SEATTLE U FOR EXAMPLES STREET LEVEL RETAIL ABUTTING R.O.W. ALONG JEFFERSON FROM 15TH (WEST BOUNDARY) TO 19TH (EAST BOUNDARY)
<p>2. Gross Floor Area Page 71</p>	<p>The Present MIMP allowed development to 2.07 million square feet, or an effective floor area ratio (FAR) of 2.07 . SMC is requesting FAR consistent with their projected square feet of development for each alternative. The proposed MOI projects a need of 2.3 million SF (+800,000 SF) in 2023 and 3.1 million SF by 2040 under Alternative 10 to an FAR of 4.74</p>	<ul style="list-style-type: none"> • BECAUSE OF SABEY'S PAST DEVELOPMENT OF SERVER FARMS, ABOVE AND BELOW GRADE SERVERS SHOULD COUNT TOWARDS FAR TO DISINCENTIVIZE DEVELOPMENT OF SERVER FARMS ON CAMPUS. • GROUND FLOOR RETAIL ABUTTING R.O.W. ALONG JEFFERSON SHOULD BE EXEMPT FROM FAR • FAR CALCULATION SHOULD NOT EXEMPT SERVER SPACE. USE TYPICAL ZONING CODE RULES TO CALCULATE FAR. (LS) • -THE 3.2 MILLION SF PROPOSED FOR THIS CAMPUS IS EXCESSIVE FOR THE NEIGHBORHOOD RESULTING IN FAR OF 4.74. (LS) • -CHILDREN'S MOI FAR AT 1.9 IS MORE APPROPRIATE DENSITY FOR SURROUNDING SINGLE FAMILY NEIGHBORHOOD. (LS) • -SMC MOI IS 5.5- IN SCALE WITH SURROUNDING HIGH RISE ZONING ON FIRST HILL. (LS) • -SWEDISH CHERRY HILL CAMPUS SHOULD BE IN RANGE OF 3-3.5 (WHICH IS SUBSTANTIALLY MORE DENSE THAN CHILDREN'S) (LS) • -SMCCH PROPOSED MOI INCLUDES MANY NON ESSENTIAL USES E.G. HOTEL USE, EDUCATION SPACE, REHABILITATION CENTER THAT CAN BE LOCATED OFFSITE. IN ADDITION, SPACE IS CURRENTLY LEASED TO MANY NON-SWEDISH USES E.G. LAB CORP, NORTHWEST KIDNEY CENTER THAT COULD BE RELOCATED AS LEASES EXPIRE. (LS)
<p>3. Maximum Number of Allowed Parking. Pages 72 through 73 and Calculations Section D (TMP)</p>	<ul style="list-style-type: none"> • SMC is proposing between 2,310 and 2,245 parking spaces. This is slightly under the calculated maximums allowed per the code (See Section d for these calculations) • Parking is proposed to be spread throughout the campus as shown on Figure C-6 	<p>GENERAL:</p> <ul style="list-style-type: none"> • QUESTION NEIGHBORHOOD BENEFIT OF PROVIDING NEW PARKING COUNT THAT MAXES OUT NUMBERS OF STALLS ALLOWED BY CODE • QUESTION TMP BENEFIT OF PROVIDING NEW PARKING COUNT ON HIGHER END OF CODE ALLOWED PARKING RANGE. • NEW MIMP x4 THE NUMBER OF PARKING STALLS ON CAMPUS WHILE ONLY x3 THE NUMBER OF SF ON CAMPUS • ENSURE PARKING IS ONLY BUILT BELOW GRADE

<p>4. Existing and Planned Future Development Pages 72 through 75</p>		
<p>5. Property Ownership</p>		<p>KIDNEY CENTER & SEATTLE MEDICAL AND REHAB DO NOT SEEM NECESSARY TO KEEP AS ADJACENT USES.</p> <ul style="list-style-type: none"> ● THESE SITES SHOULD BE CONSIDERED FOR FUTURE DEVELOPMENT. ● KIDNEY CENTER, SEATTLE MEDICAL CENTER AND THE PARKING GARAGE SHOULD BE IN DIFFERENT CATEGORIES AND NOT ALL CLASSIFIED AS BROAD “SUPPORTIVE AFFILIATED USE” <p>FIG C-12</p> <ul style="list-style-type: none"> ● DIFFERENTIATE BETWEEN SABEY OWNERSHIP AND SWEDISH OWNERSHIP ● DIFFERENTIATE BETWEEN SUPPORTIVE USE AND AFFILIATED USE - BREAK INTO 2 CATEGORIES WITH DIFFERENT HATCH/COLOR
<p>8. Phasing Pages 78 though 79</p>	<p>Phasing is as follows:</p> <p>A. The 18th Avenue Block and open space behind the E Jefferson Annex</p> <p>B. Renovation of the Providence Annex</p> <p>C Hospital Replacement</p> <p>D West Parking Garage Replacement</p> <p>A projected schedule of development is shown only for phase A. Other phases are at an indeterminate future date.</p>	<p>7. PLANNED INFRASTRUCTURE IMPROVEMENTS</p> <ul style="list-style-type: none"> ● CENTRAL UTILITY PLANT SHOULD BE A LANDMARKED BUILDING AS IT ONE OF FEW ORIGINAL CAMPUS STRUCTURES AND IT’S SMOKESTACK IS A NEIGHBORHOOD LANDMARK - ENSURE DESIGN INTEGRITY PERSERVED <p>8. PLANNED DEV PHASES AND PLANS</p> <ul style="list-style-type: none"> ● PHASE A: HEALTHWALK SHOULD BE MANDATORY MITIGATION - REPLACE “MAY BE IMPLEMENTED” WITH “WILL BE IMPLEMENTED” ● PHASE A: REQUIRE VIEW NODE AT 18TH AS ADDITIONAL MITIGATION ● PHASE B: MANDATE OPEN SPACE IMPROVEMENTS DURING PHASE B AS A MITIGATION AND REQUIRE PRIOR TO BEGINNING PHASE C ● PHASE C: CONVERT CENTRAL UTILITY BUILDING INTO NEIGHBORHOOD AMENITY OR RETAIL AS MITIGATION PRIOR TO BEGINNING PHASE D
<p>10. Consistency with the Purposes of the Code Pages 80 through 83</p>	<p>Table is provided</p>	<p>PURPOSE AND INTENT STATEMENT B:</p> <ul style="list-style-type: none"> ● DEVELOPMENT AT MIO BOUNDARY TO HAVE FOLLOWING MITIGATIONS: <ul style="list-style-type: none"> ○ CURB BULBS AND PEDESTRIAN CROSSING SAFETY MEASURES ○ STREET LEVEL TRANSPARENCY ○ NON REFLECTIVE MATERIALS (DO NOT CAUSE GLARE) ○ LANDSCAPE / CIVIL SPACE

		<ul style="list-style-type: none"> ○ POCKET PARKS ○ PEA PATCHES ○ A VIEW NODE LOOKING TO THE EAST PRESERVING CURRENT VIEW OF ISSAQUAH ALPS AND CASCADE MOUNTAINS ○ RETAIL ALONG JEFFERSON ○ ENCOURAGE EXTERIOR PERIMETER CIRCULATION TO ACTIVATE STREET AND INCREASE SAFETY AND NEIGHBORHOOD VITALITY <p>PURPOSE AND INTENT STATEMENT C:</p> <ul style="list-style-type: none"> ● ANY FUTURE DEVELOPMENT MUST BE DONE BY INSTITUTION/COMPANY THAT OWNS NO PROPERTY WITHIN 2500 FT OF CAMPUS. <p>PURPOSE AND INTENT STATEMENT I:</p> <ul style="list-style-type: none"> ● REMOVE LANGUAGE REGARDING "SETBACKS TO NEIGHBORS (BEING) MAXIMIZED" AS THE INTENT IS UNCLEAR AND DECEPTIVE <p>PURPOSE AND INTENT STATEMENT K:</p> <ul style="list-style-type: none"> ● EXISTING TMP CANNOT MEET PREVIOUS TMP. HOW WILL THIS TMP DO MORE TO MEET SOV REDUCTION GOALS? ● REDUCTION GOAL SHOULD BE 30% ● PURPOSE AND INTENT STATEMENT L: ● THIS RESPONSE PARAPHRASES AND RESTATES THE INTENT STATEMENT WITHOUT PROVIDING EXPLANATION OF HOW SWEDISH WILL MEET <p>GENERAL CONSISTENCY</p> <ul style="list-style-type: none"> ● NO FEATURES OF THE PLANNED DEVELOPMENT HAVE MATERIAL BENEFIT FOR THE ADJACENT NEIGHBORHOOD AS STATED IN SECTION B PAGE 81. THE IMPROVEMENTS ARE ORIENTED TO ASSIST VISITORS AND PATIENTS TO THE SMCCHC. (LS) ● -FOCUS SHOULD BE ON EXPANSION OF CORE USES: HOSPITAL ROOMS, SURGERY CENTER, IMPROVED EMERGENCY LOADING, IMPROVED LOADING AND ACCESS FUNCTIONS, EACH OF WHICH CANNOT BE REPLICATED EASILY IN OTHER LOCATIONS. (LS) ● -THE PROPOSED CONCENTRATION AND EXPANSION OF A PLETHORA OF PROPOSED USES ON SMCCHC REQUIRES BUILDING HEIGHTS AND DENSITY INAPPROPRIATE FOR SURROUNDING SINGLE FAMILY NEIGHBORHOOD- FOR EXAMPLE IT IS NOT ESSENTIAL TO LEASE SPACE TO NON SMC TENANTS, OR PROVIDE AN INN/HOTEL ROOMS ON CAMPUS OR PROVIDE A MAJOR EXPANSION OF REHABILITATION CENTER. - CLINIC AND RESEARCH SPACE. (LS) <p>PURPOSE AND INTENT STATEMENT M:</p> <ul style="list-style-type: none"> ● CENTRAL UTILITY BUILDING SHOULD BE LANDMARK
TMP	NEW BOARD TO ADDRESS CHERRY HILL CAMPUS	<ul style="list-style-type: none"> ● THINGS TO CONSIDER: ROUTE 4 HAS BEEN ELIMINATED; HOW CAN PUBLIC TRANSPORTATION INCREASE ACCESS FOR EMPLOYEES AND PATIENTS?; IS 50% SOV THE RIGHT GOAL?; HOW CAN SMC ENHANCE PUBLIC TRANSPORTATION? IE KAISER IN SAN FRANCISCO PROVIDES SHUTTLES BETWEEN PUBLIC

	EFFORTS TO REACH 50% SOV	<p>TRANSPORTATION DROP-OFF AND MEDICAL CENTERS.(LC)</p> <ul style="list-style-type: none"> • TMP GOAL SHOULD BE 40% SOV MAXIMUM. CHILDREN; S MC HAS ACHIEVED 38% PRESENTLY. • -PROPOSED EXISTING AND PROPOSED PARKING RATES SHOULD BE PROVIDED. • -FREE BUS PASSES SHOULD BE PROVIDED TO EMPLOYEES. • -PARKING RATES FOR VISITORS SHOULD BE FREE OR HIGHLY SUBSIDIZED TO DISCOURAGE PARKING IN SURROUNDING NEIGHBORHOOD LS)
HISTORIC RESOURCES.	.	THE ANNEX BUILDING AND CENTRAL UTILITY PLANT BUILDINGS SHOULD BE PROPOSED AS SEATTLE LANDMARKS.

SPECIFIC TO DRAFT ENVIRONMENTAL MASTER PLAN

Energy		Why was energy eliminated? The added development will consume a lot of energy, why is this not addressed?
Sustainability		In general, there is not a strong indication that environmental sustainability is taken seriously. I would like to see more attention to how this development will integrate sustainable practices into building and site design.
Noise	3.2.3.2	This section discusses what might happen, but it doesn't indicate how Swedish will be able to reduce noise for the neighbors. More detail is necessary in order to understand how to 1. understand the noise and 2. mitigate its impacts.
Land Use	3.3-27	UV35 is not adequately addressed. This location is outside of an Urban Village and according to the Comprehensive Plan, it needs to retain densities that are similar to existing conditions.
	3.3-28	UV 38 is not met and is inconsistent with the Comprehensive Plan.
	3.3-29	There are numerous UV goals that these proposals do not meet by Swedish's own admission. How will they address that they are inconsistent with the planning efforts of the City?
	3.3-30	The language in LU6 seemingly prohibits the exact action that Swedish is proposing.
	3.3-37	Swedish is proposing these changes and the code discusses how hospitals are important and beneficial to the City. Please discuss how Sabey is going to offer hospital services to the community. How will they provide a public benefit?
	3.3-44	A more aggressive TMP goal is necessary, along with policies that make the goal achievable. The most recent discussion from Swedish is encouraging, however, they have been out of compliance with their TMP for 25 years. I hope they are enacting policies that will allow them to achieve a lower SOV rate and sustain it.
	3.3-52	How is this plan in compliance with CA-P1, CA-P3, and CA-P4?
	3.3-54	Swedish has been in non-compliance with its TMP for 25 years. How is it going to adhere to CA-P7? And what policies will it point to in order to illustrate that they are taking this issue seriously?
	3.3-54	How is this project coordinating with other developments? (CA-P11)
	3.3-56	How is this project encouraging minority and locally owned businesses> CA-P22
	3.3-63	There should be no permitted skybridge for this project, now or in the future. This should be explicated named in the MIMP. A skybridge does not contribute to the residential character of the

		neighborhood. Instead, it would make this area feel as if it were for the exclusive use of the institution, when in reality it is shared space.
	3.3-52	How is this plan in compliance with CA-P1, CA-P3, and CA-P4?
	3.3-54	Swedish has been in non-compliance with its TMP for 25 years. How is it going to adhere to CA-P7? And what policies will it point to in order to illustrate that they are taking this issue seriously?
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	3.3-52	How is this plan in compliance with CA-P1, CA-P3, and CA-P4?
	3.3-54	Swedish has been in non-compliance with its TMP for 25 years. How is it going to adhere to CA-P7? And what policies will it point to in order to illustrate that they are taking this issue seriously?
Aesthetics		In general, the height, bulk, and scale of this proposal are too great which is illustrated by the various viewpoints.
	3.4-10	The historic tower is hidden from view
	3.4-13	Requires a greater setback at higher heights
	3.4-16	In general, the "birthday cake" look is less desirable than a great setback at a higher height.
	3.4-40	This illustrates how the neighborhood will feel like a canyon and no longer a residential area.
	3.4-46	All the mitigation measures saw what Swedish "would" do, but it would be helpful to have stronger statements and to see what they are going to do.
Housing	3.5.4- 3.5.5	With more jobs located here, there will be a higher demand for housing thus upward pressure on rents. Is there a plan to address workforce housing for Swedish/Sabey employees?
Transportation	3.7-7	Hospitals are a high demand use and would require 17 berths along 16th and then 16 berths along 18th. The existing loading facilities are "generally adequate" however there are already delays on the street with trucks. In adding an additional 2M SF of space - does Swedish realistically think that the already taxed berths with satisfy the increased demand? It seems unlikely.
	3.7-50	The significant unavoidable adverse impacts arising from this development are difficult for the surrounding residential neighborhood to bear. Cherry and Jefferson are arterials that serve this community and with the impacts being significant and unavoidable, it seems as if Swedish is demanding too much.
	3.7-50	Traffic congestion is not adequately addressed.
	3.7-50	With the added congestion, this area will become considerably more dangerous for pedestrians and cyclists. How is Swedish going to accommodate these concerns? The greenway that is mentioned is not certainly going to be on 18th - in fact it may be moved to 19th because it might be deemed too dangerous for cyclists on the street. That is a strong indication that Swedish needs to adjust its plan. The greenway should not be moved to accommodate this growth, rather, the institution needs to adjust

		its transportation plan in order to make this a safe street for people to ride their bikes.
Housing	3.5.4- 3.5.5	With more jobs located here, there will be a higher demand for housing thus upward pressure on rents. Is there a plan to address workforce housing for Swedish/Sabey employees?
Transportation	3.7-7	Hospitals are a high demand use and would require 17 berths along 16th and then 16 berths along 18th. The existing loading facilities are "generally adequate" however there are already delays on the street with trucks. In adding an additional 2M SF of space - does Swedish realistically think that the already taxed berths with satisfy the increased demand? It seems unlikely.
	3.7-50	The significant unavoidable adverse impacts arising from this development are difficult for the surrounding residential neighborhood to bear. Cherry and Jefferson are arterials that serve this community and with the impacts being significant and unavoidable, it seems as if Swedish is demanding too much.
	3.7-50	Traffic congestion is not adequately addressed.
	3.7-50	With the added congestion, this area will become considerably more dangerous for pedestrians and cyclists. How is Swedish going to accommodate these concerns? The greenway that is mentioned is not certainly going to be on 18th - in fact it may be moved to 19th because it might be deemed too dangerous for cyclists on the street. That is a strong indication that Swedish needs to adjust its plan. The greenway should not be moved to accommodate this growth, rather, the institution needs to adjust its transportation plan in order to make this a safe street for people to ride their bikes.
Housing	3.5.4- 3.5.5	With more jobs located here, there will be a higher demand for housing thus upward pressure on rents. Is there a plan to address workforce housing for Swedish/Sabey employees?
Transportation	3.7-7	Hospitals are a high demand use and would require 17 berths along 16th and then 16 berths along 18th. The existing loading facilities are "generally adequate" however there are already delays on the street with trucks. In adding an additional 2M SF of space - does Swedish realistically think that the already taxed berths with satisfy the increased demand? It seems unlikely.

**SWEDISH MEDICAL
CENTER CHERRY
HILL CAMPUS MAJOR
INSTITUTIONS
MASTER PLAN
CITIZEN'S ADVISORY
COMMITTEE**

Committee Members

Katie Porter, Chair
Leon Garnett
Dylan Glosecki
Maja Hadlock
Raleigh Watts
J. Elliot Smith
Laurel Spelman
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Linda Carrol

*Swedish
Medical Center
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Stephanie Haines

*Department of
Planning and
Development*

Marcia Peterson

*Swedish
Medical Center
Management*

Cristina Van
Valkenburgh

*Seattle
Department of
Transportation*

Meeting Notes

Meeting #17

July 17, 2014

Swedish Medical Center
Swedish Cherry Hill Campus
550 17th Avenue

Swedish Cherry Hill Auditorium – A Level

Members and Alternates Present

Katie Porter	Patrick Angus	David Letrondo
Dylan Glosecki	Linda Carrol	James Schell
Laurel Spelman	Maja Hadlock	

Members and Alternates Absent

Lara Branigan	J. Elliot Smith	Dean Patton
Raleigh Watts		

Ex-Officio Members Present

Steve Sheppard, DON	Stephanie Haines, DPD
Andy Cosentino, SMC	Christina Van Valkenburgh, SDOT

(See sign-in sheet)

I. Welcome and Introductions

The meeting was opened by Katie Porter. Brief introductions followed. She noted that the Committee still needed to discuss the sky bridge and other issues deferred from the last meeting. Members agreed

Ms. Porter also noted that members of the Community had developed a 3-D model of the present proposal and have asked for about ten minutes on the agenda to briefly present the model. Members agreed.

II. Housekeeping

Mr. Sheppard stated that he would be putting meeting minutes online for the Committee members to review and approve and also to be available to the public. Most members stated that they preferred approving minutes at future meetings. Steve Sheppard noted that they will be put on-line as preliminary documents subject to change.

III. Discussions on Comments on Draft EIS and Draft Master Plan

Sky Bridges

Editor's note: This discussion was interrupted by the discussion of timing and FAR. For purposes of clarity the discussion has been combined here.

Steve Sheppard noted that the issue of sky bridges were not dealt with and that there was some confusion concerning the issue, and particularly whether the Committee was endorsing a sky bridge on campus including across 16th. He noted that some members had suggested that any connection across 16th Avenue should be underground.

Brief discussion followed. Members stated that any sky bridge proposed across 16th should be a replacement for the current structure and not an addition. Ms. Porter added that she would like to have the Committee discuss the issue of whether any sky bridge was a one or two story structure. SMC staff responded that it was their intention to demolish the existing sky bridge during construction and replace it with a new sky bridge. There would be only one sky bridge across 16th Avenue and no sky bridge across 18th Avenue. Members appeared comfortable with that clarification. Steve Sheppard noted that the comment in the draft document provided before the meeting appeared to be in line with the discussion and asked if the Committee felt comfortable simply endorsing the statement concerning sky bridges in the draft document without changes. Members agreed.

Mr. Cosentino stated that a double decked sky bridge is not a given. Instead a wider side by side structure that separates visitors from patients is more likely. David Letrondo noted that he has designed hospitals and that this separation is often done. Ms. Porter stated that this issue for Sky Bridge appears to be reasonable accommodation and replacement for the existing structure...

Ms. Van Valkenburgh stated that the sky bridge is a separate approval and if it is not in a plan it is not automatically approved.

Timing of Reviews

Mr. Sheppard stated that in the last meeting Ms. Laurel Spelman raised the issue of the time frame of the plan. She proposed that there be a time limit of 20 years, and not that it be indefinite. In the past both the Hearing Examiner and Council have stated that the CAC does not have the authority to change the code provision to insert an expiration date. As a compromise, recent plans have included a provision for the institution to report back to the future Standing Advisory Committee in a more detailed manner than occurs yearly with their presentation of their annual report. Under the recent proposals, the institution has been required to hold a broader review on each 10th year anniversary of adoption of their plan. This review would be advertised broadly to the neighborhood and it would be more formal than the normal annual report.

Ms. Spelman stated that her comment wasn't so much about timing for review but about the time frame for establishing needs. She suggested planning for space needs to 2025 rather than 2040.

Dylan Glosecki stated that he like the idea of formal check-ins. Any check ins should be done in incremental steps with the ability to adjust the check-ins with Swedish. He stated that this could be tied to various phases of development with the reviews tied to completion of the plan's phases.

David Letrondo asked if this issue was raised in past MIMP's. Mr. Sheppard responded that check-ins were done differently at different institutions. Children's, tied the check ins to completion of their Phase 3 plans to state needs. Seattle University has a 15 year check-in.

Ms. Spelman withdraw the idea of a timeframe as it is not allowed by code but recommended that the Committee consider establishing an upper-limit of development. She suggested that the CAC consider establishing a lower allowed FAR (Floor Area Ratio). She suggested an FAR of about 4.5 which would generate about 2.5 million gross square feet of development.

Mr. Sheppard directed the Committee to look at the statement in the draft document. He summarized it as follows:

The current proposed heights, bulks and scales and projected future development of 2.75 million square feet, results in an FAR of about 4.73. With reductions of heights to better integrate with the surrounding community, total FAR may also need to be reconsidered. FAR in similar lower rise settings such as Children's Medical Center, or Northwest Hospital have ranged from 1.4 for Northwest Hospital to 2.2 for Children's Medical Center. FAR on First Hill where the campuses abut high and mid-rise development ranges from 3.3 for Harborview to 5.4 at the Swedish Medical Center First Hill Campus to 8.4 at Virginia Mason. The FAR or 4.73 proposed for the Cherry Hill Campus fall in the lower range for the First Hill high-rise areas. Consideration should be given to a reductions in FAR to complement any reduced heights.

This comment asks for consideration of FAR reductions and does not direct such.

Mr. Cosentino noted that Children's was able to greatly expand their MIO boundary, and that SMC is more closely constrained. Other members suggested focusing on height bulk and scale rather than FAR. After brief further discussion it was determined that the above wording should remain unchanged.

A comment from one of the CAC members suggested having a check-in at five years for the Standing Advisory Committee.

After brief further discussion, Dean Patton moved:

That there be an augmented community check in at each five year anniversary of the adoption of the plan.

The motion was seconded. No further discussion occurred. Ms. Porter called the question by show of hands. All present voted in the affirmative.

A quorum being present and a majority of those present having voted in the affirmative, the motion passed.

IV. Presentation on the neighborhood 3-D model representation

Editor's note: This presentation referred to a 3-D model and is not easily summarized verbally.

Ms. Ellen Sollod provided a brief summary regarding the 3-D model she and others had developed. Ms. Sollod stated that she and the rest of the neighbors believed that they had not had sufficient information in the MIMP to fully visualize the height, bulk, and scale of the proposed development. The purpose of the 3-D model is to better illustrate two elements that the neighbors want the CAC members would like to see and these are: 1) planned future lot coverage; 2) alternative 10 heights; and 3) the general scale of the single family and low rise neighborhood that surrounds the proposed buildings. Ms. Sollod noted that the model incorporated grades for streets. 15th Avenue was used as the base and calculating the elevations. Ms. Sollod then walked through several of the blocks. She noted that along 15th Avenue the combination of building heights and grade change crease a wide variety of heights. A building at 160 feet on 16th Avenue is 175 Feet on 15th Avenue and at 200 ft. on 16th Avenue would be as high as 215 ft. along 15th Avenue. She noted that similar situations occur along 18th and 19th Avenues. The 50 ft. building, creating a wall along the backyard of the residential houses. The current proposal would also create a fortress-like structure at Cherry St. with the addition of a sky bridge. The model also demonstrated the lack of transition on either side of the neighborhood.

Ms. Sollod concluded by stating that it was her conclusion that the model illustrated the incompatibility between the heights, bulks and scale of the proposed development and the surrounding neighborhood.

A brief discussion of scale of the surrounding neighborhood followed. Mr. Cosentino asked if the model has been validated by a licensed architect. He stated his concern about having the CAC make a decision based on the model without some review by a registered architect.

Ms. Porter responded that she cannot say or determine that this model is an actual representation of the buildings and the neighborhood. Laurel Spellman noted that the CAC has requested Swedish a 3D model representation several times but was never provided such. Ms. Porter stated that the model that was presented appeared a good start.

Mr. Cosentino stated that he appreciated the work done by the neighbors to represent the area and the buildings on the model, but would like to cautioned the CAC that there might be errors on the model and would like the CAC to refrain from making a decision just by looking at the model. Ms. Porter acknowledged that there are flaws on the model.

Ms. Sollod stated that she would be delighted and welcome Swedish to come up and bring a 3D model to the Committee that shows the height, bulk and scale rather than testing the veracity of the model.

V. Public Comments

Comment from Ken Torp; - Mr. Torp stated that he appreciates the hospitality of Swedish and mentioned why the CAC tries to focus on small issues such as sky bridges, and modulations and is not looking at the big picture, i.e. height, bulk, and scale that is compatible with the residential neighborhood. He stated that it was his opinion that the answer was no. He mentioned that the CAC should tell Swedish and Sabey that this is unacceptable about the adequate transition. They should look at what Children's did to their surrounding neighborhood.

Comment from Troy Myer: - Mr. Myer stated that he was very thankful about the model presented. He stated that he currently sees 16th Avenue as a hostile street, and that the model looks like building a fortress, and he would like to see an opening up on 17th and in the middle of Squire Park to navigate around because the current proposal was so apart in proportion. He also stated that he was thankful of the public comments.

Comment from Kathy Yasi - Ms. Yasi stated that she is a family care provided that lives on 21st and east of Columbia. She stated that she is opposed to the development because of the giant structure, huge lot coverage, inadequate setbacks and issues on traffic, water and light. She mentioned that she walks along with young children and would like to have the traffic speed in the area at a kid's pace. She stated that when employees park their cars on 21st, there were no more adequate parking spaces left. She also stated her concern about the storm water issue that goes down the hill as well as the night time lights that will show on these buildings. She is not against Swedish as an institution, but is concerned about protecting the vitality of the neighborhood.

Comments from Cindy Feeling: Ms. Feeling lives on 19th Avenue and suggested that Swedish should create model. She noted that the model should show both cars and people to scale and additional information concerning setbacks along Jefferson and Cherry Streets. .

Comment from Vicki Schianterelli: - Ms. Schianterelli stated that she is Ms. Feeling's next door neighbor. She noted that in 2010 the neighbors had raised a balloon to 37 feet above the rear lot line of the lots along 19th Avenue. That illustrated the view blockages along that side of the Campus She reminded the Committee that from day one that she asked Swedish to produce a 3-D model. Their response was repeatedly no. She would like to see an architect's version as well and particularly how the slope from Cherry to Jefferson Streets would affect the apparent heights.

Comment from Jerry Matsui: - Mr. Matsui stated his comments might appear familiar. He noted that the DEIS shows the actual traffic impacts that will occur is SMC did everything right and is

not necessarily an objective evaluation. He noted that Swedish has not had a good record in following through on commitments. The impacts presented are “best case scenarios”. He stated that he and others are not necessarily against the hospital, however that should not give Swedish a blank check. The development places high rise development in the middle of this low rise neighborhood. He stated that the proposal can best be described as intensive. He suggested that greater height be only allowed for hospital development, not Sabey development. He stated that the intention of the process was not to allow for-profit development to benefit from the overlay. He stated that the final plan should be rejected. He again stated that the alternatives proposed by Swedish is unacceptable especially the development of high rise buildings in the middle of a residential neighborhood.

Comment from Merlin Rainwater: Ms. Rainwater stated that she did not live in the immediate neighborhood, and stated that the main reason he attended this meeting was to get information on the Transportation plan and to voice her opinion about Swedish not meeting the goals of the previous transportation plan. He would like to see that the goal of the transportation plan is regularly met.

Comment from Murray Anderson: Mr. Anderson lives on Jefferson for almost 30 years. He stated understands the changes that will occur. However when he saw the proposal he was dismayed. He stated that he remains perplexed. On the face of it, this proposal appears to be totally out of scale with the neighborhood. He mentioned that there is need to further justify the size of the buildings. He also stated that it is impossible for Swedish to project 20 years down the road concerning what the neighborhood would look like and he assured that the neighborhood will definitely look different in the next 20 years.

Comments from Lorie Lucky: Ms. Lucky stated that she lives two blocks north of 17th and Cherry and not a near neighbor, but she is part of the Squire Park neighborhood. She stated that she opposes the plan because of the height and bulk is way too high and it seemed like it will create a fortress. She noted that the uses for these building appear unclear. The community was told that this would be the location of a state of the earth heart research center, but at a previous meeting the SEIU representative stated that this function was being moved to First Hill. She stated that she was concerned about the houses on the edge of Jefferson that were remodeled into beautiful Victorian style houses and how it will become of them because of the expansion.

Comments from Greg Harmon: Mr. Harmon lives on 19th and Cherry and stated that the intensity of the buildings is way too much for the neighborhood. While the scale has been reduced somewhat it is still too large. He stated that smaller buildings and separate structure are needed. He stated the need for these buildings to transition better to Seattle University and that the setbacks are insufficient. He further stated that the traffic impacts appear understated.

Comments from Aleta Van Patten: Ms. Van Patten lives on 15th and Columbia and stated that the model clearly shows the massive scale of the building. She stated that so long as the same number of square feet of development was placed into the neighborhood, that the expansion would bring a lot of people in the neighborhood which result in more traffic contamination. She mentioned that Swedish should consider accommodation for the neighborhood.

VI. Update on Integrated Transportation Board (ITB)

Mr. Cosentino informed the Committee that the ITB held its first meeting on July 10th. The purpose of the meeting was to look beyond the MIMP and agree upon a unified approach on building coherent policies, enforcement of parking and enticement for patients’ visitors, and vendors that are coming in the campus. The board included representatives from SDOT, King County Metro, LabCorp, Northwest Kidney, and Sabey. It is intended that they meet every two weeks. These groups participating each

has a vested interest in identifying problems and challenges and coming up with a unified solutions to an ongoing problem of traffic and parking around the campus. Currently, the group is gathering data, and tackling surface parking and traffic mitigations. Mr. Cosentino added that updates will be provided to the Committee in the next 60-90 days.

Ms. Spelman asked what would occur in case that the proposed development degraded the level of service at various to a D rating. Would that would trigger SDOT to condition the project by installing traffic lights or pedestrian improvements.

Ms. Van Valkenburgh responded that the level of service only focuses on cars and it is not SDOT's sole concern. SDOT's concern would be safety and travel option for everyone. If there is a concern, SDOT will work with Swedish on signal hardware and improvements on the ground to make it safer for people and bicyclist to cross the streets.

Various members noted that the Swedish record was mixed at best concerning addressing traffic and parking problems, and that it will important that the board to look at why the process did not work in the past. Mr. Cosentino stated that all of the five companies will be looking at what works well and acknowledged some failures in the past.

VII. Adjournment

No further business being before the Committee, the meeting was adjourned.

SWEDISH MEDICAL CENTER
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CHERRY HILL CAMPUS
MAJOR INSTITUTIONS
MASTER PLAN CITIZEN'S
ADVISORY COMMITTEE

Committee Members

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*Department of
Planning and
Development*

Marcia Peterson

*Swedish Medical
Center Management*

Cristina Van Valkenburgh

*Seattle Department of
Transportation*

Meeting Notes

Meeting #18

August 14, 2014

Swedish Medical Center
Swedish Cherry Hill Campus
550 17th Avenue

Swedish Cherry Hill Auditorium – A Level

Members and Alternates Present

Katie Porter

Dean Patton

Leon Garnett

Laurel Spelman

Raleigh Watts

Dylan Glosecki

Laurel Spelman

James Schell

Linda Carol

Dave Letrondo

Lara Branigan

J Elliot Smith

Patrick Angus

Members and Alternates Absent

Maja Hadlock

Ashleigh Kilcup

Ex-Officio Members Present

Steve Sheppard, DON

Marcia Peterson, SMC

Christina Van Valkenburgh, SDOT

Stephanie Haines, DPD

(See sign-in sheet)

I. Welcome and Introductions

Ms. Katie Porter opened the meeting and briefly went over the agenda for the meeting. A motion was presented to approve tonight's agenda and the motion was approved.

Ms. Porter introduced Mr. Andy Cosentino to lead off the SMC presentations.

II. SMC Presentation Regarding the Design Guidelines

Editor's note: Much of this presentation and discussion related to review of the new 3-D model and was not easily summarized in written form.

Mr. Cosentino stated that much of the presentation would relate to a new 3-D Model developed by Callison Architects. The model starts with Alternative 10. He noted that it also includes plug and play modules that will allow the Committee to look at various alternative heights for development in key areas, and particularly what the lower heights would look like for the west tower in the 18th Avenue half block and the block between 15th and 16th Avenues. He also noted that SMC will present information on possible design guidelines, neighborhood amenities as well as an update on the work in progress by the Integration Transportation Board.

Incorporation of Design Guidelines in the Plan

Mr. John Jex was introduced to present the model. Mr. John Jex stated that SMC had developed its new 3-d model to respond to the CAC comment letter and demonstrate what alternative heights might look like. He noted that the institution would like to get feedback from the Committee after the presentation and passed out feedback forms for members to use as they go over the presentation.

Mr. Jex stated that SMC is now committed to incorporating design guidelines into the final master plan and are now working on those guidelines. They will be an appendix to the Master Plan. The design guidelines will help define the scale and create a more pedestrian feel. They would address elements such as landscaping, façade treatments, and the treatment of vertical setbacks.

Discussion of Open Spaces and Other Amenities

Mr. Jex noted that there had been several conversations concerning what is usable open space. After a review of the open spaces, the design of the central plaza area has been amended to no longer include the driveway and parking. The area will be changed to create a new edge for tables and chairs that will be more open to the public. He briefly outlined other open spaces including a proposed 25 ft. setbacks the rear lot lines of properties facing 18th. He noted that all parking in the 18th Avenue half block has been moved underground and that no portion will not extend above grade on the read (east) lot one.

Mr. Jex briefly outlined amenities that would added to the plan in response to the CAC's comments. These include:1) a Health Walk along the edges of the MIO that would be intended to promote a more active lifestyle with exercise stations that reinforces and provide information about the health walk program as part of an informational message; 2) creation of view nodes and a more open public lobby, 3) a public terrace and a pathway to the east node;4) a daycare center that will be used 50/50 by the neighbors and employees at the plaza park in the north side of the annex building will also be included; and 5) a Wellness Center that would tie into various Swedish Health Education programs as well as to the Seattle University athletic gym.

Illustration of Various Height Alternatives

Discussion then turned to height, bulk and scale. Various heights were demonstrated by removing stories from the alternative 10 starting point to illustrate changes along both the 18th Avenue Half Block and the 15th to 16th Avenue Block.

Editor's note: At this time, the CAC members had the opportunity to walk around the room to view the model and various accompanying illustrations.

There was considerable back and forth conversation between members and staff during this "walk around" which could not be summarized in these notes.

Transportation Master Plan

Mr. Cosentino stated that the chairman of the Integration Transportation Board (ITB) was present and would provide an update on the work of the board. The ITB is looking at van pool opportunities, security and parking, Metro Transit systems, bikes, street car and a program called "Live Where You Work". He briefly discussed the Live where You Work program. Much of the congestion related to SMC development is related to the fact that most of SMC's employees do not live close to Cherry Hill. He noted the between the various employers on the Campus 117 employees live within a one mile radius. The vast majority of these people walk to work. He noted that the TMP goal is 50% and currently Swedish is at 59% which is not acceptable. To get to that 50% SMC will have to reduce trips by 109 trips. SMC would like to establish incentives that would encourage employees to surrender their vehicles, and/or relocate to the neighborhood.

Mr. Cosentino introduced Naren Balasubramaniam, the chair of the ITB. Mr. Balasubramaniam stated SMC wants to be a good neighbor. He noted that he had walked down the street along the campus, block by block and witnessed the challenging situation in the neighborhood. In order to resolve these challenges a unified approach including participation by all the major stakeholders around the neighborhood is needed.

The ITB has met three times, received presentations from other companies, and looked at capacity and parking utilization. It is the job of the board to create a cultural shift that will focus not only on traffic and parking but as well as the wellness and well-being of the surrounding neighborhood. He briefly discussed various possible future actions and noted that this effort is of great importance to the senior management of SMC.

Ms. Porter noted that SMC has referenced the need to take 109 cars off the road in order to meet the TMP 50% goal. With all of the new development proposed it would seem that a great many more cars would have to be removed. Mr. Balasubramaniam responded that the 109 car reduction relates to current actions with the current development. Mr. Porter whether the incentives and penalties would apply to venders and others making deliveries. Mr. Balasubramaniam responded SMC has a great deal of influence with both tenants and venders and will explore multiple options and to leverage and influence their behaviors as well as looking at how other hospitals have handled this.

Ms. Porter noted that the DEIS concludes that there would be significant unmitigated traffic impact on the neighborhood. The reality seem to be that there may be unmitigated traffic impacts on the neighborhood. Mr. Cosentino responded by stating that it is difficult to forecast what the impact in the future will be regarding these traffic congestions.

IV. General Committee Discussion

Discussion then turned to general member comments. Ms. Porter noted that SMC appeared to have responded to many of the requests of the Committee. She noted that not everyone would likely see this new alternative that way, but others may.

Mr. Consentino stated that SMC had tried to reduce elevations substantially. The west tower on the 15th to 16th Avenue block has been reduced about 35% in height. In order to do this and still meet SMC needs a great deal of creativity was needed. One major way this was done was to cantilever development on the 15th to 16th Avenue Block over the parking garage. Mr. Sheppard noted that on the model and in the DEIS many existing buildings are shown unchanged. He asked if this is the case. Mr. Consentino responded that in most, but not all cases this is the case. The west tower and MOB would be removed and replaced.

Ms. Porter asked for more clarity on the design guidelines. Mr. Jex responded that it was the intent of SMC to take the City of Seattle December 2013 design document use that as a starting point and add information more directly related to this major institution. That document would then be appended to the Major Institutions Master Plan.

Members noted that there was discussion of incorporating a hotel into the hospital. Mr. Cosentino responded that SM anticipates by 2040 there will be about 84 rooms. There are currently 24. These are currently in the West Tower. These rooms will be restricted to only patients and families and not for the public.

A comment was made regarding 17th avenue connectivity and access after regular hours. Mr. Jex responded that the team is currently in discussion regarding campus security, and the design features will allow easy access to 18th.

Ms. Porter asked that the CAC have the opportunity to review the design guidelines as part of the approval process.

Lara Branigan stated as SU is a neighbor along 15th Avenue, and that there is an open space node on the corner of the parking lot and the setbacks in their plan. She stated that the focus on setbacks and other design elements in this are good. She encouraged SMC to coordinate its development with SU. She noted that 15th Avenue is presently a “dead zone” hat development by both SU and SMC would provide an opportunity to significantly improve this street. She noted that the SU MIMP allows development up to 65 feet on the east side of 15th Avenue. She noted that it is important to keep this in mind long-term.

Ms. Porter stated that it is admirable that SMC would have a retail tenant as Wellness Center, but it feels like that a gym is not a community amenity. Mr. Cosentino stated that the concept goes well beyond a fitness center, prevention, wellness, nutritional counseling.

Patrick Angus stated that he too saw 15th Avenue as a particularly unappealing street. The addition of the wellness center near the SU athletic facilities might be a major improvement. He suggested that there be program integration between both SU and SMC and mentioned the SU nursing program as offering a starting point.

Dean Paton stated that it was his observation that the CAC has lost its focus on the big picture and is focusing on detail. These details are essentially distractions. For the last several months, over 100 members of the neighborhood have expressed the consensus position that the development is simply too high, bulky and brings too many new people into this low-rise neighborhood. It appears that the only people who disagree are representatives Swedish, Sabey or Providence. He noted that this would be more appropriate downtown and not here. The 250,000 square foot reduction in total proposed development is insignificant. He asked why SMC and Sabey have concluded that its needs and desires should take priority over the need of a residential neighborhood that has been here over 100 years old and potentially destroy the neighborhood.

Mr. Glosecki stated that the Committee continues to talk about bulk, height and scale and noted that the Committee cannot spend the entire conversation around those elements, and that there are multiple things and issues that will impact the neighborhood which are not only height, bulk and scale. He noted that he still has many issues with the heights and scales. He asked if the development on the 15th to 16th Avenue block could be further split to have greater height modulation. Mr. Jex responded that there were significant issues with floor plates. The desire is to have clinical research in that building and that drives floor plate design.

Ms. Porter stated that she too still has questions concerning, bulk, height, and scale but is trying to balance this against her realization that the area is growing and that some increased in the scale of development here are probably inevitable. She stated that she is not against growth, but would hate to see Seattle turn into San Francisco. Swedish and Sabey now appear to be trying to accommodate the Committee’s comments. There will be various accommodations from both sides. No one will be entirely happy with the outcome. She noted that differences between the initial proposals with boundary expansions, street vacations and greater height and the present proposals. They are not perfect but appear to be improvements

Mr. Cosentino stated that Swedish made attempts to addressing the various concerns of the CAC and DPD. This is not a quick process and is challenging and costly.

Dean Paton noted the medical institution and the research center are out of scale and the Sabey properties. He reiterated that by agreeing to small changes the CAC is not adequately addressing the height issues. He noted that he was an Urban Planning major in college and that this proposal would not meet normal standards. Ms. Porter asked if Mr. Patton saw the current proposal as an improvement in any way. He agreed that it is smaller than what was first proposed, but it is still far too large and needs to be reduced further.

Dylan Glosecki stated that he continues to believe that additional development should be planned on the Kidney Center site. He also stated that the development in the 18th Avenue half block should be stepped down so that no portion would be above 37 feet.

IV. Public Comments

The meeting was then opened for public comments. Ms. Porter requested that commenters focus on the MIMP and not Swedish as an employer or the quality of care that commenters may or may not have received.

Comments from Claudia Montmayer Ms. Montmayer stated that she appreciates the work that is being done, but in her opinion, she would like to discuss the big picture which is the height, bulk, and scale. The height bulk and scale is not compatible with the neighborhood. She also noted that the minor reductions in total proposed development is not significant, they are nearly the same as what was first proposed. She also stated that it would appear that any discussion of design guidelines should follow agreement on the overall height bulk and sale of development.

Comment from Bob Cooper: Mr. Cooper stated that it was very telling that Mr. Cosentino stated that SMC was working to address the concerns presented by the CAC and DPD, but said nothing about SMC efforts to address the concerns that SMC hears from its neighbors, this audience and the people who live here. There is a consensus among a great many of the neighbors that current proposal is fundamentally incompatible with this neighborhood. Even with the smaller size being presented the changes are not significantly smaller. That consensus is that: 1) a 105 foot maximum height is appropriate, 2) further height reductions below that level should occur along the edges of the campus; 3) that the buildings along 18th are still too big; and 4) that the expansions in heights etc. should only be for the hospital and not Sabey. SMC should make some priority decisions. Not every use that SMC has envisioned for this campus can be accommodated and still strike a balance. He noted that his home, and many others, predate the hospital. The hospital was not here first.

Comment from Ellen Sollod: Ms. Sollod stated that she appreciates Swedish preparing a model. She noted that the proposal is essentially rearranging the deck chairs on the Titanic. It does is reduced one square foot from the 2.75 million square feet included in Alternative 10. It does nothing to provide the transition to the neighborhood. Heights may be more compatible with the interior of the campus but not with the surrounding neighborhood. The 160 ft. buildings will still cast shadows as far north as Marion Street, and the mechanical housing that will be on top of the building is too much. There is still too much height, bulk scale density and intensity being proposed. She noted how she appreciates Swedish needs to expand, but does appreciate Swedish desires to expand in this location. She challenged Swedish to look at expansion elsewhere. She noted that she agrees with Ms. Porter that increased density in unavoidable. But this is for people and housing and not part of the medical/industrial complex. The neighborhood has agreed to greater density. There are more people and housing unit is in the neighborhood. She asked what it would take to have SMC senior staff to move into the neighborhood.

Comment from Claire Lane: Ms. Lane stated that she lives on 16th and Marion. She appreciates there are the concerns regarding height, bulk, scale and setbacks. She stated that is was her opinion that SMC has made few real tradeoffs. The noted her major concerns with traffic, parking and transportation. She stated that there seem to be comprehensive policies suggested to apply to all tenants, but remains skeptical that this will occur. Housing is a huge problem in the neighborhood and there needs to be a plan for housing development for SMC staff. She would like to see more transit planning and the 50% SOV goal is not sufficient to the neighborhood and have the issue of bulk, density, and transit as part of the compromise process. There needs to be more compromise

Comments from Abel Bradshaw: Ms. Bradshaw stated that lives on 19th Avenue and she stated that proposal is not something new, and it is the same square footage. She stated that in her opinion the MIMP should be rejected. She mentioned how the issue of height, bulk and scale are keep coming up

because Swedish refuses to negotiate. She agreed that the pollinator pathway is a wonderful idea. However as her house borders that feature she has questions. At the present time she cannot grow much in the shade along this area from the existing buildings. He also noted that this would result in many people walking right behind her home. She stated that she does not look forward to people walking along the pathway in my backyard. She also stated that the building is going to block out my view of the sky and there has been no mitigation regarding that.

SMC has resisted neighbor's suggestions and public comment now for two years and refused to really negotiate height bulk and scale. It is getting very frustrating.

Comments from Catie Chaplain: Ms. Chaplain lives on 16th Avenue. She stated that she agree with the comments made by Mr. Cooper and Ms. Bradshaw. She noted about the proposal regarding transportation and public amenities. It is ironic that this proposal that appears so out of scale to the neighborhood offers no substantial solution for traffic. There will be more congestion and there should be bigger setbacks discussed in the planning. She stated that the Health Walk proposal could have been a sidewalk, and that day care is a great idea but it is not a true public amenity, and it has nothing to do with the neighborhood. The discussion of encouraging employees to live in the neighborhoods is good, but the discussion that SMC has identified its overall need for SOV use reduction at a mere 109 cars is depressing.

Comment from Chris Genese: Mr. Genese stated that he is from the Washington Community Action Network and that he supported the set of principles and demands that Mr. Cooper provided. Community testimony has been that 105 ft. maximum height is not really close to that. The Wellness and health center are not community benefits and will not compensate the way the neighborhood. Real compensations would be access to affordable health care. SMC should be willing to compromise to 105 feet.

Comment from Cindy Thelen: Ms. Thelen stated that she lives on 19th Avenue. She thanked Dean Patton for listening to neighbors. She stated that the issue of loading and unloading should be addressed and the noise pollution being created by truck deliveries should be limited in a certain timeframe. She noted that if Swedish and Sabey would like to assert themselves as being a good neighbor, they should address the loading dock noise issue. Tonight's proposal still places a 50 foot building directly behind her home. Neighbors have repeatedly rejected the health walk as an amenity. She urged the total rejection of the present proposal.

Comment from Julie Popper: Ms. Popper represents the SEIU Healthcare 1199 Northwest. She stated that the document handed out by Mr. Copper is the right approach. She noted that having daycare and a gym sounds great, but how about providing affordable health benefits to their employees. With regards to transit, she mentioned that Swedish only pays one method of transportation and the rest is supported by tax dollars. She also noted that if Swedish want their employees live closer to their work, they should pay them decently so they can afford living in the neighborhood.

Comment from Vicki Schiantarelli: Ms. Schiantarelli lives on 19th Avenue and stated the proposals do not reflect the scale near her property correctly and provided example from the model. She stated that she was a vice chair of the Committee in 1994 and considerations then was what were amenities versus mitigations that were presented were not met. She mentioned that the primary role of the advisory committee is to work with the major institution and the City to produce a Master plan that meets the intent of the Code. . The Committee comments should focus on identifying and mitigating potential impacts on the surrounding community. She noted that the code states that The Committee may comment on a wide variety of issues including need, but that these elements are not subject to negotiation nor can they be sued to delay final consideration of the plan. Amenities are OK but mitigations are more important. There is insufficient mitigation contained in this proposal.

Comment from Jerry Matsui: Mr. Matsui stated that putting a lipstick and a mascara on a pig will still remain a pig. He noted that the problem was the aerial views that were presented ate intended to make the building looks smaller. They are not and are still gigantic. He noted that presentation are not talking about mitigations and the issues are still bulk, height, and scale, intensity of traffic and pollution and creating this massive mausoleum. Swedish have not met the 50% goal in 20 years and mitigating the traffic of their employees. Swedish have not accomplished anything in the past three meetings.

Comment from Melissa Flynn: Ms. Flynn stated that she lives behind Providence. Recently encountered an individual pacing back and forth. She asked the individual if she could assist him he declined stating that he was just waiting for his appointment at SMC. He received heart treatment there for years and mentioned that he routinely found free parking for his hour appointment in the Neighborhood. She mentioned that there was a garage closer. He told her that he did not want to pay any parking fee so as he has no problem parking along the neighborhood, he does so.

Comment from Christian Oliver Grant: Mr. Grant lives on 15th Avenue east of Columbia Street and he agrees with the comments made by Dean Paton. Mr. Grant stated that he would like to see some guidelines concerning heights that were found to be acceptable at other similarly placed institutions to serve as a yardstick. He also stated about what is the feasibility of having Swedish and Sabey acquiring more properties and what options has been explored. He stated that he loves Seattle University and if there is an opportunity for Swedish and Seattle University to collaborate regarding health and wellness education amenities along 14th and 15th, he would be encouraged.

Comments from Janet Van Fleet: Ms. Van Fleet lives on 18th Avenue. She stated her concerns about density and traffic. She mentioned that an increase in density will spread all over the place and having a huge institution on the scale of Swedish and Sabey will bring in tremendous amount of traffic that is already been happening along Jefferson and James St. She also said about with this tremendous traffic as well as a population explosion creates terrible air quality. She referenced the cumulative impact of other developments such as Yesler Terrace.

Comment from Sonya Richter: Ms. Richter stated that she lives on 17th Avenue and that the site is simply too small to accommodate the proposed plans. The expansion is too big, tall and bulky on the Jefferson side and little attention has been paid to either the Jefferson or Cherry facades. The north facade needs a great deal more attention. She stated that the central plaza and drive is not good open space.

VI. Continued Committee Discussion

Ms. Porter concluded the public comment period and asked members if they would like to provide their comments.

Mr. Glosecki stated that the collaboration between Swedish and Seattle University is a good start and working together to share future development plans are realistic. He urged continued collaboration.

Ms. Porter stated that she was surprised that the Committee is still hearing so much push back from neighbors concerning this proposal. Neighbors still object to the height, bulk and scale in this new direction. This is meaningful. Earlier in the meeting she expected some greater level of comfort with the reductions in heights proposed by SMC. She understood that efforts are being made on the transportation issues. Her concerns, however, was that she has not heard sufficient details not acceptance from neighbors. SMC has tried to respond to the previous Committee comments and the discussion may be headed on the right direction though and that is encouraging.

Dean Patton noted his previous question as to why SMC believed that they should get virtually everything they want but in the process destroy the neighborhood. He noted that is the consistent view of the neighborhood is feeling right now. Mr. Cosentino responded that the mission of Swedish is a healing ministry and they do not want to destroy anyone or anything. What SMC hopes to do is to build something unique that benefits the community and its neighbors. He believes that the CAC will find a

balance approach that will accommodate the neighborhood and Swedish and noted that he rejected the notion that the mission of Swedish is to destroy the neighborhood.

Raleigh Watts stated that he lives a bit farther away for the institution. The neighbors from the broader Central Area appear to see the process as moving in the right direction with regards to height, bulk, scale and amenities. He stated his appreciation of the public comments regarding the transportation issues. He noted that he is interested to see how Swedish could demonstrate its rapid reaction of bringing down the 58% rating to 50% and how to measure it. He mentioned that he is looking forward of dealing with the transportation issues with an innovative approach rather than a traditional one.

There was brief discussion about moving the future meeting to later in September. No date was set at the meeting.

VII. Adjournment

No further business being before the Committee, the meeting was adjourned.

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CHERRY HILL CAMPUS
MAJOR INSTITUTIONS
MASTER PLAN CITIZEN'S
ADVISORY COMMITTEE

Committee Members

Katie Porter, Chair

Leon Garnett

Dylan Glosecki

Maja Hadlock

Raleigh Watts

J. Elliot Smith

Laurel Spelman

Majo Hadlock

Linda Carrol

*Swedish Medical
Center Non-
management
Representative*

Patrick Angus

David Letrondo

Lara Branigan

Committee Alternates

James Schell

Dean Patton

Ashleigh Kilcup

Ex-officio Members

Steve Sheppard

*Department of
Neighborhoods*

Stephanie Haines

*Department of
Planning and
Development*

Marcia Peterson

*Swedish Medical
Center Management*

Cristina Van Valkenburgh

*Seattle Department of
Transportation*

Meeting Notes
Meeting #19
September 30, 2014
Swedish Medical Center
Swedish Cherry Hill Campus
550 17th Avenue
Swedish Cherry Hill Auditorium – A Level

Members and Alternates Present

Dean Patton

Leon Garnett

Laurel Spelman

Raleigh Watts

Dylan Glosecki

Laurel Spellman

James Schell

Linda Carol

Dave Letrondo

Lara Branigan

J Elliot Smith

Patrick Angus

Members and Alternates Absent

Katie Porter

Ex-Officio Members Present

Steve Sheppard, DON

Marcia Peterson, SMC

Christina Van Valkenburgh, SDOT

Stephanie Haines, DPD

(See sign-in sheet)

I. Welcome and Introductions

Mr. Dylan Glosecki opened the meeting. Brief introductions followed. Steve Sheppard noted that members had meeting notes through meeting 17 and urged them to review those carefully.

Mr. Sheppard stated that the process going forward would be more formal. Members will be required to sign attendance sheets to establish quorum and voting eligibility. The Committee will soon establish formal positions for the final report. All votes on these positions will be by polling of members and individual positions recorded in the meeting notes. Mr. Glosecki asked the members to review the minutes and send any mark ups to Steve to avoid taking meeting time for typographical changes. The meeting notes will be approve at the next meeting.

II. SMC Presentations

Mr. Glosecki introduced Mr. Andy Cosentino. Mr. Cosentino stated that before diving into the TMP review, he would like to have Mr. John Jex to do a brief update regarding the final preliminary MIMP

.Preliminary Final Major Institutions Master Plan

Mr. Jex used the 3-D model to illustrate reduced heights on 15th, 16th and 18th Avenues that would be incorporated into Alternative 11. Changes illustrated included reduced heights in the West block. Mr. Jex also noted that design guidelines, would be incorporated into the plan as its Appendix

H as recommended by the City and implemented by other institutions. The final plan will also include identification of neighborhood amenities, landscape area, open space, day care center, wellness center on 15th, a landscape buffer between 18th and 19th Avenues, linkage to 17th Avenue through the campus north south, linkage east to west on 15th to 18th through the campus, and the new TMP.

There was a brief discussion concerning how heights are conditioned down from the standard MIO heights in the Land Use Code. Members asked how conditioning might work for the West Block between 15th and 16th Avenues. Mr. Jex stated that a block is identified as MIO 160 but it is not the intent to build 160 feet high on that block. Instead it would be conditioned down. The current proposal would likely see heights no greater than 150 ft. along 15th Avenue and 125 ft. at the midpoint on 16th Avenue.

Mr. Sheppard informed the Committee that Children's, Virginia Mason and Seattle University used a similar method to condition down. The City Council then adopted those reductions as "Council Conditions".

Revised TMP Discussion

Mike Rimoin, from Commute Seattle and vice chair of the Integrated Transportation Board (ITB) was introduced to discuss the work of the Board. Mr. Rimoin provided a status update.

The current TMP goal is 50% maximum single occupancy vehicle (SOV) use. The last survey indicated that SOV use was currently at 56%. The ITB is working through different groups around the campus through a number of policy shifts, education outreach activities in order to develop strategies to reach the TMP goal. Current efforts include: 1) educational outreach, 2) communication about existing amenities, 3) transportation fairs, and 4) workshops and seminars on how to use the current transportation technology, bicycle 101, vanpools, bus pass, and ORCA sign ins.

The biggest challenge for the ITB is arranging that all stakeholders sit down and talk about the issues.

Mr. Rimoin listed the ITB priorities as follows: 1) develop a unified set of policies on parking; 2) assure TMP compliance; 3) incorporate anticipated transportation changes into plans; 4) engendering cultural shifts within SMC staff to further TMP goals.

The ITB has met a number of times. Work groups were formed and prepared: 1) draft parking enforcement plans, 2) a neighborhood parking call-in line and website, 3) draft vendor parking policies and 4) outlines of a "live close to work program" The ITB also discussed expanding shuttle operations as a critical element.

Mr. Cosentino reported that about \$1.3 million has been spent on shuttles, in response to the reduction of services done by Metro. The first trial route is from Westlake Park and other routes including connections to the International District station and Colman Dock. It will initially be a 13 hour service. SMC advocates changes to the current RPZ to compliment increased parking enforcement by SMC. He noted that SMC is concerned that enforcing parking prohibitions on its staff would have little affect if those spaces are taken by employees from Harborview or SU students etc. Therefore SMC advocates amending the RPZ to allow resident parking only with no two hour general parking allowed from 7:00-11:00. Such a change will require approval from neighbors.

Mr. Cosentino agreed that when the West Tower is occupied, it will generate traffic congestions. This will likely require expansion of outlying parking and further increased in the proposed shuttles. Other employers in the area will take a similar approach. SMC will also explore leased spaces at local churches. Mr. Glosecki stated that he would like to see the 44% goal reduced much further. Steve Sheppard stated that the current 50% goal is in line with other major institutions.

The shuttle expansion, bus stops and crosswalks are consistent with the First Hill neighborhood CTR goals set by SDOT. It will take a comprehensive multi modal plans to successfully address these issues. Swedish will be very aggressive in pursuing improvement.

Mr. Rimoin stated that aggressive actions will be needed to get down to 50% SOV goal and ultimately to the desired 44% CTR SOV goal identified in the plan.

IV. General Committee Discussion – Questions and Comments

The discussion was then opened by Mr. Glosecki for Committee comments.

Revised TMP Discussion

Mr. Glosecki note that he was on the ITC and that under the current proposal employees caught parking in the neighborhood would get a warnings and increasing discipline up to and including termination of employment. For vendors, the 1st strike is a warning, 2nd strike loss of the right to come on campus for 30 days and a 3rd strike will loss of the right to come on campus for 1 year.

Members asked if there was any current evidence that Harborview staff and other groups come to the neighborhood to park. Mr. Cosentino responded negatively but stated that once a void is created SMC assumes that such could be the case.

Members asked how many added employees would be on campus once the West Tower occupied. Mr. Jex responded that in Appendix G of the Draft Plan, the forecast is 277 by 2040.

Members noted that some vendors provide validated parking in the garages to their users but that SMC does not. Providing validation (free parking) might go a long way towards reducing patient parking in the neighborhood. Members also asked if patient would have access to the shuttles. Mr. Cosentino responded that shuttles are open to patients and employees. Patients will be informed of this.

Mr. Glosecki noted that two decades of failure to meet goals has resulted in zero credibility on parking issues in the neighborhood. This presents a major challenge to Swedish. Enforcement policies must be strict and neighbors clearly see that SMC has changed its practices. This will take some time and effort. Mr. Cosentino agreed and noted that Swedish takes this challenge very seriously. This will be a five year commitment and the enforcement policies will begin to kick off on January 2015.

Laurel Spellman asked if the policies being developed applied to the First Hill campus as well. Mr. Cosentino responded that it will be only at Cherry Hill. Dylan Glosecki stated that he wanted to see the SOV use goal retched down over time,

Steve Sheppard stated that the current 50% goal is in line with some other major institutions.

Alternative 11 General Committee Discussions

Mr. Glosecki stated that on Alternative 11, the that maximum heights on the 18th Avenue half block should be 37 feet, not 45 or 50 feet. Mr. Cosentino responded that it is worth exploring with different elevations and a thought process, transferring the square footage and smoothing out the building and leveling the area.

There was a brief discussion of concerns over privacy from the proposed roof gardens on the 18th Avenue half block. Mr. Jex reviewed the designs of those features highlighting efforts made to address those concerns. He noted that the design includes landscape edge to the roof deck to keep the visitors back from the edge thus reducing their ability to look down onto adjacent yards and homes.

Members noted that the most effective way to reduce traffic impacts would be to limit the amount of new development. Various members noted that the heights and bulks still appeared out of scale to the neighborhood. Mr. Glosecki asked what an appropriate height is. Various members responded that 105 feet would be appropriate, preserves the neighborhood, without dwarfing surrounding uses. Mr. Cosentino responded that the SAC had taken a preliminary vote on its degree of comfort with 160 feet

for the Hospital building in Central block. The institution has spent a great deal of time and money developing this direction.

Dave Letrondo observed that there has been change. The institution started out at 240 foot towers in Alternative four and has now come down 90 feet in the Central block. Others noted that looking at the model and heights in alternative 11, they were happy to see that it is now moving in the right direction. Both sides needs to come together towards cooperation and concessions in order to come into an alignment.

Mr. Cosentino stated that 18 months ago SMC had identified a need for 3.1 million sq. ft. of development. The current alternative can provide only 2.75 million sq. ft. If the CAC recommends restricting height and bulk farther, then by default that will further reduce achievable development below projected needs.

IV. Public Comments

Comments from Robert Schwartz: Mr. Schwartz stated that he was the Associate Vice President of Facilities for the Seattle University. Seattle University staff met with Swedish Medical Center staff last week and reviewed the model of the current directions. The current proposal appears to address the major concerns that Seattle University raised previously such as building heights, setbacks, massing and articulation, circulation and connectivity and street activation. There has been significant progress on most issued. Building Height: Seattle University was not supportive of the original 200 foot proposal along 16th Avenue. With the significant reduction in building height along this street to an average of about 138 feet, with the greater articulation and setbacks along 15th Avenue, Seattle University's previous concerns about having a massive building looming over the Seattle University Campus are being addressed. There has been significant progress in the direction of building setbacks along 18th which he find is appropriate and is supportive of. There has been significant concessions regarding massing and articulation and believes that it is appropriate in those areas. Mr. Schwartz would like to see more circulation and activity along 15th and agree that the corner is a challenging street. Overall, Mr. Schwartz stated that Swedish and Sabey made significant movement and encouraged the CAC members to review these proposals favorably and move forward with appropriate conditions.

Comments from Julie Popper: Ms. Popper noted that she represents the SEIU Healthcare 1199 northwest. This organizations is the union for nurses and healthcare workers at all Swedish campuses. She referenced her support of the physician's positions that were submitted to the director stating that this is not First Hill and this is not downtown and it does not have the infrastructure of First Hill or downtown to support these transportation proposals. Combining shuttle service to the two campuses is unrealistic. The Swedish shuttle is full. Shift workers do not get off work on time. The shuttle should be a 24/7, around the clock operation. Solutions to the parking and transportation problems should not demonize employees. The only solution is to provide a quality transit infrastructure, walkable street car options.

Comments from Xachitl Maykovich: Ms. Maykovich stated that she was from the Washington Community Action Network. The impact of traffic to low income communities and colored people are way too great. She stated that the scale of development needs to be addressed to mitigate traffic impacts and that SMC should sit down with the neighbors to come up with real agreements to address their concerns.

Comments from Jack Hansen: Mr. Hansen stated that he was a very skeptical that SMC's proposed TMP efforts would be followed through on. Some innovation is being presented. However, he noted that they had stated that \$300,000 a year a year was allocated to this effort. Given the scope of the problem this is insufficient and not a real commitment. The real issue is the massive expansion to the neighborhood. This is a single-family area with two lane streets. He reminded the CAC that the message from the community has remained consistent since the very beginning that the scope and

scale of this project is inappropriate to this neighborhood. He encouraged the CAC to reject the proposed MIMP and send it back to the drawing board and start over. The neighborhood has seen little significant improvement.

Comments from Murray Anderson: Mr. Anderson stated that at its current 105 ft., development is already too big and too tall for this neighborhood. Greater heights should not be allowed.

Comments from Joy Jacobsen: Ms. Jacobsen stated that this proposal is out of scale and should come down. While there has been progress, the current proposal it is not there yet.

Comments from Abel Bradshaw: Ms. Bradshaw stated that she believed that any apparent progress was an illusion. The first proposal about the complete destruction of every house on the west side of 19th. and having an enormous building to be built on the north side of Cherry brought the neighborhood in tears. She stated that most people sitting in the room understood clearly that alternative 1 is false and pretended that Swedish were all in negotiations and that the only individuals being compromised in this room are the neighbors.

Comments from Troy Myers: Mr. Myers stated that he agreed with the statements made by neighbors and has been consistent that this campus is not First Hill. This neighborhood is not an urban village and does not have the same amount of transit service. The suggestion of having a neighborhood watch and a RPZ amendment sounds good, but he questioned shifting the burden to the neighborhood. The burden should not be on the neighbors. While the live close to work option seem interesting, it is unclear how it might affect employees who no longer work at Swedish, and how will they be subsidized. He noted that Sabey is a vendor and asked if the vendor policies, or SMC policies would apply to them. There will be significant construction that will impact the livability on the neighborhood and having trucks and construction vehicles idling at 7:00 am for a long period of time is detrimental to the people's health and the streets.

<p>Editor's Note: Mr. Cooper had previously formally requested five minutes time to present a neighborhood survey. This request was granted.</p>

Comments from Bob Cooper: Mr. Cooper stated at, and after, the last meeting, members of the Committee were given a survey by Swedish about what they thought about the 3-D model that was presented. The same questions were given to the neighbors who were also asked questions about the health walk, definition of pedestrian scales and provided rating scales.

Fifty four persons responded all from this zip code (98122). Most lived very near the hospital. The same rating system was used. The overwhelming majority had attended the CAC meetings. The neighbors do not appear to care greatly about the amenities and are either neutral or not interested. The Bulk, height, scale and traffic impacts were their major concerns. Respondents were asked state whether they saw progress towards reaching an acceptable bulk, height and scale. Neighbors responded that they saw little or no progress. Mr. Cooper stated that there will be tremendous traffic that will be generated from these proposals and the Committee should consider what the neighbors want and the neighbors do not care about the amenities because of the little or no progress that was being is being made to reach any compromise. Neighb9rs are consistent in their opposition to this proposal.

Mr. Glosecki asked how the neighbors were sought out. Mr. Copper responded through organizing, collecting email addresses, and the comments were solicited on Facebook, and some neighbors identified themselves and some did not. Mr. Cooper stated that he will provided a copy of the survey results to the Committee, and stressed that it is not quite the racial balance of the neighborhood.

Laurel Spellman expressed surprise that the neighbors did not care about amenities and especially the proposed daycare. Mr. Glosecki echoed this comment. Mr. Cooper stated that he was very enthusiastic about having daycare 20 years ago, but it did not come to pass. Mr. Cooper would like to see, when it will be built, certain things are not allowed to happen unless certain goals are met.

Comments from Merlin Rainwater: Ms. Rainwater noted that she is an activist with Seattle Greenways and as such is very interested in an active and effective transportation program. These Transportation efforts should not be limited to meeting the demands of the community, but it should be part of the mission of the institutions. Swedish is a healthcare organization and it should embrace the goal of active transportation and should be an integral part of the institution. She stated that she believes that more patients than one might expect arrive by means other than the private car. She hopes that Swedish encourages transit users in the same way that Swedish encourages their employees using the parking garage and should embrace transit reimbursements for employees. The increase in shuttle services for patients and staff is nice but it does not benefit the rest of the community. She noted that Children's contributes to funding metro routes and suggested that SMC do likewise. Swedish should put more money into transportation improvements that could benefit everybody in the community.

Comments from Cindy Thalen: Ms. Thalen stated that she supports the comments made by her neighbors and mentioned the mistrust that exist between the institution and the neighborhood. This mistrust was reinforced when Alternative 11 was not presented to the public. She stated that she does not want a public rooftop and a garage behind her house that would invade her privacy. She is not excited about the daycare center and she kept saying over and over in these meetings for over a year and a half that the height, bulk, scale, and density are out of scale and far too large.

Comments from Vicki Schiantarelli: Ms. Schiantarelli noted that Sabey has purchased two remaining homeowners out along 18 Avenue and paid 1.5 million apiece. This was a \$3 million dollar investment. It is zoned single family and under the underlying code, a 25 ft. minimum rear-yard setback is required. However the institution initially proposed less, thus the proposed 25 foot setback is not all that impressive. In relationship to what was spent simply purchasing two properties, the transportation investment is not really significant. She showed viewpoint pictures that shows the building and foundation and how the ground level would look different at a 2nd story bedroom window and the only view will be the sky and nothing else. She stated that the amenities are offensive and are not mitigation for this level of development.

Comments from Greg Harmon: Mr. Harmon noted that the proposal started with 3.1 million square feet with that level of development maintained for alternatives 1 through 9. Now in Alternative 10 and 11 total square footage has been 2.7 million square feet. This is not enough of a reduction. He stated that it does not have enough infrastructure space here. The proposed TMP actions are an improvement compared to 20 years of doing nothing. It is difficult to integrate the plan and that the TMP goals needs to have more teeth

Comment from Lori Lucky: Ms. Lucky stated that she agreed with her neighbors that was stated at this meeting. When the meeting started, Mr. Cosentino stated that he had heard neighbors' concerns regarding traffic impact. This is not the primary concern of neighborhoods. The overall bulk, height, and scale of the buildings are the primary concern. Traffic is a close second. Also, she stated about parking consequences and the termination of employees, and if there is hierarchy involved and will doctors be terminated or it only applies to nurses, CNA's, etc. She stated that she do not like this project and there is no compromise to this kind of project.

Comment form Sonya Richter: Ms. Richter stated that she agrees with her neighbors. She noted that Swedish staff routinely refers to this as a downtown campus. It is not. This is not a negotiation but a power play by a large institution that has money and a neighborhood that does not have money. She stated that this project is too big for this site and the whole transportation plan is difficult to find a solution. She noted that the entire process feels like a power-grab by Swedish.

Comment from unnamed person The commenter stated that this campus is not an urban village and does not have the infrastructure to handle the current plan. She noted that Swedish/Sabey complex should be located in an urban village that has an appropriate transportation such as Rapid Transit. This project puts a lot of pressure to the neighborhood street that would bring gridlock and negatively affect the neighborhood. She encourages the CAC to reconsider the proposal.

Comment from Mary Pat Dileva : Ms. Dileva stated that the comments made by the representative from Seattle University is irrelevant because of its vested interest on the project. She stated that the message by the neighbors that have been attending these meetings for 18 months and all testimony has been consistent. The proposals are too large and neighbors care more about reducing the scope of the proposal than amenities. The simple solution is “do not build this project”. She noted that it has nothing to do with the hospital, but the gridlock it will bring to the neighborhood according to the DEIS. She stated that this is for-profit development. WE are not here to help Sabey.

Comment Linda Cabba: Ms. Cabba stated that she is employed at the campus and lives in the neighborhood. She agreed with her neighbors about their frustrations with the lack of movement with this development. She also questioned some of the features transportation plan as it relates to employees. Some employees’ start shift as early as 5:00 AM and cannot easily use either public transportation or the proposed shuttles.

VII. Adjournment

Mr. Glosecki announced the conclusion of the public comments and asked the Committee if they have any further questions. Mr. Patton made a comment that the meeting should stay on schedule so it could end on time. Mr. Sheppard commented that he suggested extra time for public comments as a courtesy.

No further business being before the Committee, the meeting was adjourned.

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Andy Cosentino

*Swedish Medical
Center Management*

Cristina Van Valkenburgh

*Seattle Department of
Transportation*

DRAFT Meeting Notes

Meeting #20

October 16, 2014

Swedish Medical Center
Swedish Cherry Hill Campus
550 17th Avenue

Swedish Cherry Hill Auditorium – A Level

Members and Alternates Present

Dean Patton

Dylan Glosecki

Lara Branigan

Leon Garnett

James Schell

J Elliot Smith

Laurel Spelman

Linda Carol

Patrick Angus

Raleigh Watts

Dave Letrondo

Members and Alternates Absent

Ex-Officio Members Present

Steve Sheppard, DON

Stephanie Haines, DPD

Andy Cosentino, SMC

Christina Van Valkenburgh, SDOT

(See sign-in sheet)

I. Welcome and Introductions

The meeting was opened by Katie Porter. Brief introductions followed.

II. SMC Presentations – Preliminary Final MIMP

SMC Staff briefly went over the Preliminary Final Master Plan. It was noted that the Preliminary Draft Master Plan presented Alternative 11 very much as outlined previously. The major changes from Alternative 10 related to a reduction of heights on both the 18th Avenue Half Block and the West Block.

Heights on the 18th Avenue half block have been reduced to 37 feet south of the 15 foot height break in the center of the area and in a step-down pattern from 50 feet to 45 feet and then to 37 feet north towards Cherry Street. On the West Blok height has been reduced from 200 feet to 150 feet by extending a portion of the higher 150 foot area over a portion of the garage along Cherry Street. A height of 65 feet is also extended over all of the north third of that block.

III. DPD Presentation – Preliminary Final EIS

Stephanie Haines from Department of Planning and Development (DPD) provided a brief update on the final EIS. Ms. Haines noted that the Preliminary Final EIS includes the new alternative 11, environmental impacts, and shadow impact studies as it relates to new heights. Comments received by the City during the 45 day comment period will be located in the back document including responses and oral comments made in the public hearing.

Ms. Haines noted that an edit line is included so readers can see where the changes were made from the original document. The City anticipates providing notice of availability of the FEIS in early December. Concerning related to the adequacy of the EIS will be made following publication of the final and any appeal hearing held simultaneously with the Hearing Examiner proceedings concerning the plan.

IV. Transportation Update

Ms. Haines introduced Mr. Mike Rimoin from the Transpo Group to provide an update on the work that was done in the transportation section between the draft and final EIS.

Mr. Rimoin provided highlights and updates. The two main areas that were discussed were: 1) Loading dock/vehicular access and locations; and 2) sensitivity analysis around mode splits on campus. Information on the loading dock, is included in the FEIS. Mr. Rimoin noted that there have been questions concerning the location of future loading docks and a number of loading “bursts” (times when a more intense level of deliveries) occur. At this point, the EIS has had some difficulty identifying specific numbers and the actual uses are not known at this this point, but it will be included in the FEIS.

Concerning mode splits for the campus, the DEIS assumed that 50% of all vehicles arriving on campus would be Single Occupant Vehicles. In response to the enhanced TMP a reduction to 38% for SOV use was analyzed. The result of this would be a reduction of 165 in the number of vehicles arriving on campus. This would have a positive impact on some nearby intersections. This information too is now in the FEIS. Mr. Rimoin then presented graphics showing those changes made between the Draft and Final Environmental Impact Statements. The drawings identified all of the loading and parking zone locations. Ms. Porter noted that there are three entrances shown to and from 18th Avenue. Regarding the Transportation Management Plan, Mr. Rimoin highlighted two issues: 1) mitigation for traffic – reducing demand and 2) possible physical improvements. He noted that the key physical improvements were the traffic signals at 6th and Cherry, and 14th and Jefferson. These improvements are still included in the proposal that is evaluated in the Final Environmental Impact Statement. A loading dock management plan will also be developed by SDOT and DPD and included in the analysis and final plan.

Reducing SOV use and thus reduce demand of parking and reducing street congestion remains a priority. Key elements of the program include: 1) establishment of the Integrated Transportation Board (ITB) to identify long-term strategies and actions; 2) better integrating the activities of the various employers on campus; 3) establishing and operating a shuttle including remote shuttle parking; 4) tightening parking policies and enforcement; and 5) providing incentives for employees to live closer to their work in order promote walking and bicycle use..

Mr. Glosecki asked if the shuttle would be available for neighbors. Mr. Cosentino responded that Swedish Medical Center would be open to that concept during the first 90 days, and would then evaluate use to determine if there was sufficient capacity to see this continued. Ms. Porter noted that the focus of the data in the Environmental Impact Statement was traffic volumes and level of service. She asked that there be more attention given to accident history. Mr. Rimoin noted that they are in the process of looking at this but have not identified specific locations where accident history appears to drive or justify specific improvements.

Laurel Spelman stated that she had looked carefully at the Children’s Transportation Management Plan. The Children’s final Transportation management Plan establish a short term goal of 38% Single Occupancy Vehicle use and long term goal of 30%. The goal for the Swedish Medical Center’s First Hill Campus is 44%. Why is the Cherry Hill Goal higher than at these other institutions? . Ms. Spelman also noted that she had often heard that stop lights are not installed until after a major accident or death has occurred. She suggested that the program be forward looking rather than wait until a major accident occurs.

Mr. Rimoin responded that Swedish has their own set of parameters based on their culture that determines their SOV goal. The City does not pick the parameters.

Ms. Porter asked what happens if Swedish does not meet their goal. Ms. Van Vankelburgh from the Seattle Department of Transportation responded if the goals are not met, or there is insufficient progress being made towards meeting goals, first the Department of Planning and Development, and the Seattle Department of Transportation work together to identify additional action that must be taken to move towards meeting the goal. Ultimately if the goal is not met or no progress identified, is the institution is subject to a violation. She noted that this can be a monetary penalty. Ms. Porter mentioned that Swedish has not been in compliance for many years. Ms. Van Vankelburgh responded that the Seattle Department of Transportation is working very diligently with Swedish to rectify this. Ms. Porter suggested that other enforcement measures be considered such as delaying permits etc. Ms. Haines noted that when DPD makes recommendation the goal is established in consultation with SDOT. The EIS is based on meeting that 50% goal.

After brief further discussion concerning the need to seriously consider safety more broadly in developing various traffic improvements the Committee asked Mr. Cosentino to add safety considerations and goals to the ITB.

IV. Public Comments

Ms. Porter urged the public to focus on the Master Plan issues and not necessarily on labor practices, wages and benefits and the quality of care and services that Swedish provides.

Comments from Troy Meyers: Mr. Meyers stated that at the last CAC meeting, he requested a copy of Option 11. That this request was not honored. It's clear that if you look at the Land Use Code, it is impossible provide proper transitions to the neighborhood. The differential between the heights on the Campus and the neighborhood are just too great. There was a lot of discussion about the heights at the last meeting but little about bulk and scale. The current alternative does not resolving the concerns of the neighborhood. This neighborhood is not an urban village and there is an inadequate transportation and infrastructure in place to support this kind of development.

Comments from Joy Jacobsen: Ms. Jacobsen noted that the Land Use Code is all about transitions. The current proposal does not have appropriate transitions. 160 feet is normally considered "high Rise". She encouraged the CAC members to be bold on setbacks and consider further reducing bulk and height to comply with the Land Use Code.

Comments from Aleta Van Patten: Ms. Patten noted that she began commuting along 15th and Jackson Street, made the trip eight times and about 25% of the time, cars were coming out and pulled in front of her and almost hit them. Several years ago, Ms. Van Patten's husband had an accident on 18th, the accident was never reported because they did not have insurance. Safety concerns are very real. Extra traffic lights will not solve the problem. If there is DOT Management Plan for this campus it is not being enforced. She asked for more information on this. Would future enforcement be any more effective that past enforcement.

Comments from Vicki Schianterelli: Ms. Schianterelli noted she has asthma and her concerns regarding traffic and transportation was not just safety but with the increase in the volume of cars, trucks, and buses stalled for a period and the air pollution that would be produced. She would like to live in her house long-term but now has concerns about the increase in traffic and pollution being projected. That may force her to live outside the city. She noted that she has seen several accidents at 19th and Cherry and 19th and Jefferson. The studies included in the Environmental Impact Statement are not accurate and appear to dramatically undercount these accidents. She noted that she is very worried about the pedestrians.

Comments from Jerry Matsui: Mr. Matsui noted that the TMP is inadequate and incompetent. Swedish has not achieved its SOV rate goal in 25 years. He is very skeptical that Swedish will ever achieve its

current or future goals. He noted that Ms. Porter brought the issue about safety. He agreed with that concern. Mr. Matsui noted that he lives on 19th Avenue. Cars routinely speed along this two-block section. He noted that school buses also use that street. Neighbors have demanded a that traffic light signal be installed; but apparently the only way the City will do so is after enough serious accidents happen, SDOT should remove all the parking and that traffic engineers need to get out of their desk and go out on the field and look at the reality.

Comments from Ken Torp: Mr. Torp noted that he has a letter to the DON, DPD and CAC that relates to height on 15th street and the low rise residential neighborhood. Swedish should be required to comply with the 1994 Major Institution overlay that specify the maximum height of 65 ft. Seattle University has done that on the other side of the street and he see no reason to grant Swedish more height that Seattle University. Transportation impacts are driven in large part by the maximum projected square feet of new development. This drives level of service, parking demand, etc. The currently proposed 2.75 million square feet cannot be reasonably accommodated in this low-rise residential neighborhood. He suggested reduction of total square footage to a level that can accommodated in the neighborhood.

Comments from Ellen Sollod: Ms. Sollod noted that thus far the CAC has been discussing height and has not talked more about bulk or scale. Scale is pulling back and taking a holistic view of the entire thing that make sense. 37 feet on 18th Avenue is preferable to the proposed 45 feet. The current proposed bulks do not provide an adequate transition to the neighborhood. The building volumes should be broken up into smaller volumes and one continuous building in the 18th Avenue half-block should be avoided. The current proposal for the 15 Avenue block is not appropriate. Retaining a building on 15th that is 150 feet in height is moving in a wrong direction. Having a representative from Seattle University as a voting member of CAC is a conflict of interest. Finally, she noted that the ITB is all well and good and should have at least a representative from the union in the board, otherwise, their plan will be difficult to achieve.

Comments from Cynthia Andrews Ms. Andrews noted that she used to be on the CAC at the very beginning of this process. She stated that she appreciated the need to discuss height, bulk and scale, but there are other issues that should be addressed concerning services for the community and especially to our aging population. She noted that as an aging advocate, the facility is serving them and she does not want to lose sight of the value of those services.

Comments from Marlin Rainwater Ms. Rainwater noted that the presentation talked about increase in supply which meant capacity of the streets and making cars move more efficiently, but she noted that there are other big components to make the streets work and this is support for additional transit. She mentioned that Children's invested and paid for additional transit for their facility. She strongly urged to consider contributing to the transit capacity. She also noted that the whole TMP is geared towards accommodating a whole lot of people, but need to think about safety capacity for people who walk, bike, arrive in transit, people with walkers, wheelchairs because these will increase.

Comment from Jack Hansen Mr. Hansen stated that he was encouraged that the CAC members appear to be raising serious concerns. All of these concerns come down to one fundamental problem - expansion of this size is inconsistent to the character of the neighborhood and overstresses its infrastructure. He noted that he has experience with needs forecasting and that the information contained in Appendix G of the plan is insufficient and does not adequately document a need for the level of new development proposed. More information on this issue is needed. He encouraged the CAC to recommend a complete rejection of the current MIMP and send it back Swedish for a total re-do.

Comment from Lori Lucky: Ms. Lucky stated that she was glad to bring out safety and traffic flow. She noted that in the last five years, she has been commuting down from Providence and looking at the loading dock has been a serious problem. She mentioned that on the diagram that was presented that there will be three loading docks in the new building. 18th Avenue already feels dangerous. She is very

concern now and the future about large trucks that will be parked on the middle of the street that will be in one lane where they could not see pedestrians, bicycles and cars on the street.

Comment from Greg Harmon: Mr. Harmon stated that the total square feet of development needs to come down and that a more acceptable transition to the neighborhood needs to be developed and emphasized. Mr. Harmon felt that adding more care trips to the neighborhood does not feel safe and that the neighborhood is not an urban village.

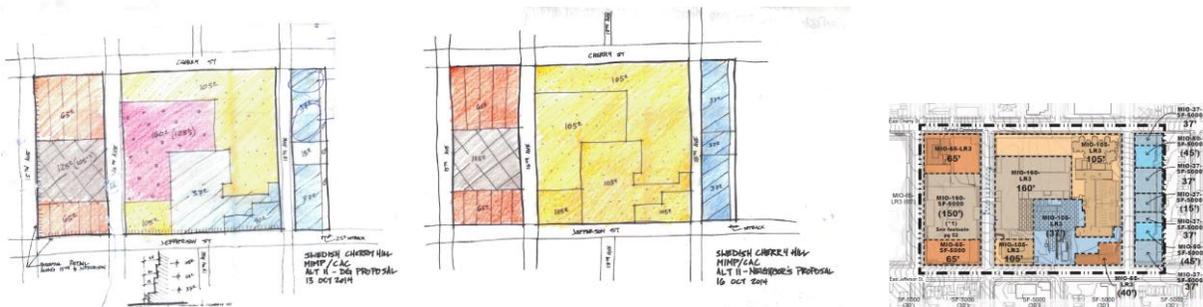
V. Committee Discussions

Ms. Porter opened the floor to discussion of heights. She noted that only about a half hour remains and that it might not be possible to reach agreement on the height issue. There are three proposals before the Committee: 1) Alternative 11 from the Plan, 2) A neighborhood proposal dated October 16, 2014 and 3) a compromise proposal that is in the middle from Dylan. Ms. Porter stated that ideally the Committee would take votes based on geography, 18th Avenue block, etc. Mr. Sheppard suggested that votes taken tonight be considered preliminary and are not final until the Committee votes on its recommendations for its final report.

Mr. Patton stated that he felt that it might still be premature to vote tonight and would prefer that information concerning issues raised at this meeting be available prior to moving to votes. Ms. Porter responded that she shares the issue about wanting more information about safety, but emphasized that there has been so much discussion about the heights that CAC will not get through to other topics unless the Committee can proceed.

Mr. Andy Cosentino noted that the ordinance Swedish derives its mission by looking out 30 years from now, that Swedish has decreased its square footage from 3.1 to 2.75. That is the minimal amount of space that can sustain support Swedish's mission over the next 30 years. Lowering height further will have significant impact to the sustainability of the campus.

Discussion then turned to the proposals as laid out below.



Dylan Glosecki Proposal

Neighborhood Proposal

Alternative 11

Mr. Glosecki noted that his proposal would retain 37 feet on the 18th Avenue half block with the central block pretty much the same as in alternative 11 and that for the 15th Avenue block the maximum height both along 15th and 16th should be lowered to a uniform 125 feet. In this block it might be possible to extend the higher area farther over the parking garage. This is shown in the alternative.

Mr. Glosecki also noted that he had met with several neighbors to go over their positions. He emphasized that this was not a formal neighborhood proposal. In this alternative the 18th Avenue Half block is a uniform 37 feet, the central Block unchanged from its present heights under the current plan, with a similar treatment in the 15th to 16th Avenue block as shown in his alternative. There was little consensus for this 125 with many advocating a lower height.

Ms. Porter noted that in the neighborhood proposal there is no change from the present plan with the possible exception of slightly higher height in the 15th to 16th Avenue block.

Mr. Letrondo commented that he sees a lot of progress and compromise being made trying to meet the needs of the square footage and meet the needs of the neighborhood even though there has been comments about Swedish not cooperating and not being a good neighbor.

Mr. Sheppard mentioned that a quorum is present to begin to vote on the alternatives presented.

Ms. Porter suggested that there be some preliminary votes. Ms. Porter suggested that the first votes be whether the CAC could endorse the proposal as outlined in Alternative 11. She asked how this should be stated. After brief discussion it was moved by Raleigh Watts that

The CAC approve the heights for the area bounded by 15th Avenue, 16th Avenue S Cherry Street and S. Jefferson street as proposed by Swedish Medical Center in its alternative 11.

The motion was seconded.

There was a discussion of the possibility voting on each of the four proposals. It proved very difficult to determine the full range of possible alternatives and after some efforts in this direction, it was ultimately determined that the CAC would start with a vote concerning acceptance of the SMC proposal.

The roll called on the previous motion. The votes are as follows:

Dean Patton – No
James Schell – No
Elliot Smith – No
Raleigh Watts – Yes
Lara Branigan – Yes
Dave Letrondo – Yes
Linda Carroll – Yes
Dylan Glosecki – No
Laurel Spelman – No
Katie Porter – No

The vote was 6 no; and 4 yes, a quorum being present but the majority of those present having voted in the negative, the motion failed

It was moved by Dave Letrondo that:

The CAC approve the heights for the area bounded by 16th Avenue, 18th Avenue S Cherry Street and S. Jefferson street (Central Block) as proposed by Swedish Medical Center in its alternative 11.

The motion was seconded. The roll call votes are as follows:

Dean Patton – No
James Schell – No
Elliot Smith – No
Raleigh Watts – No
Lara Branigan – Yes
Dave Letrondo – Yes
Linda Carroll – Yes
Dylan Glosecki – No
Laurel Spelman – No
Katie Porter – Yes

The vote was 6 no; and 4 yes, a quorum being present but the majority of those present having voted in the negative, the motion failed

It was moved by Dave Letrondo that:

The CAC approve the heights for the area bounded by 18th Avenue, the alley immediately to the East (18th Avenue Half Block) (as proposed by Swedish Medical Center in its alternative 11.

The motion was seconded. The roll call votes are as follows:

Dean Patton – No
James Schell – No
Elliot Smith – Yes
Raleigh Watts – Yes
Lara Branigan – No
Dave Letrondo – Yes
Linda Carrol – Yes
Dylan Glosecki – No
Laurel Spelman – No
Katie Porter – Yes

The vote was 5 no; and 5 yes, a quorum being present but a tie vote having occurred, the motion failed.

With this vote the CAC essentially rejected the heights shown in alternative 12. Ms. Porter emphasized by continuing to discuss about height, the CAC is missing important things to discuss such as safety. She urged the CAC to proceed on with other issues. Ms. Porter stated that Alternative 11 does not work and would like to see something that does work.

VI. Adjournment

No further business being before the Committee, the meeting was adjourned.

**SWEDISH MEDICAL CENTER
SWEDISH MEDICAL CENTER
CHERRY HILL CAMPUS
MAJOR INSTITUTIONS
MASTER PLAN CITIZEN'S
ADVISORY COMMITTEE**

Committee Members

Katie Porter, Chair

Leon Garnett

Dylan Glosecki

Maja Hadlock

Raleigh Watts

J. Elliot Smith

Laurel Spelman

Majo Hadlock

Linda Carrol

*Swedish Medical
Center Non-
management
Representative*

Patrick Angus

David Letrondo

Lara Branigan

Committee Alternates

James Schell

Dean Patton

Ashleigh Kilcup

Ex-officio Members

Steve Sheppard

*Department of
Neighborhoods*

Stephanie Haines

*Department of
Planning and
Development*

Andy Cosentino

*Swedish Medical
Center Management*

Cristina Van Valkenburgh

*Seattle Department of
Transportation*

Meeting Notes

Meeting #21

November 20, 2014

Swedish Medical Center
Swedish Cherry Hill Campus
550 17th Avenue

Swedish Cherry Hill Auditorium – A Level

Members and Alternates Present

Dean Patton

Dylan Glosecki

Lara Branigan

Leon Garnett

James Schell

J Elliot Smith

Laurel Spelman

Linda Carol

Patrick Angus

Raleigh Watts

Dave Letrondo

Members and Alternates Absent

Ex-Officio Members Present

Steve Sheppard, DON

Stephanie Haines, DPD

Andy Cosentino, SMC

Christina Van Valkenburgh, SDOT

(See sign-in sheet)

I. Welcome and Introductions

Ms. Katie Porter opened the meeting and briefly went over the agenda. Ms. Porter noted that a new Alternative 12 had been developed and that the meeting would including a presentation of Alternative 12.

The minutes for Meeting #13 to #19 that were forwarded earlier were - introduced for approval. After brief discussion Mr. Dylan Glosecki moved adoption of minutes #13 through #17. Steve Sheppard noted that grammatical errors would be taken care of internally at DON and that members need not address those. The motion was seconded and passed unanimously. Adoption of meeting notes for meetings #18 and #19 were deferred until a future meeting.

II. Transportation Mitigation and Bicycle Pedestrian Safety

Cristina Van Valkenburgh and Reiner Blanco with SDOT Traffic Management division were recognized to discuss Transportation mitigation and bicycle pedestrian safety issues

Mr. Blanco stated that the City evaluates the safety of intersections operations. In the area around the Swedish Cherry Hill campus, the intersections at 14th, 15th, 16th, 17th and 18th and Jefferson and Cherry have been evaluated. Some improvements will be recommended including curb bulbs and cross walks etc. He noted that many of these areas are priority pedestrian corridors. In addition some remote locations may be ultimately included that are not necessarily directly adjacent to the Cherry Hill Campus.

Ms. Valkenburgh noted that many of the improvements would be tied to implementation of specific projects arising from the master plan. Mr. Blanco noted that the level of improvement and which intersection should be

improved are outlined in the guidance document (in this case the EIS and transportation analysis). The actual specifics of the improvement will be determined at the time specific projects are build. The scope of improvements may change up to the time the permits for a specific project growing out of the master plan are approved.

Members asked if this might include traffic mitigation fees. Stephany Haines responded that the City does not generally impose a traffic mitigation fees. When the building comes in for a permit, there will be new environmental review which will include an analysis that looks at specific traffic impacts and includes development of a basic list of traffic mitigations attached to the specific project to be completed at the time the building is constructed.

John Jex stated that Swedish Medical Center had added language indicating its commitment to bicycle and pedestrian safety improvements and its goal to participate with SDOT to achieve such. The information presented at the meeting was taken directly from the EIS. Mr. Blanco also noted that under the Bicycle Master Plan, a greenway along 18th Avenue will be designed with involvement by the surrounding neighbors. Ms. Porter urged Swedish, Providence and Sabey to take this issue seriously. Elliott Smith asked when the greenway might be established. Mr. Blanco responded that it would be 2015 or 2016.

Members noted that in previous discussions the CAC had recommended a possible shift of the bikeway to 19th Avenue and asked if Swedish would support that change. Mr. Cosentino responded that any Swedish position on this depended on the design of the garage. While Swedish could live with either, he gave the opinion that the current preference would be use of 19th Avenue for this purpose. SDOT's recommendation concerning safety would also greatly affect the Swedish position concerning this issue. Dylan Glosecki stated that crosswalks and curb bulbs would be good at almost all major intersections leading to the campus.

Dean Patton stated that it is a given that traffic will get worse and asked how much worse on the scale of 1 to 10 this deterioration of traffic conditions might be. Mr. Blanco responded that he could not say, but SDOT has been aggressive in advocating that other modes of transportation be available to help mitigate future traffic congestion. Stephanie Haines acknowledged that traffic impacts will increase and it is up to Swedish to identify how they would mitigate those impacts attributable to their development.

Ms. Spelman stated that about 15 years ago, there was a project on 12th Avenue where pedestrian improvements were made and the situation was greatly improved. However broader underlying background traffic citywide has continued to grow.

Discussion turned to TMP compliance Ms. Porter noted that Cherry Hill is not currently in compliance. Katie Porter asked what enforcement might be used to assure compliance with TMP goals. Ms. Haines responded that DPD has discussed holding building permits but is not committed to that.

III. SMC Presentation of new Alternative 12

Mr. Cosentino stated that SMC is continuously modifying proposals and considering changes so long as they still achieve adequate square footage to meet Swedish's future needs. Particular attention is being given to the west tower, between 16th and 15th and modifications to the 18th Avenue half block.

Mr. John Jex briefly summarized Alternative 12 He noted that the main difference is in the west block. Setbacks are increased on 15th with the tower back an additional 5 ft.

Concerning the 18th Avenue half-block, he noted that in conversations with the Committee it was clear that a 37 foot height was considered most appropriate, as well as significant modulation to make the development appear as several buildings. The institution has tried to work within those parameters. As a result most of the block is now 37 feet. However, in order to preserve level floor plates, very small portions project above 37 feet where topography forces that. For instance the building is depressed at

Cherry below 37 feet but with the downhill slope exceeds 37 feet slightly just north of the 15 foot height central break. A similar situation develops South of that dropped area near Jefferson Street

There are no changes in the center block between Alternative 11 and 12 and the square footage remains at 2,750,000.

Mr. Jex noted that further efforts are ongoing to better define the design guidelines and create architectural character that mitigates bulk and scale.

Mr. Mike Rimoin provided a brief update on the Integrated Transportation Board (ITB). The ITB is working on employee vendor parking policies, as well as the Live Close To Work program. Ms. Porter asked whether this program include all ranges of employees. Mr. Rimoin responded that it includes all employees. Mr. Rimoin also noted that the ITB is currently working on the purchase of parking enforcement vehicles to enforce proposed prohibition of employee parking in the neighborhood' exploration of possible changes to RPZ timing, and expanding shuttle operations. The latter included working with the City to identify where the shuttle stops would be.

IV. Public Comments

Ms. Porter opened the floor for public comments

Comments from Jack Hansen: Mr. Hansen thanked the members of the CAC for their continued service. Mr. Hansen stated that the new Alternative 12 is still completely out of character with the surrounding neighborhood. He also commented that Swedish/Providence has not demonstrate a need for an institutional expansion under the MIMP; and the Appendix G on the draft MIMP does not show genuine evidence of a need for a 2.75 million sq. ft. of space.

Comments from Tom Wasserman: Mr. Wasserman stated that the reason the process has dragged on, and the neighborhood remained so opposed, is because of the involvement of Sabey Corporation. Mr. Wassermann purchased his home in 1992 knowing that the Sisters of Providence stood across the street. Shortly thereafter the Sisters of Providence choose to sell much of their properties to Sabey. Now they claim that they need more space. Sabey envisions a downtown style medical office complex that includes retail space, not hospital space. Sabey's plans are more commercial and this is a major difference between this process and others. This is completely wrong for this neighborhood and the City of Seattle. The expansion should be limited to hospital use only.

Comments from Jerry Matsui: Mr. Matsui read a letter from Olivette Taylor. (Letter included in record of correspondence). Mr. Matsui noted that Ms. Olivette was very critical and dissatisfied and did not support the expansion of Swedish due to the problems it will create in the neighborhood. Mr. Matsui provided a copy of the letter to Mr. Sheppard and Ms. Porter for reference.

Comments from Ellen Sollod: Ms. Sollod noted various letters she had send to the CAC describing the precedent set by the Office of the Hearing Examiner regarding Children's Hospital. Ms. Sollod also mentioned a letter she sent to Ms. Haines, Mr. Sheppard and members of the CAC that addressed relative to the design guidelines and the relationship to the Children's guidelines; that Alternative 12 is just more like a lipstick on the pig and it does not improve the surroundings, and it is still the same 2.75 million sq. ft. This amount of development is just simply too great and the cause of most disagreements here.

Comments from Mary Pat Deliva: Ms. Deliva stated that there is still not enough parking in the neighborhood and it is still a disaster should this expansion go forward.

Comments from Sonya Richter: Ms. Richter stated that she continues to have concerns about the mitigation that is happening on 18th. However, while much attention has been paid to that edge of campus there has been less attention to other edges. She noted that she lives on 17th Avenue north of the Campus. Huge buildings are proposed and the CAC needs to pay much more attention to that

edge of the Campus. She also presented an article describing how a huge development with large buildings bring forth a nuisance to neighborhood.

Comments from Cindy Thelen: Ms. Thelen thanked the CAC for their service and acknowledged that this is a big project for the CAC members to take on. She stated that in her opinion, alternative 12 is just a shell game; moving the height from one part of the campus to another. A 150 ft. building on 15th Avenue is outrageous. She noted that the City's comprehensive area for major growth – Urban Villages. Squire Park is not identified as an urban village and it is not set-up as an employer. She also noted that the traffic diagram that was presented showed the pedestrian routes along Cherry and Jefferson Streets, but there was no north/south routes shown. She also stated that both setbacks and transitions are not being adequately addressed and the neighborhood asked for separate buildings and not for the movement in height and the neighborhood also asked for lower heights on 15th avenue.

Comments from Greg Harmon: Mr. Harmon thanked the CAC member for their continued efforts. He noted that neither alternatives 11 and 12 resolve problems with the lack of adequate transitions to for the surrounding low rise single family community. Height, bulk, and scale are still too great and setback insufficient. He also noted that Squire Park is not identified as an urban village.

Comments from Lori Lucky: Ms. Lucky agreed with Ms. Sollod's comments that the square footage at 2.75 million is inappropriate. She also noted that the neighborhood will have to accommodate 2,000 plus cars and people that will be showing up.

Comments from Aleta Van Patten: Ms. Van Patten stated that after months of testimony, consensus has not been achieved. She noted that the success of this expansion can only be achieved if the vitality and livability of the neighborhood is protected. She described this process as David versus Goliath, where Swedish and Sabey is Goliath and the neighborhood as David. She encouraged the CAC members to take action, make an ethical choice and try to be objective and do the right thing. She noted that this expansion would ruin the neighborhood and asked that Swedish and Sabey expand elsewhere where they can thrive. She also commented that her testimony be entered in the public record.

VI. Committee Discussions

Ms. Porter noted that the issue of urban village designation had arisen and asked for clarification. Ms. Haines noted that the comprehensive plan, allows a major institution outside of an urban village. For instance, Children's Hospital is not located in an urban village and the Hearing Examiner could not deny the expansion based on whether or not it is located on an urban village. Mr. Sheppard noted that both the Hearing Examiner and the City Council decided that the purpose of the major institution code was to allow development of Major Institutions regardless whether they are within an urban village or not.

Dave Letrondo asked to be recognized. Ms. Porter stated that he was a Citywide representative from outside of the neighborhood and that she wanted to hear from neighbors on the Committee first. Mr. Letrondo responded that he felt that was not right. Ms. Porter reiterated her position and recognized Dean Patton.

Mr. Patton commented that it still seemed inappropriate for the major institution' to become so large that it would have such adverse impacts to the neighborhood. Mr. Patton argued that gridlock and congested intersection does not minimize adverse impacts and that these are serious impacts that degrades the quality of life of the community.

Mr. Letrondo stated that he did not appreciate being bullied by Ms. Porter, and would like to have his comment inserted in the minutes. Mr. Sheppard reminded the CAC that all members are appointed as individuals and have an equal voice in this process.

Mr. Letrondo noted about the intent of the urban village is to promote growth in certain areas and that supporting facilities should be correctly planned so that the infrastructure and the building types can be intensified in specific areas, for example, West Seattle.

Mr. Sheppard responded that the intent of the urban village under the comprehensive plan was to accommodate additional growth established by the Puget Sound Regional Council through the Growth Management Act and thus identify portions of town which would accept specifically greater density, greater housing, and buildings with an understanding that there will be infrastructure improvements. Most of the Urban Villages have neighborhood plans that identify needed priority public improvements.

Ms. Spelman asked Mr. Jex how many beds are proposed. She mentioned that there is a license from the state for 385 beds and that it takes a height of 160 ft. to accommodate these 385 beds. Mr. Jex responded that the campus currently is licensed to have 385 beds. The west center bloc hospital block is 160 ft. That level of development will provide state of the art, single care patient rooms for 385 patients. The medical center and the nursing units go back in the 1960's and are very out of date, way too small and cannot provide the type of care that is needed that is why an expansion is needed.

Mr. Patton stated that there appeared to be two competing goals; 1) preservation of low rise single family neighborhood, and 2) concentration of medical facilities in one spot. If Swedish had acknowledged the obvious conflict between those two competing goals at the beginning of the process, perhaps the level of contention associated with the proposed 3.1 million sq. ft. of development could have been avoided. Mr. Patton noted that it is a complicated issue and noted that just because the state has licensed the facility to have 385 beds, does not mean that a low rise single family neighborhood can handle this kind of expansion.

Mr. Glosecki noted that there are other important issues that need to be addressed in order to move forward Such as public benefits and transportation issues.

Ms. Porter began to ask a question about taking votes concerning heights. She suggested votes on each area.

Mr. Raleigh Watts asked if alternative 12 was the final alternative. Mr. Cosentino responded that Alternative 12, is what the Committee will see in the final MIMP.

There was considerable discussion of how to proceed with votes on alternative 12. Mr. Sheppard noted that votes at this point establish quasi final positions, but that members would be free to change their positions up until the publication of the Committee's final report. That report is the last item completed. He noted that minority reports are also allowed. Ms. Porter noted that there are sufficient differences between alternative 11 and 12 that it might be difficult to get to a full vote at this meeting. Ms. Haines noted that the timeline remains unchanged and Mr. Glosecki observed that it might prove necessary to have additional meetings. Mr. Sheppard noted that interim meeting were not uncommon at this period.

After further discussion, members agreed to devote the next meeting completely to votes on alternative 12 height, bulks and scale for each of the major blocks. Mr. Sheppard provided a summary of the following items where the Committee members do not have any consensus, and these are: 1) the west block; 2) central campus and 3) 18th half block north. In many cases there is agreement on many areas with a few exceptions. He suggested that the focus be on the areas where there was not agreement. That was the height of the 160 foot tower in the Center block, the height of the west block and some issues on 18th. Mr. Glosecki agreed to update the matrix and that we would go forward from there.

VI. Adjournment

No further business being before the Committee, the meeting was adjourned.

**SWEDISH MEDICAL CENTER
SWEDISH MEDICAL CENTER
CHERRY HILL CAMPUS
MAJOR INSTITUTIONS
MASTER PLAN CITIZEN'S
ADVISORY COMMITTEE**

Committee Members

Katie Porter, Chair

Leon Garnett

Dylan Glosecki

Maja Hadlock

Raleigh Watts

J. Elliot Smith

Laurel Spelman

Maja Hadlock

Linda Carrol

*Swedish Medical
Center Non-
management
Representative*

Patrick Angus

David Letrondo

Lara Branigan

Committee Alternates

James Schell

Dean Patton

Ashleigh Kilcup

Ex-officio Members

Steve Sheppard

*Department of
Neighborhoods*

Stephanie Haines

*Department of
Planning and
Development*

Andy Cosentino

*Swedish Medical
Center Management*

Cristina Van Valkenburgh

*Seattle Department of
Transportation*

Meeting Notes

Meeting #22

December 18, 2014

Swedish Medical Center
Swedish Cherry Hill Campus
550 17th Avenue

Swedish Cherry Hill Auditorium – A Level

Members and Alternates Present

Dean Patton

Dylan Glosecki

Katie Porter

Leon Garnett

James Schell

J Elliot Smith

Linda Carol

Raleigh Watts

Dave Letrondo

Members and Alternates Absent

Patrick Angus

Laurel Spelman

Ex-Officio Members Present

Steve Sheppard, DON

Stephanie Haines, DPD

Andy Cosentino, SMC

Christina Van Valkenburgh, SDOT

(See sign-in sheet)

I. Housekeeping

The meeting was opened by Katie Porter. She noted that the Committee would be voting on the major issue of heights at this meeting. For this reason, public comments have been moved to the start of the meeting.

Ms. Porter noted that members have received the final MIMP and EIS and still have questions for Swedish. Ms. Porter also noted that she has received meeting minutes from past meetings, but was not been able to review and asked that this be deferred to allow the Committee to spend more time on its recommendations. Mr. Sheppard agreed and asked if drafts might be posted to the web. Members agreed that this could be done in some cases but reiterated their requests for more time to review them.

II. Public Comments

Ms. Porter opened the floor for public comments.

Comments from Murray Anderson: Mr. Anderson noted that the original proposal that was presented by the CAC included boundary expansions across both Jefferson and Cherry. Have these been formally abandoned? Are other parts of the neighborhood being proposed for up-rezoning? If that any such proposal should be abandoned

Comments from Ken Torp: Mr. Torp thanked the CAC members for their hard work. Looking at the height on 15th Avenue, and across from Seattle University; its MIO is 65 ft. The City determined that this was reasonable for this location. There is no reason why the Swedish MIMP should be higher

than 70 ft. when across the street; there is a reasonable transition by the City at 65 ft. He urged the CAC to be sensitive to the viability and livability of the surrounding residential neighborhood and the precedence that was established by the City as a reasonable transition.

Comment from Aleta Van Patten: Ms. Van Patten noted that her comments are the same as at previous meetings. If Swedish wants to bring more hospital bed to the campus, that might be acceptable, but if Sabey wants to build office buildings those can go elsewhere. Most hospital care does not need such a large amount of office buildings; doctors do not need instant access to hospitals. The plan is too big, and will generate too much for traffic. This development must be compatible with the adjacent Seattle University campus heights. Don't let corporate powers bully the neighbors and permanently damage the neighborhood.

Comment from Ellen Sollod: Ms. Sollod submitted written testimony. She referenced diagrams concerning the larger issues. This proposal would result in a 160 foot height wall along the north and west margins of the neighborhood. With this, Swedish does not demonstrated care for the neighborhood. Alternative 12 still contains far too much square footage. The CAC and the City should assure that the SMC proposal conforms to the Land Use City Code including transition requirements, encouragement of decentralization and accommodation of a balance between the needs of the neighborhood and Swedish. The only solution is to lower the square footage. Providence health Care is one of the largest providers in the nation. If Swedish's needs cannot be met at this campus then location at other nearby locations (decentralization) should be considered.

Comments from Bob Cooper: Mr. Cooper noted that he has sent a lengthy comment. The overall plan submitted by Swedish to the CAC is deficient and should be rejected entirely. It is fundamentally incompatible with the surrounding neighborhood. The increase in traffic will degrade the neighborhood and that is the fundamental problem. This campus is not located in an urban village; it does not fit to the neighborhood. Sabey's own legal team has argued for this point in other venues. There are many uses that should be located elsewhere. He noted computer farms as an example. This is a monolith that raises in the middle of a low-rise neighborhood. Swedish lacks consideration. The institution does not understand the neighborhood; and the neighborhood has not asked for several amenities and would urge the Committee to reject the plan in its entirety.

Comments from Lori Lucky: Ms. Lucky noted that access to the FEIS has been difficult. The plan remains incompatible with the neighborhood; there is a huge shadow in the northwest corner and Swedish is not very transparent concerning what will be in these buildings. She noted that there have been program changes and that Swedish has been less than forthcoming with this information.

Comment from Troy Myers Mr. Myers stated that he is embarrassed that after a half dozen iterations, the same issues keeps coming up. The proposals are completely out of scope and out of scale. This area is not in an urban village. Swedish appears to justify this development based upon its business model. In the past this was a community-serving facility, but has grown into a megalith. The Central area will not be able to absorb the traffic. The CAC should deny and turn down the proposal. There had been issues on transparency, and the information are corrupt and the public could not access the information. He urged that the plan be rejected.

Comments from Sonja Richter: Ms. Sonja stated that she hopes the CAC members would think about the height, bulk and the tall buildings in the schematic and keep in mind how huge these buildings will be in the middle of the neighborhood compared to other buildings.

Comments from Abel Bradshaw: Mr. Bradshaw stated that the proposals are out of scale and the representatives from both Swedish and Sabey do not care about the neighborhood at all. The proposals are not mitigating the height of the hospital in the neighborhood and are unacceptable The CAC should reject the proposal.

Comment from Cindy: Thelen -Ms. Thelen thanked all the CAC members for their work. She seconded what Mr. Myers presented, and support the testimonies of her neighbors. There will be severe impacts

from the proposed development on 18th Avenue. A 37 ft. building height and not one long building. The job the CAC is to consider the vitality of the neighborhood and you should question the impacts of heights on this neighborhood.

III. Committee Discussion and Votes on Height Issues

Ms. Porter closed public testimony and opened the floor to consideration of heights. Dean Patton asked for more information concerning the relationship to the heights across 15th Avenue on the Seattle University Campus. Should SU and Swedish heights be similar? Mr. Sheppard responded that each institution is separate and each are allowed to propose their own heights.

Ms. Porter acknowledged that there are a number of people who wants to deny the MIMP and its entirety. She expressed some surprise with this position. Members of the audience expressed surprise with this statement.

Ms. Porter also noted that there is a tunnel between 15th and 16th and asked if that requires a partial street vacation. Ms. Haines responded that it would. Ms. Porter also asked about the Phase C and a number of potential scope expansion areas. Mr. Jex responded that Phase C and E will come in multiple phases of construction activities, current services will be available, but it will be constructed in multiple phases. Phase E covers the Seattle Rehab Center location and would be an issue only if Seattle Rehab moved elsewhere. He agreed that more discussion of these phases might have been desirable. There was a brief discussion of phasing issues.

The discussion moved to heights on campus. Mr. Porter expressed her hope that the Committee can move forward with a vote tonight.

Dean Patton stated that he is uncomfortable voting on height absent knowing what the setbacks might be. Mr. Glosecki stated that he too is uncomfortable with the vote, but it is necessary to establish a foundation point for further discussion and other issues that are in effect and better understanding from the near neighbors.

Mr. Sheppard noted that the Committee previously rejected a wholesale endorsement of Alternative 12. The Committee must now determine where it wants to go as an alternative. Members decided to address the height issues separately for: 1) the 18th Avenue Half Block; 2) the Central Campus; and 3) the area west of 16th.

18th Avenue Half-Block

Dave Letrondo referred to the polling of members done before the meeting and provided tonight for discussion as shown below.

SWEDISH CHERRY HILL MIMP												
CAC ALLOWED MAX HEIGHTS												
18-Dec-14												
	15th/16th			Mid Block					18th Halfblock			
	North (N)	West (W)	South (S)	North (N)	West (W)	South (S)	Southwest (SW)	Southeast (SE)	North (N)	East (E)	South (S)	
Alt 11	65	150/125	65	105	160	37	105	40	45/37	15	45/37	
Dean (Alternate)	alt 12	65	alt 12	90	90	alt 12	90	alt 12	37	alt 12	37	
James (Alternate)	alt 12	65	alt 12	90	90	alt 12	90	alt 12	37	37	37	
Patrick	alt 12	125	alt 12	alt 12	125	alt 12	alt 12	alt 12	37	37	37	
Maja	alt 12	125	alt 12	alt 12	125	alt 12	alt 12	alt 12	37	37	37	
Raleigh	alt 12	alt 12	alt 12	alt 12	125/105	105	125	105	alt 12	alt 12	37	
Laurel	alt 12	125	alt 12	alt 12	140	105	alt 12	alt 12	37	37	37	
Leon	alt 12	125	alt 12	alt 12	alt 12	alt 12	alt 12	alt 12	37	alt 12	37	
Dylan	alt 12	125	alt 12	alt 12	alt 12	105	alt 12	alt 12	37	alt 12	37	
Ashleigh	alt 12	alt 12	alt 12	alt 12	alt 12	alt 12	alt 12	alt 12	37	37	37	
Dave	alt 12	alt 12	alt 12	alt 12	alt 12	alt 12	alt 12	alt 12	alt 12	alt 12	37	
Linda	alt 12	alt 12	alt 12	alt 12	alt 12	alt 12	alt 12	alt 12	alt 12	alt 12	37	
Katie	abstain	abstain	abstain	abstain	abstain	abstain	abstain	abstain	abstain	abstain	abstain	
Elliot	abstain	abstain	abstain	abstain	abstain	abstain	abstain	abstain	abstain	abstain	abstain	

He noted that there appears to be considerable agreement among members with the exception of small areas that slightly exceed 37 feet due to grade changes. Members noted that some of this difference relates to how height is measured. None-the-less all expressed preference that no portion of the building exceeds 37 feet.

After brief further discussion, it was moved by Ashlie Kilcup that:

The modulation, and heights shown in Alternative 12 for the 18th Avenue Half Block be approved so long as no portion of the building in that half block be greater than 37 feet in height at any spot.

The motion was seconded by Dylan Glosecki. The question was called and the Committee polled. Mr. Sheppard noted that a quorum was present and that all members and alternates in attendance were eligible to vote. Votes were as follows:

Ashleigh Kilcup	Yes
Katie Porter	Yes
Patrick Angus	Absent
Laurel Spelman	Absent
Dylan Glosecki	Yes
Linda Carrol	Yes
David Letrondo	Yes
Raleigh Watts	Yes
Maja Hadlock	Yes
J Elliot Smith	Yes
Leon Garnett	Yes
James Schell	Yes
Dean Patton	No

The vote was 11 in favor, none opposed. A quorum being present and a majority of those present having voted in the affirmative the motion passed.

Central Campus

Ms. Porter noted that there was significant agreement for most of the area but disagreement with the height of the 160-foot hospital area. Mr. Patton stated that the whole scale that is being discussed is still too big and recommend not to approve Alternative 12.

Various members stated that there appeared to be consensus with height for the Central Block as shown in Alternative 12 with the exception of the 160-foot tower. Dean Patton disagreed noting that the 105 feet proposed for much of this area would still be too high and block views of the bell tower. Mr. Glosecki noted that the current master plan allows 105 feet and that going lower would actually be a take-away from current allowances. Ms. Porter asked whether the institution be subject to such a reduction in height. Ms. Haines responded that the current MIO height is at 105 ft. when the last MIMP expired, and there is no requirement at this point. Height could be reduced.

It was moved by J Elliot smith that:

The heights shown in Alternative 12 for the Central Block in Alternative 12 be approved for all areas other than that portion indicated as 160 ft.

The motion was seconded and the Committee polled. The vote results are as follows:

Ashleigh Kilcup	Yes
Katie Porter	Yes
Patrick Angus	Absent
Laurel Spelman	Absent
Dylan Glosecki	Yes
Linda Carrol	Yes
David Letrondo	Yes
Raleigh Watts	Yes
Maja Hadlock	Yes

J Elliot Smith	Yes
Leon Garnett	Yes
James Schell	Yes
Dean Patton	Yes

The vote was 11 in favor, none opposed. A quorum being present and a majority of those present having voted in the affirmative the motion passed.

Discussion then turned to the Hospital tower. Ms. Porter observed that it appeared that members positions concerning this area ranged widely from as low as 90 feet to as high as the 160 feet shown in Alternative 12. A comment was made that it is not a good idea to support a high tower.

Dean Patton observed that he has heard no support in the community for the higher tower. Not one neighborhood commenter has advocated this height. For this reason, alone it should be rejected.

Members asked Mr. Jex if the tower is taken down to 125 ft., what will be the approximate change. Mr. Jex mentioned that the 2 floors of the bed tower would be eliminated. That would be approximately about 96 beds and about 100,000 sq. ft. He also noted that if you maintained uniform floor plates, those portions towards the east would actually be just below 150 feet in height.

Mr. Glosecki noted that members have expressed the opinion that there should be some allowance for additional hospital bed. He noted that at this point he could live with 160 feet for this tower, but is not totally convinced. Katie Porter noted that Swedish does own this section of the Campus. Mr. Cosentino noted that that it would be owned and operated by Swedish Health Care Services.

Raleigh Watts stated that by advocating reducing height he was not opposing additional bed but suggesting that they be located in different ways and in lower buildings.

After brief further discussion, Dylan Glosecki moved that:

The height of the hospital tower on the central block in Alternative 12 (160 ft.) be approved as shown in the Final Master Plan.

The motion was seconded and the Committee polled. The vote results are as follows:

Ashleigh Kilcup	No
Katie Porter	Yes
Patrick Angus	Absent
Laurel Spelman	Absent
Dylan Glosecki	Yes
Linda Carrol	Yes
David Letrondo	Yes
Raleigh Watts	No
Maja Hadlock	No
J Elliot Smith	No
Leon Garnett	Yes
James Schell	No
Dean Patton	No

The vote was 5 in favor, 6 opposed. A quorum being present and a majority of those present having voted in the negative the motion failed.

Ms. Porter asked if there were other heights that might be put forward for a vote. Ms. Carrol noted that the loss of 96 beds would be a significant impact and asked what the effect might be if the height were reduced to 140 feet. Mr. Jex responded that this would reduce the height by one floor and would result in the loss of about 48 hospital beds

It was moved by Linda Carrol proposes that

The height of the hospital tower on the central block be MIO 160 ft. conditioned down to a maximum height of 140 ft.

The motion was seconded and the Committee polled. The vote results were as follows:

Ashleigh Kilcup	Yes
Katie Porter	Yes
Patrick Angus	Absent
Laurel Spelman	Absent
Dylan Glosecki	Yes
Linda Carrol	Yes
David Letrondo	Yes
Raleigh Watts	No
Maja Hadlock	No
J Elliot Smith	No
Leon Garnett	Yes
James Schell	No
Dean Patton	No

The vote was 6 in favor, 5 opposed. A quorum being present and a majority of those present having voted in the affirmative the motion passed.

West Block – West of 16th Avenue

Discussion then turned to consideration of heights in the block bounded by 15th Avenue, 16th Avenue, S Jefferson Street and S Cherry Street. Ms. Porter initiated the discussion by observing that when polled informally a majority did not appear willing to totally endorse the height proposed in Alternative 12, but suggested that a formal vote be taken on that position. Members Agreed.

It was moved that:

The heights as shown in alternative 12 for the areas of the campus west of 16th Avenue be approved.

The motion was seconded and the Committee polled. The vote results were as follows:

Ashleigh Kilcup	No
Katie Porter	No
Patrick Angus	Absent
Laurel Spelman	Absent
Dylan Glosecki	No
Linda Carrol	Yes
David Letrondo	Yes
Raleigh Watts	Yes
Maja Hadlock	No
J Elliot Smith	No
Leon Garnett	Yes
James Schell	No
Dean Patton	No

The vote was 4 in favor, 7 opposed. A quorum being present and a majority of those present having voted in the negative the motion failed.

Dylan Glosecki moved that

The height of the medical office tower in the block bounded by 15th Avenue, 16th Avenue, S Jefferson Street and S Cherry Street presently shown as MIO 160 conditioned to 150

feet in the Final Master Plan, be further reduced to condition height further so that no portion of the building be greater than 125 feet in height.

The motion was seconded. Brief Discussion followed.

Mr. Glosecki noted that when polled some had indicated support for the greater height and one as low as 65 feet, but that most members appeared willing to see 125 feet.

The question was called and the Committee polled. The vote results were as follows:

Ashleigh Kilcup	Yes
Katie Porter	Yes
Patrick Angus	Absent
Laurel Spelman	Absent
Dylan Glosecki	Yes
Linda Carrol	No
David Letrondo	Yes
Raleigh Watts	Yes
Maja Hadlock	Yes
J Elliot Smith	No
Leon Garnett	Yes
James Schell	Yes
Dean Patton	No

The vote was 8 in favor, 3 opposed. A quorum being present and a majority of those present having voted in the Affirmative the motion passed.

Ms. Porter stated that for clarity the Committee might want to formally indicate acceptance of the portions of the West Block that are shown with heights of 65 ft.

It was moved and seconded that

The heights of 65 feet for those portions of the block bounded by 15th Avenue, 16th Avenue, S Jefferson Street and S Cherry Street not shown as 150 ft. in Alternative 12 be approved.

The motion was seconded and the Committee polled. The vote results were as follows:

Ashleigh Kilcup	Yes
Katie Porter	Yes
Patrick Angus	Absent
Laurel Spelman	Absent
Dylan Glosecki	Yes
Linda Carrol	Yes
David Letrondo	Yes
Raleigh Watts	Yes
Maja Hadlock	Absent
J Elliot Smith	Yes
Leon Garnett	Yes
James Schell	Yes
Dean Patton	Yes

The vote was 10 in favor, none opposed. A quorum being present and a majority of those present having voted in the Affirmative the motion passed.

IV. Possible Future meeting Dates

Ms. Porter informed the Committee that they need to schedule time to discuss other issues

Ms. Haines Noted that the draft Director's recommendation report will be available on January 15th; and the CAC will be meeting that night. Ms. Porter suggested that a meeting be scheduled prior to release of the draft report, to attempt to deal with other issues prior to focusing on the Draft Director's Report. Members indicated their willingness to meet the week of January 8th.

V. Adjournment

No further business being before the Committee, the meeting was adjourned.

**SWEDISH MEDICAL
CENTER SWEDISH
MEDICAL CENTER
CHERRY HILL
CAMPUS MAJOR
INSTITUTIONS
MASTER PLAN
CITIZEN'S ADVISORY
COMMITTEE**

Committee Members

Katie Porter, Chair
Leon Garnett
Dylan Glosecki
Maja Hadlock
Raleigh Watts
J. Elliot Smith
Laurel Spelman
Maja Hadlock
Linda Carrol

*Swedish
Medical Center
Non-
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Representative*

Patrick Angus
David Letrondo
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Committee Alternates

James Schell
Dean Patton
Ashleigh Kilcup

Ex-officio Members

Steve Sheppard

*Department of
Neighborhoods*

Stephanie Haines

*Department of
Planning and
Development*

Andy Cosentino

*Swedish
Medical Center
Management*

Cristina Van
Valkenburgh

*Seattle
Department of
Transportation*

Meeting Notes

Meeting #23

January 8, 2015

Swedish Medical Center
Swedish Cherry Hill Campus
550 17th Avenue

Swedish Cherry Hill Auditorium – A Level

Members and Alternates Present

Ashleigh Kilcup	Dylan Glosecki	Katie Porter
Leon Garnett	James Schell	Patrick Angus
J Elliot Smith	Linda Carrol	Maja Hadlock
Dave Letrondo		

Members and Alternates Absent

Patrick Angus	Dean Patton	Raleigh Watts
Laurel Spelman		

Ex-Officio Members Present

Steve Sheppard, DON	Stephany Haines, DPD
Andy Cosentino, SMC	Christina Van Valkenburgh, SDOT

(See sign-in sheet)

I. Housekeeping

The meeting was opened by Katie Porter. Brief introductions followed. Ms. Porter noted that this meeting will deal with issues other than height bulk and scale.

II. General Committee Discussion

The floor was opened to a discussion of transportation issues. Mr. Cosentino noted that the Integrated Transportation Board has been meeting to continue work on identifying mid and long-term measures to improve the parking and traffic situations around the campus. He noted that Dylan Glosecki was serving on that Committee. Mr. Dave Letrondo asked that Mr. Dylan Glosecki update the Committee on the progress.

Mr. Glosecki stated that the Board had set up a series of goals and policies to achieve the goals of the institution. Achieving the goals will take some time. There are a handful of items still being considered that were implemented at Children's. One of the major efforts is to assure coordination between vendor and SMC uses. There are ongoing discussions concerning the SOV goals and the proper incremental reductions. The immediate first year goal is set and 50% and would be incrementally reduced to the range of 44 to 45%.

Mr. Glosecki stated that he is advocating a greater reduction into the 35% range in the medium to long-term. Mr. Letrondo commented that he was impressed with the Transportation document. A great deal of effort is being put forth. Ms. Katie Porter commented that the EIS identified significant avoidable adverse impacts in a number of transportation areas. The CAC

should weigh in on these.

Mr. Andy Cosentino responded that Swedish has put forward a mid-term goal 44% SOV threshold. This is the figure used in the EIS. The City has indicated that they will likely advocate an incremental reduction to this level as development occurs. Swedish is committed to a gradual lowering of the SOV target goal over time however, an ultimate figure has not yet been determined.

Dean Patton stated that the transportation plan being put forward is impressive and a good effort. He asked for examples of instances where the proposals being outlined in the plan worked.

Mr. Rimoin from Transpo responded that the measures identified in the TMP are specifically tailored to Swedish. The overall effectiveness is difficult to determine on an individual element. The annual reporting done each year reflects the success of the TMP, i.e. SOV goals through surveys. He noted that the Commuter Trip Reduction annual report will report progress, or lack thereof, in reaching the Goals. Katie Porter stated that she was recommending that the Committee advocate that certain thresholds be achieved before building permits are issued for various phases.

Mr. Dean Patton noted that the plans still appear to accept a greater level of congestion at key intersections than he thought would be acceptable. He noted that that Cherry Street is becoming worse since he moved in the neighborhood in 1991. Ms. Porter agreed with the concern and especially during peak traffic hours. She also noted that many of the improvements being proposed would be welcome additions to the neighborhood the safety.

Dylan Glosecki stated that one of the keys to reducing congestion is incremental reductions being discussed. It is very important that the SOV goal be brought down to a significant percentage and it is critical to have an ambitious goal. He mentioned that Swedish does not seem to know how to get there. Children's has been successful.

Ashleigh Kilcup asked if conditions in this neighborhood are worse than elsewhere in the City or if conditions here mirror citywide trends. Mr. Rimoin responded that the levels of congestion identified in the EIS that are not unique. The group is also reviewing the City's bicycle plan as well as reviewing other City's projects and impacts on this neighborhood

He also noted Swedish will also work with SDOT and DPD to determine what elements or phases in the development would trigger improvements. Stephanie Haines added that DPD is looking at tying implementation of improvements to the issuance of the first building permit.

III. Public Comments

The floor was opened to public comments. Ms. Porter stated that the goal of this Committee is to balance the needs of the institution and of the community. After two years efforts, she was discouraged to hear neighbors advocating a full rejection of the entire plan. The tenor of comments has been harsh. She also said that she is looking forward in talking to neighbors at the upcoming Squire Park Community Council meeting and encouraged other Committee members to attend.

Comments from Ken Torp: Mr. Torp noted that he had written a letter avocation that the Committee reject the MIMP on its entirety and that this is a legitimate position for the Committee to take when confronted with a proposal that is fundamentally inconsistent with its surrounding residential neighborhood. He noted that the FEIS is damning in that it identifies significant unavoidable adverse impacts. He noted numerous issues regarding transportation, immitigable adverse impacts such as safety crossings, speed, etc. He asked the CAC to look at the issues very closely. The Committee should be representing the community. He noted that some neighbors on the Committee often vote against neighborhood interests and asked why. The transportation impacts can't be mitigated unless the total amount to square feet of new development is reduced.

Comments from Ellen Sollod: Ms. Sollod reiterated the comments of Mr. Torp. She noted that there is a direct correlation between total square footage of proposed development and various impacts. She noted that this is a low-rise neighborhood. Congestion elsewhere is often driven by commercial development. This neighborhood is not similar to those areas. Instead, it is more similar to the area around Children's Hospital. In that case, the amount of new development was less than here and that should be the starting point in this neighborhood. She also noted that the proposed setbacks are inappropriate and inadequate and the only way it can be mitigated is to increase the ground level setbacks very significantly.

Comments from Bob Cooper: Mr. Cooper commented that he endorsed the comments of the previous speakers. He mentioned that setbacks are nearly zero at the parking garage at 15th and Jefferson. That was a tradeoff to keep the height down. He also said that this is not "theater". The neighborhood is serious about the EIS and the MIMP. He is baffled that many on the CAC appear to be favoring the institution's plans. The CAC should very seriously consider a total rejection of this proposal. In addition the EIS needs to be seriously reconsidered. Some sections are not supported by facts. He also stated that some members have apparent conflicts of interest.

He noted that there were errors in the documents that he would provide in a separate letter. In addition, he urged the CAC to reject the plan outright. He also noted that much of the language concerning possible conditions and amenities is very soft and unenforceable. Promises and conditions need to be enforceable.

Comments from Jack Hanson: Mr. Hanson stated that he appreciated the efforts and the ongoing service of the CAC and thanked the neighbors for hours spent reviewing these documents. The requests in the MIMP would allow Swedish to expand to double its size. This is out of size and scale compared to the culture of the community. This enormous facility expansion is not needed and is driven by the desire to capture market share rather than meeting immediate health care needs. Finally, the CAC is obligated to review the need for the proposed development and the MIMP process is to evaluate the appropriateness of the growth of the institution and public benefit. The process is intended to evaluate the need and balance need against the livability of the neighborhood. With all these reasons, Mr. Hanson urged the CAC to reject the Swedish/Providence MIMP and to send it back to them so they can propose a plan that is appropriate to the community.

Comments from Joy Burkholder: Ms. Burkholder spoke on behalf of the SEIU. By failing to address the need of the expansion, the CAC is not fully meeting its charge. There is no way to address the issue of balance without fully evaluating the issues of need and public benefit. The Hearing Examiner stated that the CAC fully examined the issue of need related to the Children's Hospital process so there is precedent for this. The Code was intended to apply to the major institutions and not for profit development partners. The certificate of need for beds is not the same as an allowance to expand the medical office uses. When Swedish sold to Sabey it undermined any argument for expansions. Swedish should first re-purchase the land it sold to Sabey and re-purpose it back to its intended non-profit use. The sale to Sabey set a dangerous precedent. Her organization calls on the CAC to convene a meeting to discuss the need issue including evaluation by separate experts.

Comments from Xochitl Maykaich: Ms. Maykaich stated that she was representing the Washington Committee Action Network and read the portion of the Seattle Municipal Code, which states that the CAC may discuss and comment on the mission of the institution, the need for the expansion, public benefits and the way in which the proposed development will serve the public purpose mission of the institution. The MIMP has to be a balance between the institution and the needs of the community. Swedish has not demonstrated a need given its sale of land to Sabey. Swedish also places its users into a crushing medical dept. Instead of putting resources

into an expansion that they do not need, Swedish should direct those funds to reducing patients' medical debt.

Comments from Murray Anderson: Mr. Anderson stated that the he looked at a program about a similar sized project that involved 2.6 million sq. ft. proposal. That project is the Trump Tower. After a year and a half, the message of the neighborhoods has been consistent; the size of the proposal is inappropriate to this neighborhood. He mentioned after a year later; the whole process is still in negotiations. He said that why is the CAC still negotiating as they have listened to all of the comments that the plan being proposed is out of character for this neighborhood and should be rejected. 2.6 million square feet is 60 acres.

Comments from Abel Bradshaw: Ms. Bradshaw stated that the neighbors have been saying the same thing for two years. The meetings are depressing given the consistent proposals from Swedish that are inappropriate to this neighborhood. It is clearly inappropriate having this sized development proposed for this neighborhood.

Comments from Mary Pat Dileva: Ms. Dileva endorsed the previous comments and asked the CAC to listen to her. She said that this project is inappropriate for this community and needs to be rejected.

Comments from Janet Van Fleet : Ms. Van Fleet stated that doubling the size of campus has adverse impacts on parking, traffic and the surrounding lights. She echoed the complaints that the proposed plan is out of scale in this type of residential neighborhood. She also mentioned that it is CAC's responsibility to consider the needs of the hospital and not Sabey. The CAC should reject the MIMP.

Comments from Greg Harmon. Mr. Harmon pointed out that the CAC should not approve Alternative 12 as it stands. It severely impacts the neighborhood. The process is supposed to seek balance and this proposal does not achieve that balance. The institution and its development partner are receiving a great deal without providing mitigation or public benefit. The setbacks need a great deal of work. The setbacks need to provide better transition. Along 15 there should be an 80 foot setback above 65 feet with minimum 15 foot street level setbacks along the other campus perimeters. .

IV. Continued General Discussions

Ms. Porter reiterated that she will be attending the Squire Park Committee meeting. She encouraged other CAC members to do so. Dylan Glosecki asked staff to respond to two issues: 1) the ability of the CAC to address the issue of needs; and 2) whether the CAC may recommend denial of the plan in its entirety.

Mr. Sheppard responded that the code states that the CAC can discuss and comment on the needs of the institution etc. However, the Code also stated that need is not negotiable and cannot be the basis for delaying the CAC's recommendation etc. Essentially the Institution defines its need and while the CAC can review and comment on that, including questioning it. However ultimately the CAC's recommendation is based on achieving a balance. Swedish Medical Center presented its need to the CAC early in the process and the CAC commented. Ultimately, the CAC chose to base their recommendations on the appropriateness of the proposed development to the neighborhood determined that it would not be bound by needs calculations. He briefly went over the process at Children's and noted that they came to the same conclusion, as this CAC appears to be coming to. The CAC is doing nothing wrong.

With regards to rejecting the MIMP, Mr. Sheppard stated that the Hearing Examiner can do that and the CAC can recommend that the Hearing Examiner do so. The Hearing Examiner has the ability refer the Plan back to the Department of Planning and Development and/or CAC for further revisions etc.

Ms. Porter noted that she agreed with the comments that many of the recommendations appear weak in the EIS. Ms. Stephanie Haines responded that the EIS is a tool to inform decisions. DPD will produce a Director's report that will take information from the EIS and put it into enforceable language.

David Letrondo noted that he lives near Children's Hospital and that traffic is difficult there too. Traffic impacts from all development are increasing City-wide. Traffic volumes are going up everywhere. Safety concerns are widespread. Mr. Cosentino responded that the Integration Transportation Board (ITB) came up with different facets and believe that it will have an impact to resolve these issues.

Ms. Porter stated that DPD should not issue building permits unless certain thresholds are met. Ashleigh Kilcup agreed.

Andy Cosentino noted that the Integrated Transportation Board identified a variety of actions; not any one action will likely solve the congestions problem. Ashleigh Kilcup responded that the only thing that will work is to make it uncomfortable for people to use Single Occupancy Vehicles. Creating a discomfort will require some actions that people are uncomfortable advocating.

Dean Patton agreed that the traffic is getting worse and the height, bulk and scale is inappropriate. Unfortunately, Swedish's credibility is negatively affected by its poor track record for the past 20 years.

Elliott Smith asked the Transpo representative whether there is a specific growth level for development in this area that would be the trigger for intersections going to level of service F. Transpo staff responded that there is a calculation done for each intersection. The City has no defined threshold for when level of service justifies remedial actions. Instead, a wide range of factors weigh in on this. Trip generation calculations were based on staffing levels and are tied to the square footage. As each project is proposed, each will have to be reviewed separately. The remedial action that are recommended can be amended with each of these evaluations. This is done for each individual Master Use Permit. The function of each intersection is a result both of background growth and the addition of development at Swedish.

Discussion then turned to setbacks. Steve Sheppard reminded the CAC that this is an important issue and requires careful consideration. It is as important as height, bulk and scale. Kati Porter asked for information concerning how other CAC's have treated setbacks. Steve Sheppard replied with a few examples from other institutions. He noted that the other CAC's often looked at site lines and how both ground and upper level setbacks affected views from nearby.

Mr. John Jex noted that in prior conversations, the design has increased the landscape buffer along the rear of the 18th Avenue half-block to push the building back. There was a lot of conversation regarding the desirability for deeper setbacks. He also noted that in other locations the Committee expressed the desire to bring street level activity out to the sidewalk to create a more lively environment. Members agreed with the greater setbacks along the rear of the 18th Avenue half-block and noted that there was discussion about street activations including use of canopies etc. for some other locations.

Ms. Porter commented that it has been some time since the CAC had discussed setbacks. She recalled conversations that proposed upper-level setbacks on west block should be dramatic. This body needs to decide what acceptable setbacks are. The Committee determined that this issue would require considerable additional time and at least a full meeting devoted only to setbacks.

V. Adjournment

No further business being before the Committee, the meeting was adjourned.

SWEDISH MEDICAL CENTER
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CHERRY HILL CAMPUS
MAJOR INSTITUTIONS
MASTER PLAN CITIZEN'S
ADVISORY COMMITTEE

Committee Members

Katie Porter, Chair

Leon Garnett

Dylan Glosecki

Maja Hadlock

Raleigh Watts

J. Elliot Smith

Laurel Spelman

Maja Hadlock

Linda Carrol

*Swedish Medical
Center Non-
management
Representative*

Patrick Angus

David Letrondo

Lara Branigan

Committee Alternates

James Schell

Dean Patton

Ashleigh Kilcup

Ex-officio Members

Steve Sheppard

*Department of
Neighborhoods*

Stephanie Haines

*Department of
Planning and
Development*

Andy Cosentino

*Swedish Medical
Center Management*

Cristina Van Valkenburgh

*Seattle Department of
Transportation*

Meeting Notes

Meeting #24

January 15, 2015

Swedish Medical Center
Swedish Cherry Hill Campus
550 17th Avenue

Swedish Cherry Hill Auditorium – A Level

Members and Alternates Present

Dean Patton

Dylan Glosecki

Katie Porter

Leon Garnett

James Schell

Patrick Angus

J Elliot Smith

Linda Carol

Maja Hadlock

Raleigh Watts

Members and Alternates Absent

David Letrondo

Ashleigh Kilcup

Laurel Spelman

Ex-Officio Members Present

Steve Sheppard, DON

Stephanie Haines, DPD

Andy Cosentino, SMC

(See sign-in sheet)

I. Housekeeping

The meeting was opened by Katie Porter. Brief introductions followed. The agenda was approved without changes. Ms. Porter noted that the main purpose of tonight's meeting was to receive a briefing on the Draft Report of the Director of the City's Department of Planning and Development.

II. Presentation of the Draft Report of the Director of DPD

Stephanie Haines from the Department of Planning and Development was introduced to provide a brief presentation of the Draft Report of the Director of DPD. She briefly read the major recommendations. The full report is included in these minutes as attachment 1.

Following Ms. Haines reading of the Directors Report recommendations, Katie Porter commented that many of the recommended conditions appeared acceptable, but that one of the major issues that remains is enforcement. The Director needs to identify more enforcement mechanisms in the event that Swedish is unable to meet the identified conditions. Ms. Haines responded that DPD does measure performance and the institution has to respond and show that they are making improvements. Dylan Glosecki asked if a Standing Advisory Committee will be active before the first developmental

proposal is brought forward. Steve Sheppard responded that the Standing Advisory Committee would be in place to review development proposals. After the City Council adopted the plan, the CAC is done. Existing CAC members will be asked if they wish to serve terms on the Standing Advisory Committee.

After the City Council adopted the plan, the CAC is done.

Steve Sheppard also noted that the Committee presently differs in major ways from the Draft Director's Report. The Committee has recommended significantly lower heights and there has been a clear indication that setbacks will also be reduced. Therefore the Committee presently disagrees with the conclusion of the Director that the plan should be adopted with the heights proposed in Alternative 12 and setbacks. The Committee's position is currently between that of the neighbors and Swedish. He asked if that was the general consensus of the Committee that Alternative 12 needed further amendments related to heights and setbacks if it is to be adopted. There were no objections raised.

Mr. Glosecki recommend that possible language around design guidelines should have some teeth to it. Mr. Sheppard mentioned that the Standing Advisory Committee will act as a "design review board lite". They will review and comment on the design of individual buildings but will not have the same enforcement authority of a City Design Review Boards.

III. Public Comments

The floor was opened to public comments.

Comments from Troy Meyers: Mr. Meyers stated that he appreciated the efforts of Ms. Haines and he would like to see consideration of having an independent external auditor to look at the weather conditions are met as part of the annual design compliance report.

Comments from Vicky Schianterelli: Ms Schianterelli noted that other institutions use ratios closer to 60% patients and 40% employees when calculating the amount of parking provided. Here the ratio is 80% employees. This calls into questions how much of this campus is actually devoted to patient care. This campus should be oriented to patient care, not other uses.

Comments from Ken Torp: Mr. Torp commented that his relationship with Swedish is not always adversarial. What has been presented from DPD is from the dark side. There was nothing in the draft report about height, bulk, scale and it has been consistent testimonies from the neighbors about balancing the needs of the institution and the neighborhood. The CAC has the responsibility to respond and to comment to this report. He asked that the CAC stand up for the neighbors, for the Squire Park Community Council, for the SEIU, etc. He noted that his major issue is not the detailed mitigation but the bulk, height and scale. The CAC should not get lost in the details of the Traffic Management Plan and that this plan is still too big.

Comments from Jerry Matsui: Mr. Matsui agreed with Mr. Torp's comments. Two years has been devoted to discussing this issues, and the plan is now at the point where it should have started. Negotiations should have started with this proposal and then been negotiated won farther. We have wasted two years. This feels too familiar; promises are made and not kept and the neighborhood is not respected. The institution has not mitigated anything in the plan or reduced possible adverse impacts. The projected use of the campus is not focused on hospital use but medical office and related services.

Comments from Ellen Sollod: Ms. Sollod stated that Ms. Haines's DPD presentation is unacceptable. This report lays the groundwork for appeal to the Hearing Examiner. The Hearing Examiner and the City ensures that the process is authentic and meaningful, and not a sham. The recommendation presented from DPD does not reflect the CAC recommendations nor the neighborhoods. It is insulting. There appears to be no intention to balance the needs and vitality of the neighborhood. DPD has gone toward the institution. It essentially grants the institution everything it wants and ignores both the neighborhood and CAC. The CAC should not to give up. The CAC's recommendations are independent and can stand alone. The Hearing Examiner should pay attention to the CAC. The DPD's recommendations are unresponsive. The CAC should declare the DPD report to be inadequate and unresponsive.

Comments from Xochitl Maykovich: Ms. Maykovich stated that she was with Washington Can and that she would focus on the results of the Squire Park Community Council meeting on this process. One of

the discussion is about community benefits. Swedish has failed in this area regarding charity care. Swedish should do some racial and equity impact studies due to the expansion that concerns height, bulk, and scale. She mentioned that Swedish should meet their obligation to equally serve the community and consider their needs throughout this expansion process.

Comments from Murray Anderson: Mr. Anderson agreed with all of the previous comments. He agrees that enforcement mechanisms are lacking. Swedish is going to get a pass. There is nothing written that states “you shall” or “you must”. The CAC must put forth a strong recommendation to reflect what the neighborhood is saying all along. Also, he mentioned about hearing the sound of construction and demolition traffic, and is discouraged about how this will be the future of his neighborhood.

IV. Committee Discussions

Discussion then returned to the Committees initial reactions to the proposal. The discussion started with a discussion of process and timing.

Steve Sheppard directed members’ attention to the matrix of the recommendations pulled from the Directors report (Attachment 2 to these notes). Prior to the next meeting members should look at each of the recommendations and suggest those areas where the proposed changes or comments to them. He suggested that members forward their initial comments to him and that he would consolidate them into a document to become the basis for the detailed discussion at the upcoming meeting on January 29th. A week later, the CAC will have to produce a letter to Ms. Haines about what their comments. Mr. Sheppard noted that there was agreement on height, bulk, and scale on the 18th Avenue half block. Various members commented that the timeline is very tight and that they did not feel that they had sufficient time to properly consider comments. Katie Porter agreed but noted that the timeline appears to be no longer flexible.

Mr. Sheppard stated that the CAC’s response to the Draft Directors Report is Due March 5, but that this is not the CAC’s final report. The Committee’s final report is not just a critique of Ms. Haine’s DPD report, but an independent report. It stands alone. The CAC will have to craft recommendations that are not dealt by Ms. Haines and will have an equal standing with both the City and the Institution’s report. He asked members to forward their draft comments to him by the January 26th. The goal for the meeting on January 29th will be to identify all comments so that the CAC’s letter can be completed on time. His job is to write up that report and support the CAC’s positions in the most effective way possible. CAC members can put forward minority reports that will be attached as an appendix to the CAC’s final report.

Patrick Angus asked when the final report goes to the Hearing Examiner, and how much weight it would have before the Hearing Examiner. He also asked how the neighborhood can present their positions. Mr. Sheppard responded that the Hearing Examiner will conduct a public Hearing and that anyone can present to the Hearing Examiner. The neighborhood could make a coordinated presentation to the Hearing Examiner. CAC members that have minority reports can come forward and speak. The Hearing Examiner takes the CAC’s recommendations into account and the CAC final report is one of the three key documents before the Hearing Examiner. The CAC will have an opportunity to present their report to the Hearing Examiner at the hearing.

Dean Patton asked why the CAC prepares two documents (response to the Draft Director’s Report and Committee Final Report). Mr. Sheppard responded that the Code requires both. The CAC has the opportunity to respond to the draft DPD report. Ms. Haines comes back and produce the final report and then the CAC will develop their reaction to her final report and its own positions.

Members asked how often the CAC’s recommendation match those put forward by the Institution. Mr. Sheppard responded that it varies. About 70% or more of the time and the CAC substantially agrees with the institution with minor changes. Others asked how often DPD’s reports support the institution. Mr. Sheppard responded that it varies, but DPD is often, but not always, closer to the institution than the CAC.

Discussion then returned to General Comment.

Raleigh Watts asked whether the CAC can advocate increase transit capacity. The Director's report contained few recommendations related to increase transit in the area. Mr. Haines responded that the basis for the recommendations was drawn from the EIS and the work of Transpo Group and SDOT. She noted that there was additional transit tied to the Children's Hospital Master Plan including increased shuttle service. The CAC can look into adding shuttle services or determine what type of conditions that will provide funds for more transportation.

Mr. Watts stated that in his opinion the section in the plan and the Draft Director's Report dealing with transit are inadequate and do not include sufficient conditions addressing transit capacity. He will recommend in his comments that the CAC state this and that the Director's report be amended to include conditions related to this issue including both additional transit capacity more shuttle services from Swedish.

Ms. Porter noted that she remained concerned about tying achievement of benchmarks related to transportation improvements to development phases. Ms. Haines responded that this can be recommended in certain situation and on certain conditions. This is usually done in reviewing each development as it comes forward.

Mr. Watts stated that he was not satisfied with the treatment of the sky-bridge in the Director's report. Ms. Haines responded that this process does not approve the sky bridge. A separate process is required.

Several members asked for clarification on both reporting back to the Standing Advisory Committee and what enforcement is included. Ms. Haines responded that DPD is required to publish annual reports each year and that they are reviewed by the Standing Advisory Committee. The annual report summarizes the development done under the Master Plan. The annual report only sees TMP compliance and what has been developed. If the CAC wants to see either additional reporting or changes to the format then it could recommend such.

James Schell noted that the transportation sections identify major arterials that are evaluated but failed to include 23th Avenue and some others. He stated that he would raise this issue for the 29th meeting.

Raleigh Watts noted that the Draft Director's report call for a reduction of the SOV goals of 1% reduction every 2 years. This is too slow. Another section states that Swedish will be allowed a lesser goal if others institutions in the area fail to meet some general CTR goal. He objected. Swedish should be leader rather than a follower. Ms. Haines mentioned that the CTR goal is set by SDOT and most of the businesses that has 20 or more employees do not have a TMP. SOV goals are based on available transportation and SDOT believes it is an acceptable service. There was additional discussion and members noted that this should be a major discussion at the 29th meeting and possibly in the Committee's Final Report.

Mr. Watts stated that he would like to move that:

DPD inadequately addresses increased transit ridership and that in order to accommodate a transit use increase, Swedish participation in funding for increase increased transit capacity is necessary.

Ms. Porter stated that stated that there was insufficient information to make this decision at this meeting and suggested that it be dealt with on the 29th. Members agreed.

Ms. Porter asked Mr. Cosentino for information from ITB that shows the proposed action items. Mr. Cosentino responded that he would provide that information to Mr. Glosecki.

V. Adjournment

No further business being before the Committee, the meeting was adjourned.

**SWEDISH MEDICAL CENTER
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CHERRY HILL CAMPUS
MAJOR INSTITUTIONS
MASTER PLAN CITIZEN'S
ADVISORY COMMITTEE**

Committee Members

Katie Porter, Chair

Leon Garnett

Dylan Glosecki

Raleigh Watts

J. Elliot Smith

Laurel Spelman

Maja Hadlock

Linda Carrol

*Swedish Medical
Center Non-
management
Representative*

Patrick Angus

David Letrondo

Ashleigh Kilcup

Committee Alternates

James Schell

Dean Patton

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Steve Sheppard

*Department of
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Stephanie Haines

*Department of
Planning and
Development*

Andy Cosentino

*Swedish Medical
Center Management*

Cristina Van Valkenburgh

*Seattle Department of
Transportation*

Meeting Notes

Meeting #25

January 29, 2015

Swedish Medical Center
Swedish Cherry Hill Campus
550 17th Avenue

Swedish Cherry Hill Auditorium – A Level

Members and Alternates Present

Dean Patton

Dave Letrondo

Patrick Angus

J Elliot Smith

Ashleigh Kilcup

Linda Carrol

Dylan Glosecki

Members and Alternates Absent

Raleigh Watts

Maja Hadlock

Leon Garnett

James Schell

Ex-Officio Members Present

Steve Sheppard, DON

Stephanie Haines, DPD

Andy Cosentino, SMC

Christina Van Valkenburgh, SDOT

(See sign-in sheet)

I. Housekeeping

The meeting was opened by Katie Porter. Brief introductions followed. The agenda was approved without substantive changes.

II. Discussion of Setbacks

Discussion proceeded to setbacks. Steve Sheppard began the discussion on setbacks with Section AA, page 25 Of the Final Master Plan. Shows setbacks on the rear side of the 18th avenue half block.

Dave Letrondo stated 25 ft. setback is very generous and more than appropriate. It is consistent with the setbacks in the single family underlying zone. Mr. John Jex referenced page 34 illustrates the underlying zoning setbacks for comparison. Mr. Sheppard commented this matches the single family setbacks.

Steve Sheppard noted the CAC had previously recommended a reduced height for this location. Mr. Sheppard suggested considering what the Hearing Examiner does in case it does not go to a reduced height and advocate bigger setback.

Mr. Sheppard asked if there were any disagreements with the setbacks proposed for this Section. Members indicated they approved of the proposed setbacks for this location. Steve Sheppard asked for clarification concerning the modulation along the rear facade of the development on the 18th Avenue.

half-block. He noted modulating is shown on the illustration on Page 27 of the Final Master Plan and asked if modulating started at the 15 foot setback and represented a further setting back from point. Mr Jex responded in the affirmative upon further discussion, Mr. Dylan Glosecki moved:

The upper level setback got Section AA on page 26 of the final Master plan be increased from 30 to 35 feet.

The motion was seconded. No further discussion occurred and the question was called.

Mr. Sheppard noted all members and alternates in attendance were eligible to vote. The Committee was polled. Votes were as follows.

Elliot Smith	Yes
David Letrondo	No
Linda Carrol	No
Dylan Glosecki	Yes
Patrick Angus	Yes
Ashleigh Kilcup	Yes

The vote was 4 in favor and 2 oppose. A quorum being present and a majority of those present having voted in the affirmative, the motion passed.

It was noted the Committee was accepting the setbacks as shown in the Final Master Plan for Sections BB and CC. Committee members indicated approval of this and no formal vote was considered necessary. After brief further discussion, members made no specific comments concerning setbacks on Section DD.

Discussion then turned to consideration of setback along Jefferson Street – Section EE as shown on page 29 of the Final Master Plan. Patrick Angus asked why the setbacks along Jefferson and Cherry were not greater. He noted this was one area where street activation was proposed. Others noted there needed to be space provided for adequate landscaping. Steve Sheppard asked if members wanted to advocate significantly different setbacks along Jefferson and Cherry Street. Members noted that the two streets are very different. Cherry is on long façade and Jefferson is much more varied. Members briefly considered whether an increased lower-level setback along section EE might allow greater street use and facilitate incorporation of canopies. Members stated this did not appear to be a real possibility given the existing nature of development at this location. Members indicated the five foot lower-level setback might be acceptable. Members also noted the application of streetscape improvements along this street through the design guidelines might be very important. Elliott Smith stated he favored a larger setback along both Cherry and Jefferson Streets. He suggested ten feet would be more appropriate. David Letrondo stated with the street right of way the current setbacks appeared adequate and he would support the retention of the 5 foot setback.

Linda Carol stated that she too believes the five foot setback along Jefferson seem appropriate. Following brief additional discussion, Dylan Glosecki moved:

The 5 ft. lower-level setback to an elevation of 27 feet as shown on section EE page 29 of the Final Plan, be endorsed by the CAC.

The motion was seconded

Mr. Sheppard noted all members and alternates in attendance were eligible to vote. The Committee was polled. Votes were as follows.

Ashleigh Kilcup	Yes
Patrick Angus	Yes
Dylan Glosecki	Yes
Linda Carrol	Yes
David Letrondo	Yes

Elliot Smith No

The vote was 5 in favor and 1 oppose. A quorum being present and a majority of those present having voted in the affirmative, the motion passed. Mr. Sheppard affirmed this is now the CAC's position.

Discussion then proceeded to the upper level setback in Section EE. Dylan Glosecki moved

The upper level setback above 37 feet as shown on Section EE page 29 of the Final Master Plans on section EE, be increased from 10 feet to 15 feet.

The motion was seconded. No further discussion occurred.

The Committee was polled. Votes were as follows.

Elliot Smith	Yes
David Letrondo	Yes
Linda Carrol	No
Dylan Glosecki	Yes
Patrick Angus	Yes
Ashleigh Kilcup	Yes

The vote was 5 in favor and 1 oppose. A quorum being present and a majority of those present having voted in the affirmative, the motion passed.

The Committee began discussion regarding setbacks above 65 ft. Patrick Angus suggested there be an additional 5 foot setback above 65 feet in elevation. Linda Carrol responded this seem to be so far above the street level and such a small change it would be insignificant.

It was moved:

An additional setback be established above 65 feet for Section EE shown on page 29 of the Final Master Plan, making the total setback 15 feet above 65 feet.

The motion was seconded. No further discussion occurred.

The Committee was polled. Votes were as follows:

Elliot Smith	Yes
David Letrondo	No
Linda Carrol	No
Dylan Glosecki	Yes
Patrick Angus	Yes
Ashleigh Kilcup	No

The vote was 3 in favor and 3 oppose. A majority of those present not having voted in the affirmative, the motion failed. Mr. Sheppard mentioned a majority is needed in order for the motion to pass, a tie vote indicates a fail.

III. Public Comments

The floor was opened for public comments.

Comments from Troy Meyer: Mr. Meyer mentioned he wanted to make the Committee to be aware Sabey/Swedish is attempting to harass the neighborhood, and requested to a meeting with Sabey/Swedish/Providence in order to iron out any disagreements regarding this expansion and its impacts to the neighborhood.

Comments from Ellen Sollod: Ms. Sollod stated the setback discussion is very disturbing. It is no laughing matter. She provided photos of Sabey developments elsewhere. She stated she opposes a two-story skybridge. She also described how Swedish/Sabey/Providence requested certain exceptions

to the square footage is very out of scale from the neighborhood. Setbacks should be greatly increased. Along 15th Avenue an upper-level setback of 80 feet above a certain level should be considered.

Comments from Larry Knopp: Mr. Knopp the only time he had spoken about this issue was about a year and a half ago and has been asking the same questions. What is the compelling rationale for the proposed shape of the MIO boundary? No answers were ever given regarding this. He had similar concerns regarding heights and setbacks. He questioned the recommendations from the Director's draft report and would like to find more information regarding the rationale for the proposed MIMP and how it benefits the larger community in report.

Comments from Murray Anderson: Mr. Anderson expressed his frustration about the whole process. The Committee does not seem to listen to the neighborhood. All he hears is what Swedish wants and how to make them happy. Who is making the neighborhood happy? Neighbors have consistently stated their opposition to this proposal. The CAC seems to ignore these comments. The Committee needs to acknowledge this opposition to the height, scale and setbacks. Without doing so the Committee is failing to fulfill its purpose.

Comments from Vicki Schiantarelli: Ms. Schiantarelli noted in the recent past the Hearing Examiner had overturned Sabey's proposal for development along 18th Avenue. Sabey then proceeded to file appeals with the superior court and listed some of the neighbors who had opposed them as parties to this appeal. This was disconcerting to neighbors.

The Transportation Management Plan and creates hostile relationship among the neighborhood. She mentioned how Swedish/Sabey talked about patient parking ratio and questioned why about 85% is devoted to employees and non-patient care. This calls into question the use of the MIO for hospital use. She informed the Committee she finds it very difficult to get on to Cherry during rush hour. Backed ups occur all the way to 23rd Avenue and she has had to use alternate routes. The situation is bad now. It will only get worse with this proposal.

Comments from Colleen Pike: Ms. Pike stated she is from Seattle University and Seattle University's supports the Swedish proposals with some specific conditions. Ms. Pike mentioned Seattle University would ask for proper mitigation on future developments and its adverse impacts as well as the design and noise impacts among the residents of the campus. Ms. Pike also commented the University recognizes building heights around campus and concerns regarding traffic impacts and safety around campus.

IV. Continued Discussion of Setbacks

The Committee decided to continue discussion regarding setbacks. Members noted there are a few members available at tonight's meeting. And suggested continue the setbacks discussion be deferred. After brief further discussion, the Committee proceeded to discuss section FF. Members noted the existing setback were accepted for the existing garage. However in the event development is added above the existing garage, a ten-foot setback is proposed. Members suggested increasing this to 15 feet. Mr. Jex stated this might work but anything beyond 15 feet would present problems related to the existing structural bays for the garage structure. The structure was designed to accept development above it. Swedish is trying to keep with previous designs and act responsibly. Staff noted there was a conscious decision to limit height at this location to 65 feet.

It was moved:

The setbacks as shown for Section FF in the Draft Master Plan be endorsed by the Committee.

Steve Sheppard noted the upper-level setback on Section EE is 15 feet.

No second was put forward.

Dylan Glosecki moved:

The setback for any new development above the garage be increased to 15 feet above 37 feet to match along Section EE.

The motion was seconded.

In the event the garage is demolished would make a setback of 10 feet from ground level to 37 feet and 15 feet above 37 feet.

The Committee was polled by show of hands. The vote was unanimous and the motion passed.

Mr. Sheppard informed the Committee that he would summarize what was discussed at this meeting regarding setbacks and asked the Committee members for clarification. Mr. Sheppard mentioned there will not be enough time to discuss and review the draft Director's report so he informed the Committee to submit their comments to him prior to the next meeting.

Mr. Sheppard noted comments during the public comment periods neighbors do not believe the Committee is not listening to them and little or no progress is being made. He acknowledged is challenging and that the various parties are still far apart. Neither the CAC nor the Swedish positions appear acceptable to the neighbors who are commenting. Mr. Sheppard commented he understand the sensitivity of those discussions. But progress has been made. Changes have occurred.

Mr. Sheppard commented the Committee's position on the Director's report be determined at the next meeting. Mr. Sheppard suggested for the meeting to start at 5:30 pm next week and go until 9:30 pm in order to finalize the discussion on the Director's report. He mentioned the Committee cannot make any decisions online; decisions concerning recommendations must be made at an open public meeting.

Mr. Sheppard informed the Committee the report is available at the DON website for the Committee members to download and make comments to it. Mr. Sheppard will compile all of the individual comments and be available to CAC to review.

The Committee agreed to intensively discuss the draft Director's report at the next meeting.

V. Adjournment

No further business being before the Committee, the meeting was adjourned.

Ms. Porter asked Mr. Sheppard when the last meeting would occur. Mr. Sheppard responded that is not set in stone at this point. There will likely be a few meetings after March 5th. It depends if there are any further discussion on open issues. Mr. Sheppard noted that an extension of time may be forthcoming.

II. Committee Comments to Draft Director's Report

Comments to the DPD General Recommendation to Adopt the Master Plan - Ms. Porter noted the Director's Report starts with the conclusion that for the most part, the plan represented an adequate balance. Steve Sheppard noted that a clear majority of members have indicated that they disagree with that conclusion and most provided language that the plan did not represent an adequate balance and should be further modified to reduce heights and increase setbacks from Alternative 12 and that without those additional changes the Committee would recommend rejection. Those comments were combined, and are included as recommendation 1 in Final Report. He noted that this was provided to members prior to this meeting.

Katie Porter asked that members confirm this position. Steve Sheppard noted that this position was the lead-off recommendation in the current draft of the lead in sections of the Final Report. The Committee was polled by show of hands. A clear majority voted in the affirmative, and that position was adopted as Recommendation 1 for both the comments to the Draft Director's Report and the Committee Final Report.

Comments to DPD Recommended Conditions to Master Plan Approval #1 - Design Review - There was a brief discussion of the nature of design review. Dave Letrondo asked if the project developed under the plan were subject to the City Design Review Process. Mr. Sheppard replied that they were not. This exemption is a major provision of the Major Institution Code that exempts these projects from the lengthy design review board process. Instead projects are reviewed by DPD through SEPA and Standing Advisory Committee given the opportunity to comment. In essence the Standing Advisory Committee fulfills the role of a design review board. However it does not have the same formal authority as these boards. Mr. Sheppard mentioned that in most cases the advice of the standing committee weighs more than DPD. Mr. Letrondo agreed. The Committee choose not to make comments on this recommendation.

Discussion of FAR - There was a brief discussion of FAR. Members suggested that any data Center not be exempted from FAR and/or not be allowed. Others suggested that the 3.5% reduction for mechanical penthouses be eliminated from the FAR calculation. Ms. Porter raised a question to Mr. Andy Cosentino about the community's concern regarding data centers built on the campus as a general concern. Mr. Cosentino responded that not in the current condition in Swedish and it requires server space to support the data center.

After brief further discussion the Committee it was moved that the Committee agree with DPD's recommendation on Item #32 Exemptions from FAR. The Committee was polled by show of hands. The motion passes unanimously.

Comments to DPD Recommended Conditions to Master Plan Approval #2 - TMP Goal Prior to First Building Permit - Ms. Porter noted that the TMP usage rate was 50%. However, she noted that many members disagreed with the details of this recommendation and that many amendments were suggested.

Ms. Porter read Mr. Letrondo's comments and asked if the Committee disagreed with the language. Mr. Patrick Angus asked how the 50% goal is was established and how it is monitored. Christina Van Valkenburgh responded that compliance is established every other year in the fall and monitors the progress. Ms. Laurel Spelman noted that she particularly agreed with the recommended response language provided by Dylan Glosecki.

Mr. Sheppard suggested that the various comments might be combined as follows:

Each additional permit shall also require that Swedish Medical Center be in Compliance with its most recently established SOV rate requirement for the Cherry Hill Campus. SMC shall be required to demonstrate continued compliance with the above SOV rate prior to issuance of any Certificate of Occupancy (CFO) and shall have a three month period to remedy failure to meet those goals.

After brief further discussion, Ms. Porter mentioned that the committee will be voting in two parts: 1) Agreement with the general recommendation as put forward by Ms. Haines; and 2) insertion of the combined member comment language as shown above.

The Committee was polled by show of hands for agreement with Ms. Haines general statements. Mr. Sheppard noted that there was clear majority and the motion passes.

Ms. Porter moved insertion of the combined member comment language as shown above. The motion was seconded. Mr. Sheppard noted that since this was a major action he would poll the Committee. The following votes as follows:

James Schell – Yes
Leon Garnett – Yes
James Elliot Smith – Yes
Maja Hadlock – Yes
Dave Letrondo – Yes
Linda Carol – No
Dylan Glosecki – Yes
Laura Spelman – Yes
Patrick Angus – Yes
Katie Porter – Yes
Ashleigh Kilcup – Yes

The vote was 10 in favor and 1 oppose. A quorum being present and a majority of those present having voted in the affirmative, the motion passed.

III. Public Comments

The floor was opened for public comments.

Comments from Abel Bradshaw: Ms. Bradshaw encouraged everyone to take a look outside and observe the surrounding areas. She mentioned that the building that this meeting is being held in is only 2 stories over the proposed height on the east side of 18th avenue. There is a potential light as well as noise invasion during the sleeping hours and the neighbors complains about the noise. She mentioned about her concerns about what the neighbors do not know especially with the FAR and the noise the mechanical rooms would make. She noted that the responsibility of the Committee is to address the livability of the neighborhood. She also commented that design of the building is aggressive architecture that is being proposed is designed to push people out of their homes.

Comments of Ellen Sollod – Ms. Sollod noted that the heights of buildings along Cherry will block sunlight. She suggested that the upper level setbacks need to be brought down lower. She also recommended that the upper level setbacks along 15th Avenue should be 80 feet to bring heights along that street closer to the height on the SU Campus.

Comments from Ken Torp: Mr. Torp noted that SMC had stated that any servers on Campus would serve only SMC uses. He asked that the CAC request in writing regarding the commitment that the server is specifically for medical and building use of the campus.

Comments of Sonja Richter – She noted that the area to the north of the campus will be exceedingly impacted. The area is already greatly shadowed. There is also a major noise impact related to mechanical penthouses. She noted that she was not happy with the demeanor of SMC staff and had written a letter to SMC management concerning that issue.

Comments from Jack Hanson: Mr. Hanson commented that he appreciates the CAC's efforts and time commitment. He noted his concerns about the size of the institutional expansion. Neighbors would like to review the details regarding the space needs. Information provided to date is insufficient to conduct a proper evaluation of this issue. He formally requested that SMC provide the public and CAC and would like to encourage the CAC more detailed information on that issues. He noted that this information should already be in SMC's possession and providing it should not be a great imposition. He encouraged the CAC members to join him to get this request.

Comments of Joy Jacobson – Ms. Jacobson suggested that the upper-level setback above the garage along Jefferson be set at the structural bay rather than a specific distance.

IV. Committee Response to the Public Comments

Mr. Dean Patton asked the Committee about their reaction to the issue of servers raised by Mr. Torp concerning servers. He noted that Sabey is a major provider of these services and that they should not do likewise on this campus. Mr. Cosentino responded that due to information sharing among campuses, a system of campus servers are here for health related purposes. Ms. Porter noted that if there is enough time to deal with this issue at the meeting tonight and suggested that this be dealt with at a subsequent meeting.

V. Continued Committee Discussions Concerning Comments to Draft Director's Report

Discussions returned to the draft director's report.

Comments to DPD Recommended Conditions to Master Plan Approval #3 – TMP Goal Reduction Over the Life of the Master Plan - Ms. Porter introduced Item #3: TMP goal reduction over life of Master Plan as part of the discussion. She noted that there was considerable discussion of this at the previous meeting. There are also several suggestions for amendments, provided by Dave Letrondo, Elliott Smithy and Dylan Glosecki. In each case the recommended changes call for a more aggressive reduction in the goal over a lesser period of time. She asked members whether they agreed that a more aggressive goal needs to be established. Members agreed.

Laurel Spellman asked for clarification on: 1) how the 50% goal, 1% reduction, and ultimate 38% goal was established; and 2) the rationale for allowing SMC a higher goal related to the First Hill average CTR goal. Ms. Van Valkenburgh responded that the reduction goal was established in 2012 and the City looked at different neighborhoods. The CTR goals and purposes looked at other groups at a different time and that the CTR and TMP goals are two different things and each are implemented separately. She briefly went over some of the technical aspects of the CRT goal, particularly noting that it is different than the TMP goal.

Laurel Spellman Responded that that it her contention that SMC should not benefit from others failure to reach aggressive goals and strongly suggested that the Committee recommend that this provision be stricken from the DPD recommendation.

Mr. Letrondo commented that he wanted to see a more aggressive goal but that it needed to be realistic and achievable. Ms. Kilcup stated that the 44% goal was aggressive but might be achievable and that she could support that level.

Ms. Porter commented that she personally in favor and agree of a more aggressive goal, but felt uncomfortable with Mr. Glosecki's suggesting that the goal be reduced to 30% at this point but could support that or something close. Others suggested calculating the ultimate level based upon a reduction of 1.5% over a number of years. Mr. Cosentino commented that a starting goal of 50% and after two years reduced it down to 44% is a very aggressive goal that requires a very aggressive policies. There was a discussion of the proper goal which resulted in adoption of a 32% goal at the end of 25 years.

After brief further discussion, Ms. Porter Moved that the Committee disagreed with the recommendation in the Draft Director's report and recommend an alternative recommendations; The Committee was polled by showoff hands. The motion assed.

Ms. Porter moved the language stated earlier as follows:

The TMP SOV goal of 50 percent shall be further reduced by 1.5 percent every two years to a maximum 32 percent SOV goal in 15 years (estimated time of full build out of the master Plan.

It was noted that by rejecting the DPD condition outright the portion granting higher SOV rate tied to the First Hill CRT goal was eliminated and such would be indicated in the Committees recommendation.

The question was called and the Committee polled. The votes were as follows:

James Schell – Yes
Leon Garnett – Yes
James Elliot Smith – Yes
Maja Hadlock – Yes
Dave Letrondo – No
Linda Carol – Yes
Dylan Glosecki – Yes
Laura Spelman – Yes
Patrick Angus – Yes
Katie Porter – Yes
Ashleigh Kilcup – Yes

The vote was 10 in favor and 1 oppose. A quorum being present and a majority of those present having voted in the affirmative, the motion passed.

Comments to DPD Recommended Conditions to Master Plan Approval #4 – Capital Improvements Prior to the Issuance of First Master Use Permit - Ms. Porter noted that Dylan Glosecki has suggested more specificity concerning the actual improvements. The suggested improvement covered under his suggestion were listed as follows:

- a. 16th and Cherry (traffic signal build out for four intersection)
- b. 14th and Jefferson (traffic build out)
- c. 18th and Cherry (traffic signal build out for four intersections)
- d. 17th and Cherry (build out for three intersections)
- e. 16th and Jefferson (build out on all four corners)
- f. 18th and Jefferson (build out on all four corners)
- g. 17th and Jefferson (build out on all four corners)

Mr. Cosentino mentioned that all other intersections listed are fine and Swedish is comfortable with these build outs. The Committee was polled on approval of the DPD recommendation with the clarifying language as proposed by Mr. Glosecki. Mr. Sheppard noted that it was unanimous and the motion passes.

Comments to DPD Recommended Conditions to Master Plan Approval #5, 6 and 7 –There were no substantive comments concerning DPD conditions 5 and 6 and 7 and the Committee endorsed each with unanimous votes.

Comments to DPD Recommended Conditions to Master Plan Approval #8, - Transportation Review as Part of Future MUP Review – Ms. Porter stated that she was comfortable with the language for Item #8, but the current route planning language was soft. She noted that Mr. Letrondo had offered several strike outs and that Linda Carrol has suggested language to extend those truck delivery routes to include 23rd Avenue. After brief further discussion, it was moved to endorse the DPD condition with amendment of part g to read

g) Assess truck delivery routes between Swedish Cherry Hill and I-5 and along E-Cherry, I-90, 23rd Avenue E and E. Jefferson Street to identify potential impacts to roadways along these routes.

The Committee was polled by show of hands. The vote was unanimous and the motion passes.

Comments to DPD Recommended Conditions to Master Plan Approval #9,11, 12, 13, 14, 15, 16, 17, and 18 –There were no substantive comments concerning DPD conditions 9 through 18 and the Committee endorsed each with unanimous show of hands votes.

Comments to DPD Recommended Condition to Master Plan Approval #10 – Concept Street Designs – Members noted that the statement concerning review by the Standing Advisory Committee was combined with others into a single Committee recommendation. Members also recommended that the last sentence in this conditions that allowed SDOT to modify plans was too vague and should be removed. With these minor changes the condition was approved.

Comments to DPD Recommended Conditions to Master Plan Approval #19, - Features to exceed MIO Height Limits - Members suggested addition with an edit that states no more The Committee was polled and the change was approved unanimously.

Comments to DPD Recommended Conditions to Master Plan Approval #20 - Modulation Dylan. Glosecki suggested he would like a further reduction. He noted that maximum modulation occurring only every 125 feet was too great, especially when abutting residential Development. He stated that After brief further discussion, Mr. Sheppard stated that Mr. Glosecki's concern could be address if

Modulation – with the exception of the facades facing he east property line of the 18th Avenue half block, no un-modulated façade shell exceed 125 feet in length, nor 90 feet along either E. Cherry Street or 15th Avenue.

Comments to DPD Recommended Conditions to Master Plan Approval #21, 22, 23 ,24 and 25 - There were no additional substantive comments concerning DPD conditions 22 – 25. Ms. Porter noted that many these were dealt with as part of the broader discussion of the 18th Avenue half block and the previous meeting 18 and that those decisions would be reflected in the comments to DPD.

Comments to DPD Recommended Conditions to Master Plan Approval #26 – Detailed Landscaping Plan - Ms. Porter noted that Ms. Hadlock has recommended addition of the statement that the landscaping shall be located at grade and not below street level as it is in the case of Cherry Street. Members agreed to include this statement as an addition to this condition and recommend such to DPD. The Committee was polled and the vote unanimous. Introduced a motion to vote in agreement with DPD's recommendation on Item #26 Detailed Landscaping Plan with Each MUP Application along

with Ms. Hadlock's additional language. Mr. Sheppard noted that it was unanimous and the motion passed.

Comments to DPD Recommended Conditions to Master Plan Approval #27 –There were no substantive comments concerning DPD conditions and the Committee endorsed each with unanimous votes.

Comments to DPD Recommended Conditions to Master Plan Approval #28 Streetscape Activation
There was a brief discussion of retail uses. This inclusion of retail was not included due to zoning issues. The condition was amended to add canopies as a strategy. With this change the Committee was polled concerning approval of the general language. The vote was unanimous and the motion passed.

Comments to DPD Recommended Conditions to Master Plan Approval #29 Skybridges

Ms. Porter noted that various members had weighed in on this provisions David Letrondo stated that his change was intended to accommodate patients rather than "People" as many patients are in stretchers or wheelchairs. Dylan Glosecki stated that he objected to the possibility of a stacked skybridge and would prefer side-by side. Katie Cheney stated that if the skybridge was side by side there should have to be separations between the general patients and patients. She noted that it would also be difficult to re-do hallways and access points. Others stated that the stacking might be better. After brief discussion the Committee determined that they would remain silent on this issue and instead add the following language at the end of the provisions.

Because skybridges by their nature are ugly, the skybridge should be designed as an iconic modern architectural feature) Not just cement and glass, and be design to make it interesting. Any future skybridge along 16th Avenue should remain on the same level as each other and be limited to 2 total.

The above language was approved.

Comments to DPD Recommended Conditions to Master Plan Approval #36 to #45 –There were no substantive comments concerning DPD conditions, other than eliminating the words "and light" from the first sentence of #45 and the Committee endorsed each with unanimous votes.

Comments to DPD Recommended Conditions to Master Plan Approval #46 Dylan Glosecki stated that the statement be amended to specifically relate to LEED standards. The language suggested was as follows.

During demolition and construction, recycle construction and debris waste to the extent feasible based on the existence of hazardous materials and meet LEED standards for the amount of recycled materials with a minimum of 75% achieved.

The above language was approved.

Comments to DPD Recommended Conditions to Master Plan Approval #47 to #52 –There were no substantive comments concerning DPD conditions and the Committee endorsed each with unanimous votes.

Comments to DPD Recommended Conditions to Master Plan Approval #53 Members noted that this is the proper location to add the green factor language. After brief discussion the following wording was recommended to be added to the end of that condition: "

A campus-wide green facto of 0.5% shall be considered the minimum goal.

The above added language was approved.

Comments to DPD Recommended Conditions to Master Plan Approval #54 the following wording was recommended to be added to the end of that condition:"

No trees should be removed from the City right of way. During construction the root system shall be maintained.

The above added language was approved.

Comments to DPD Recommended Conditions to Master Plan Approval #55 to 76.

Committee members noted that they were in substantial agreement with the remaining conditions, with the addition of minor provisions as follows. Note that these additions had been previously forwarded to members:

Condition	Change
55	Add to the end of this condition: "to the extent feasible all plants should be pollinator pathway certified."
57	Add to the end of this condition: "All buildings should be required to meet LEED or similar certification such as the Green Guide for healthcare due to the location within a residential neighborhood."
59	Amend the condition as follows: All garage venting shall be directed away from residential uses adjacent to the east property boundary of the campus.
60	Amend the condition as follows: Alternatives to mechanical maintenance equipment (e.g., leaf blowers, power washers, etc.) should be explored (such as sweeping or using a hose to wash driveways where feasible) or equipment that produces lower sound levels used. <u>No such equipment utilizing internal combustion engines should be utilized.</u>
68	Amend the condition as follows: To minimize the potential for noise impacts resulting from regular testing of <u>new and existing</u> emergency generators, the location of such equipment should be considered during building design relative to residences, and equipped with noise controls to minimize noise intrusion.
69	Add to the end of this condition: <u>Particular care should be taken along the east margin of the 18th Avenue half block to assure that no views from the Medical office buildings are available to the immediately adjacent single-family residences. The fenestration pattern along this facade shall be reviewed both with the CAC and adjacent property owners.</u>

With the changes noted above conditions 55 through 76 were approved.

Steve Sheppard stated that he would draft a letter containing the changes suggested by members. He urged members to review the wording that will be forwarded carefully to assure that it matches their intentions.

V. Adjournment

No further business being before the Committee, the meeting was adjourned.

**SWEDISH MEDICAL CENTER
SWEDISH MEDICAL CENTER
CHERRY HILL CAMPUS
MAJOR INSTITUTIONS
MASTER PLAN CITIZEN'S
ADVISORY COMMITTEE**

Committee Members

Katie Porter, Chair

Leon Garnett

Dylan Glosecki

Maja Hadlock

Raleigh Watts

J. Elliot Smith

Laurel Spelman

Maja Hadlock

Linda Carrol

*Swedish Medical
Center Non-
management
Representative*

Patrick Angus

David Letrondo

Lara Branigan

Committee Alternates

James Schell

Dean Patton

Ashleigh Kilcup

Ex-officio Members

Steve Sheppard

*Department of
Neighborhoods*

Stephanie Haines

*Department of
Planning and
Development*

Andy Cosentino

*Swedish Medical
Center Management*

Cristina Van Valkenburgh

*Seattle Department of
Transportation*

Meeting Notes

Meeting #27

February 12, 2015

Swedish Medical Center
Swedish Cherry Hill Campus
550 17th Avenue

Swedish Cherry Hill Auditorium – A Level

Members and Alternates Present

Dean Patton

Katie Porter

Ashleigh Kilcup

Leon Garnett

James Schell

Patrick Angus

J Elliot Smith

Linda Carol

David Letrondo

Members and Alternates Absent

Dylan Glosecki

Laurel Spelman

Raleigh Watts

Maja Hadlock

Ex-Officio Members Present

Steve Sheppard, DON

Stephanie Haines, DPD

Andy Cosentino, SMC

(See sign-in sheet)

I. Housekeeping

The meeting was opened by Katie Porter. Brief introductions followed. Ms. Porter noted that the main purpose of tonight's meeting is to develop Committee positions on setbacks. Mr. Sheppard noted that the Committee had developed its positions on Setbacks up to section FF. We will be developing recommendations for the remaining sections at tonight's meetings.

II. Committee Discussion

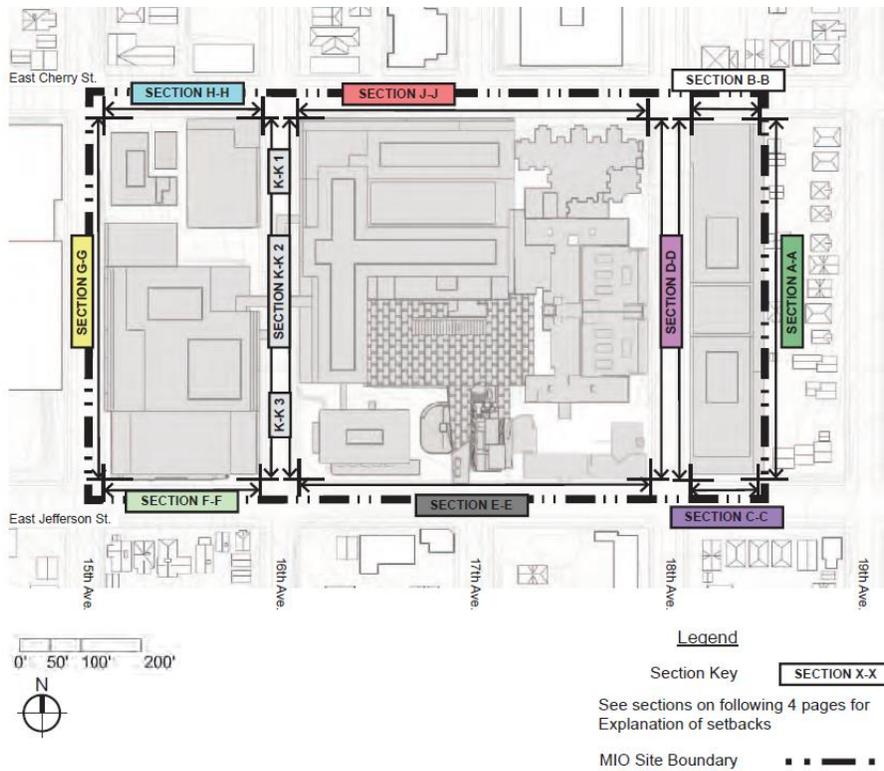
Steve Sheppard noted that he had sent members copies of its decisions regarding the setback for section through FF. These were included in the Committees comments to the Draft Directors Report

The relevant description from that document are show below:

Start of excerpt

Setbacks

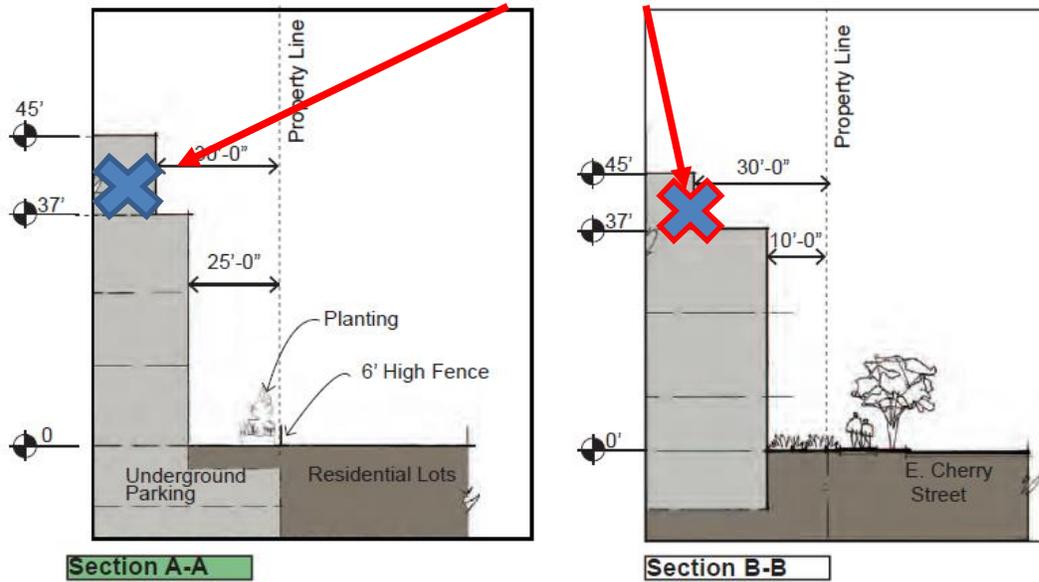
The CAC recommends the following increases in setbacks.



Locations of Sections (From Final Master Plan)

18th Avenue Half Block (Sections AA, AB, AC and DD)

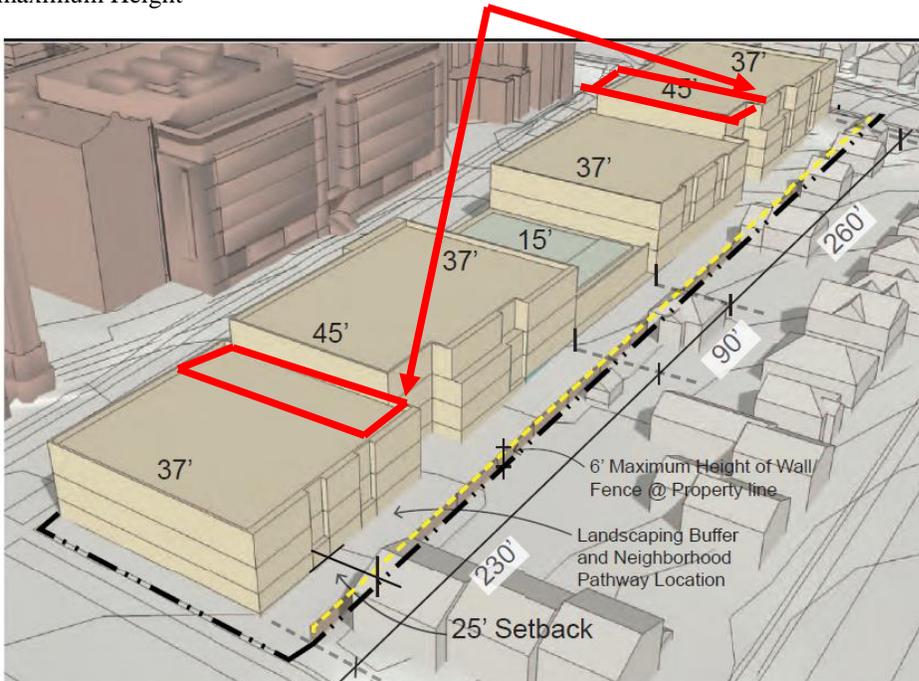
Remove 30 foot setback above 37 feet



Recommended Changes to Setbacks for Section AA, AB, AC and DD

Recommendation 2 – The 30 foot upper level setbacks for the 18th Avenue half block above 37 feet in height for all sections referenced, should be removed as the CAC proposes in its Recommendation #1 that high shall be limited to 37 feet. In all other regards the setbacks shown for these sections are acceptable

Extend floor plate height lying south of the area shown sufficiently north to achieve a maximum 37 foot maximum Height

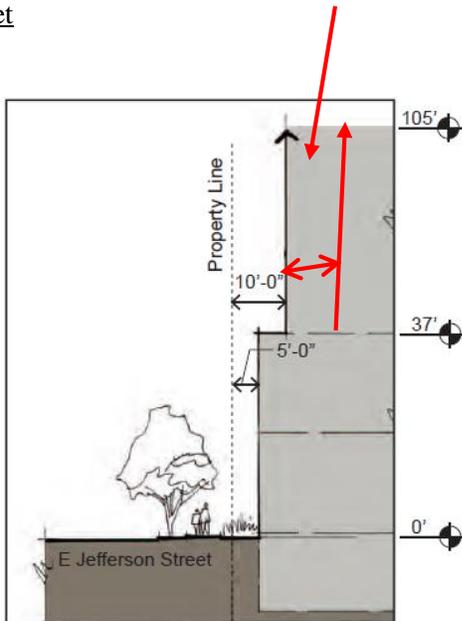


Recommendation 3 – Unmodulated Facades along the east property line of the 18th Avenue half Plock shall be restricted to no greater than 90 feet in length.

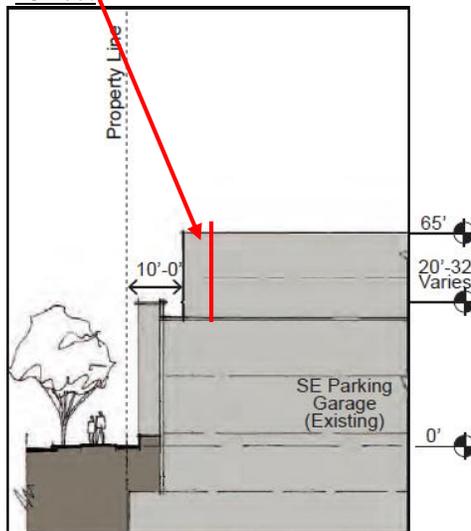
Setbacks Along E. Jefferson St. from 15th to 18th Aves (Sections EE and FF)

Increase Setback above 37 feet from 10 to 15 feet

Retain at 10 feet for the existing development In the event that new development is added above the existing structure increase the upper level setback to 15 feet



Section E-E



Section F-F

End of Excerpt

Committee recommendations will be shown in similar detail as they are developed. He advised members to review the information that is being forwarded to them carefully to assure that the explanatory wording that is being developed accurately reflects your positions.

Steve Sheppard noted that this process has had more meetings and work for the Committee than any other Major Institutions process. He thanked members for their diligence and perseverance.

Section G-G 15th Avenue (page 30 of the Final Master Plan)

Steve Sheppard noted that Dylan Glosecki had split this section into three portions. For the southern portion a where the underlying zoning was SF 500 and a height of 65 feet Andy Cosentino noted that the proposals that appear to be coming forward contradict previous CAC comments that the greater bulk be located in this west block but that the CAC is now both lowering height there and possibly increasing Setbacks. Patrick Angus agreed but stated that he still recommended and increased ground-level setback along the entire street. He recommended that the setbacks be increased to a minimum of five feet from the proposed 0 foot setback from ground level to 37 feet. Mr. Angus noted that while this area is adjacent to Seattle University it is still part of the fabric of this area and that it needed to be compatible with the setbacks to the surrounding areas. Maja Hadlock noted that others had discussed a possible 10 foot setback and that the key issue with that was the possible incorporation of canopies. It appeared that with a ten foot setback canopies might not be so possible.

John Jex briefly went over some illustrations of what zero, five and ten foot setbacks might look like. David Letrondo noted that it is not just setbacks that make a successful street frontage. Elements such as landscaping and street furniture also play a major role.

Katie Porter suggested that the setback be increased from zero to five feet for the entire length of this frontage with a fifteen foot upper level setback retained for the Building. Dean Patton noted that Children's had very great setbacks – some to 75 feet, and asked if those types of setbacks might be done here. Steve Sheppard noted that there were large setbacks along some margins of the site but not all. The entire plan was much different and Children's was able to acquire a large amount of land.

Patrick Angus noted that the environment along this portion of 15th is really unpleasant. Ms. Porter suggested that the 5 foot setback extend up to 65 feet in order to reduce the wedding cake look of the areas. With a 15 foot setback from 65 feet to the maximum. John Jex noted that the institution was recommending that there be a large setback of about 30 feet for a portion of the higher tower in the 125 foot portion of that block.

Patrick Angus noted that the drawings on page 52 of the Final Master Plan show both a larger setback for a portion of the street frontage and the parking garage setback as it presently is. He asked what percentage of the central portion was set back and about how far.

Steve Sheppard summarized what he believed that he had heard. The proposal that members were putting forward appeared to be a five foot setback from ground level to 65 feet with a 15 foot setback above 65 feet and with a so foot setback for a portion of the building that is in the central portion of the site where height is above 65 feet. He noted that the portions on the north and south positions of the block are limited to 65 feet and that in those areas the 5 foot setback would apply to the entire height of the building. There was brief discussion of possibly keeping a zero foot setback up to 37 feet.

Members asked for clarification on the degree to which the actual modulations etc. shown on Figure C-3 on page 52 of the Final Master Plan were binding. Steve Sheppard stated that under the code these were illustrative only and that the designers were free to change the actual designs so long as they remained compliant the development standards (heights setbacks, minimum modulation etc.). He noted that if the Committee actually wanted to tie the a future designers into something approaching the illustrative Height Bulk and Form shown in that figure they would have to craft recommended setbacks that accomplished this.

David Letrondo stated that the Committee needs to look at the broader picture and realize that there is a large distance across the street right-of way. Dean Patton stated that he advocated a 30 foot uniform setback at 37 feet. Dave Letrondo stated that he supported the lesser setback to 65 feet with the larger setbacks above that. Members were polled on different portions of this street. The first vote was on Setbacks from the ground to 37 feet. The alternatives were zero and five feet. The vote was:

Zero Foot	3
Five Feet	6

Discussion then turned to the setback between 37 and 65 feet. Members were polled on the setback from 37 to 65 feet. The vote was

Five feet	4
Ten Feet	0
15 feet	5

Fifteen feet was initially chosen.

It was moved that:

There be 30 foot setback above 65 feet for 50% of the façade in that area designated for a height above 65 feet with the remainder held at 15 feet.

The motion was seconded. Brief Discussion followed

Members stated that they were concerned that the combination of the 5 foot 15 foot and 30 foot partial setbacks were creating a wedding cake pattern.

The question was called. The votes were:

Yes	7
Opposed	1
Abstained	1

A quorum being present and the majority of those present having voted in the affirmative, the motion passed.

III. Public Comment

Troy Myers asked that his comment time and those of Joy Jacobson, Ellen Sollod and Julie Popper be given to Ross Tillman. The chair agreed to do so.

Comments of Ross Tillman – Mr. Tillman stated that he would discuss the nature of successful Transportation Management Plans. He stated that the first requirement is that the plan be endorsed and fully embraced by the senior management of the institution from the CEO down. It is also important that there be aggressive goals. There should be full-time staff devoted to this effort by the institution.

He noted that the Cherry Hill Campus should be able to compete well with other nearby institutions. Most are at 40% or less SOV use. Not all are well served by transit so that Cherry Hill should be able to meet more rigorous goals. A long-range goal to match other similar institutions would seem justified.

Good data and frequent re-evaluation is critical. In-house surveys that go beyond the minimum required by codes are critical. As part of those process efforts to engage employees to determine, what would actually get them out of SOV's is critical.

Comments of Ken Torp – Mr. Torp stated that neighbors had requested that there be additional information provided from Swedish regarding their needs. No information has been provided and that should be done immediately. He also noted that he had asked that the CAC request commitments from Swedish that any computer servers will serve only the medial needs of the institution and be

located underground. He also asked that the CAC report clearly state that they do not agree with DCD's endorsement of the Swedish Proposal. He presented a letter from the 12th Avenue Stewards ejecting to the present plan Virginia Mason is already achieving an SOV goal of 29% and Swedish goal needs to be much lower than presently proposed.

Comments of Greg Harmon – Mr. Harmon noted that the setbacks are important as transitions to the neighborhood. He urged the Committee to further break-up the 18th Avenue Half-block.

Comments of Julie Popper – Ms. Popper stated that she and her neighbors have asked for more information on needs calculation. None has been provided at this point.

IV – Responses to Public Comments

Andy Cosentino stated that Swedish Medical Center has no intention to locate independent computer servers that do not serve its immediate medical needs. He also stated that no uses other than medical related are currently on campus and it is not the institutions intent to do so. There was a brief follow-on discussion of this issue.

Mr. Cosentino noted that he had provided the information from the needs assessment presentation to Steve Sheppard and they should be available to the Committee.

V. Continued Discussion of Setbacks

Section HH – (Page 30 of the Final Master Plan)

The Committee accepted the setbacks as shown in the final master plan. The vote was unanimous.

Section JJ – (Page 30 of the Draft Master Plan)

Patrick Angus noted that the setbacks along Cherry varied greatly. East of 18th, it is 10 feet and west of 16th 20 feet. However, between 16th and 18th it is only five feet. He suggested that the setback be increased to 10 feet for continuity with the setback east of 18th. Dean Patton agreed. Linda Carrol stated that she preferred the lesser setback to bring light out to the sidewalk at night. Several members noted that due to sun angles and other factors, cherry is darker and less pleasant. David Letrondo observed that the existing landscaping made for a darkened environment. Katie Porter suggested that she was willing to trade less setback for reduced height and suggested that the 80 foot setback might start lower than at 105 feet. This would push the height back from the street. Andy Cosentino noted that the central block includes the hospital bed tower. Reducing building envelope in this area may significantly affect the bed towered. There is no way to determine that at this point.

John Jex responded that lowering the 80 foot setback below 105 feet would impact patient rooms. The twenty foot setback above 37 feet is set to allow the nursing tower floor plates, as is the 80 foot setback for the 160 foot tower. There is no ability to extend the 80 foot lower than 105 feet, but it might be possible to reduce the 20 foot setback from 37 feet to 105 feet and then extend that down to the ground for a ten foot ground level setback. He stated that this might be done without adversely affecting patient care.

Members weighed in with various possible alternatives. Katie Porter reiterated hew discomfort with wedding cake designs and advocated a two tier setback rather than three different setbacks at this location. Dean Patton stated that he supported a greater setback at ground level.

Patrick Angus moved that the:

The Setback from 37 feet to 105 Feet for Section JJ be increased From 20 feet to 30 feet with a setback of 80 feet from 105 feet to the maximum allowed height.

The motion was seconded.

Katie Porter noted that there had been previous discussion of increasing the ground level setback from 5 feet to 10 feet. She asked Mr. Angus if he would accept that as a single motion. He agreed and the motion was amended as follows:

That the setbacks in Section JJ (Cherry Street Frontage from 16th Avenue to 18th Avenue) be increased as follows: 1) 10 feet from ground level to 37 feet, 30 feet from 37 feet to 105 feet and 80 feet from 105 feet to the maximum building Height.

The question was called. The motion failed on a split vote of 4-5.

Katie Porter asked for clarification on members positions on the five versus ten foot setback. Members were split. John Jex stated that the rationale for the setbacks was to create an environment where those walking next to the building would perceive it as a 37 foot building and neither a 105 foot building nor a 160 foot structure. James Schell stated that this remains a dark shaded area. Others noted that with sun angles neither alternatives the members were offering would significantly decrease shadowing in the area.

Katie Porter moved that:

The current setback shown for Section JJ in Alternative 12 be accepted as is for this location as shown.

The committee was polled by show of hands. The vote was 5 in favor 4 opposed

A quorum being present and a majority of those present having voted in the affirmative, the motion passed.

Section KK -16th Avenue (Pages 32 to 33 of the Final Master Plan)

Katie Porter noted that there are various setback proposals for this area. First it is split into three section KK 1, KK-2 and KK-3, and second there are different setbacks on each side of the street. KK - 1 on the west side of 16th is a 0 foot setback to 37 feet and Ten feet from 37 feet to 65 feet which is the maximum height in this location. She asked if members had any suggested changes to this area. None did and the west side setback for section KK-1 (West) was accepted as shown in the Final Master Plan.

Discussion turned to Section KK-1 (East). Ms. Porter stated that she did not support the setback as shown in the Final Master Plan. It is a wedding cake. She suggested that the 0 foot setback below 37 feet be increased to five feet, that the 5 foot setback from 37 to 65 feet be retained and that the 10 foot setback from 65 feet to 105 feet be increased to 15 feet. Steve Sheppard noted that the Committee previously reduced height in this area to a maximum of 105 so that no setback would be shown above 105 feet.

The above was moved and the Committee polled by show of hands. The vote was: 6 in favor 3 opposed.

A quorum being present and a majority of those present having voted in the affirmative, the motion passed.

Discussion then turned to Section KK-2 (West) and KK-2 East. Katie Porter suggested that the ground level setback be shown for KK-2 (west) be maintained at 0 feet and that the setback from 37 to 65 feet be increased from 5 to 10 feet. Members noted that this would have a similar setback along the west side of the street in sections KK-1 and KK-2. John Jex stated that this would change the feel of the area substantially and suggested that the setback for KK-2 (East) be retained as shown.

Patrick Angus directed the Committee's attention to page 52 of the Final Master Plan. He noted that the design for that portion of the east side of 16th Showed a substantial setback above the initial base for the tower portion and suggested that the setbacks be amended to mimic that arrangement with a portion of the façade pushed back to 30 feet or a portion of that façade. The Committee agreed with

this arrangement and directed staff to develop the details of this arrangement for the Committee’s final report.

This concept was approved unanimously.

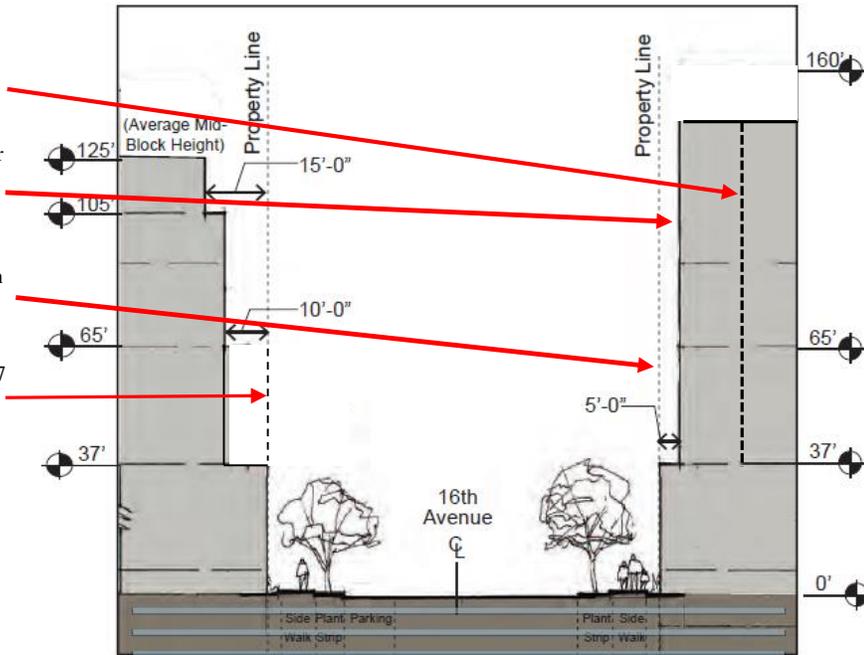
Editor’s Note: The actual arrangement developed was as shown below.

30 feet from 37 feet to 140 Feet for 55% of the area covered by this sections

5 feet from 37 feet to 140 feet for approximately 45% of the area covered by this section

0 feet Ground to 37 Feet to retain the present bulk height and form of the current building

Increase from 5 to 10 feet from 37 feet to 65 feet to match section KK-1 (West)

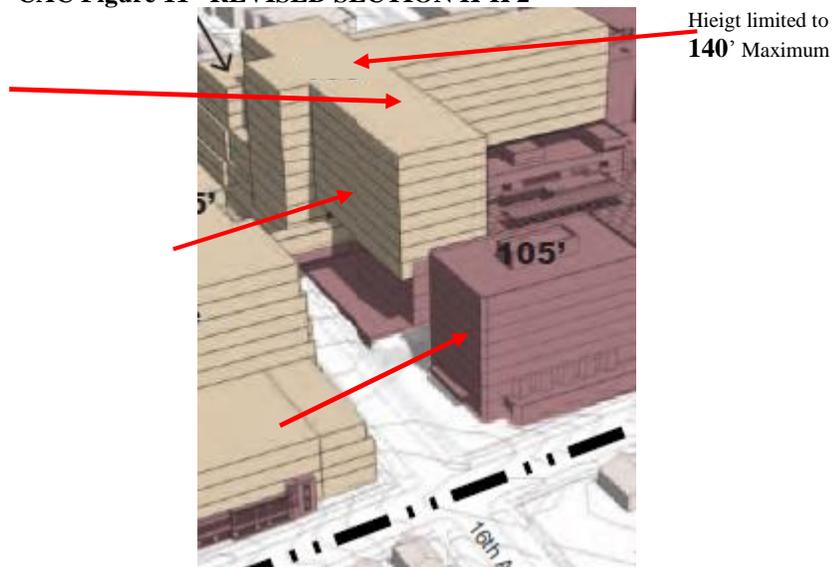


CAC Figure 11 –REVISED SECTION K-K 2

Area of 5 foot setback from 37 feet to maximum height of 140 feet. This area will vary depending upon design but shall not be greater than 45% of the area covered by Section K-K 2

Area of 30 foot setback from 37 feet to maximum height of 140 feet. This area will vary depending upon design but shall not be less than 55% of the area covered by Section K-K 2

Area of 0 foot setback to accommodate the existing height bulk and form of the existing development which shall remain.



VI. Adjournment

No further business being before the Committee the meeting was adjourned.

SWEDISH MEDICAL CENTER
SWEDISH MEDICAL CENTER
CHERRY HILL CAMPUS
MAJOR INSTITUTIONS
MASTER PLAN CITIZEN'S
ADVISORY COMMITTEE

Committee Members

Katie Porter, Chair

Leon Garnett

Dylan Glosecki

Maja Hadlock

Raleigh Watts

J. Elliot Smith

Laurel Spelman

Maja Hadlock

Linda Carrol

*Swedish Medical
Center Non-
management
Representative*

Patrick Angus

David Letrondo

Lara Branigan

Committee Alternates

James Schell

Dean Patton

Ashleigh Kilcup

Ex-officio Members

Steve Sheppard

*Department of
Neighborhoods*

Stephanie Haines

*Department of
Planning and
Development*

Andy Cosentino

*Swedish Medical
Center Management*

Cristina Van Valkenburgh

*Seattle Department of
Transportation*

Meeting Notes
Meeting #28
February 26, 2015

Swedish Medical Center
Swedish Cherry Hill Campus
550 17th Avenue

Swedish Cherry Hill Auditorium – A Level

Members and Alternates Present

Laurel Spellman	Dylan Glosecki	Katie Porter
Leon Garnett	James Schell	Patrick Angus
J Elliot Smith	Linda Carol	Maja Hadlock
Raleigh Watts	David Letrondo	

Members and Alternates Absent

Dean Patton Ashleigh Kilcup

Ex-Officio Members Present

Steve Sheppard, DON	Stephanie Haines, DPD
Andy Cosentino, SMC	Christina VanValkenburgh

(See sign-in sheet)

I. Housekeeping

The meeting was opened by Katie Porter. Brief introductions followed. The agenda was approved without changes. Ms. Porter noted that the main purpose of tonight’s meeting was to develop Committee positions on most transportation Issues. Ms. Porter also noted that the Committee will tentatively meet weekly from this point on. Mr. Sheppard briefly went over the schedule for production of the Committee’s final report.

II Re-consideration of height on the West Block.

Patrick Angus noted that there has been a great deal of discussion concerning heights and that there is a consensus that heights are too great. He noted that Swedish appears quite constrained on its central Campus. This is the area where they have shown hospital beds. More height in this area might be acceptable. However, there does not seem to be so much consensus within the Committee for the 125 feet on the West Block.

Mr. Angus moved:

That the Committee recommendation for that portion of the West block previously recommended at 125 feet be Reduced to 90 feet.
The motion was seconded.

Mr. Sheppard stated that a reconsideration motion must be made by a person that previously voted in favor of the motion being reconsidered. Mr. Watts noted that he had voted in the affirmative on the motion adopting the previous 125 foot recommendation. Mr. Sheppard

confirmed that this was the case.

Mr. Sheppard urged the Committee to try to avoid reconsiderations of past decisions. Committee members are free to do so, but given the close votes on some recommendation, this might lead to reversal after reversal.

Mr. Sheppard noted that technically the first action would have to be to move to reconsider and then to go forward to the formal reconsideration.

The Question was called to reconsider. The Committee voted 6-4 to reconsider. Discussion then turned to the consideration of the motion made above.

Raleigh Watts asked Mr. Jex to comment on heights as they related to floor-plates. Mr. Jex responded that the building is based on 14 foot floor to floor heights. Maja Hadlock stated that 90 feet would be 6 floors and that this reduction would be a further cut of 3 stories off of this building.

David Letrondo stated that he opposed this change. The Committee previously indicated that this was the portion of campus that additional height bulk and scale would be acceptable. Still the Committee brought the height down from 200 feet to 160 feet conditioned to 125. We are now going to 90 feet. Andy Cosentino responded that this would severely impact the hospital and that he had no idea how many doctors this might reduce.

Maja Hadlock noted that some other hospitals use a smaller calculating for square feet per-patient and asked for clarification on this. Without this information, this further reduction appears reasonable.

Dylan Glosecki noted that the majority previously voted for 125 feet and that there are setback issues that we will have to deal with. He stated that he continued to support the 125 foot. Still this is a great deal of increase from the existing development. He asked what the correlation was between the hospital Central bed tower and this development. Andy Cosentino stated that the rationale was to provide support faculties for the doctors. He urged the Committee to forgo a decisions at this meeting to allow Swedish to come back with an evaluation of what the impact would be. Dave Letrondo noted that Swedish has consistently reduced the height of development proposed and that we now appear to be asking to go ever lower.

Katie Porter asked Stephanie Haines if a change in height across 15th from 65 feet to 125 feet would be considered appropriate in other areas. Ms. Haines responded that t it would not normally be considered in a rezone elsewhere. However this is an MIO and there is the acceptance that there would be disparities greater than elsewhere.

Various members asked for a variety of different heights from 125 along 15 to 95 etc. Members expressed some support for going lower but not necessarily to 90 feet. Members noted that this decision relates both the height bulk and scale and to transportation since it drives the total amount of square feet on the campus and thus trip generation.

Member asked that the motion be amended to condition the 160 foot lower than the 125 previously recommended. Various heights were recommended and some members continued to advocate the previous decision. With 95 first suggested. Others disagreed. Steve Sheppard asked Mr. Watts if a height of 105 could be substituted for the 90 in his original recommendation. This would not require conditioning. Mr. Watts agreed to amend his motion accordingly.

The question was called and the Committee polled. The votes were as follows:

James Schell	Yes
Leon Garnet	Yes
Maja Hadlock	Yes
Elliot Smith –	Yes

Raleigh Watts -	No
Dave Letrondo -	No
Linda Carrol -	No
Dylan Glosecki -	No
Laurel Spelman -	No
Patrick Angus	Yes
Katie Porter -	Yes

The vote was 6 in favor 5 opposed none abstaining. A quorum being present and the majority of those present having voted in the affirmative, the motion passed.

III. Discussion of Design Guidelines.

The floor was opened to review and comments on the Design Guidelines in Appendix H of the Final Report. Katie Porter asked if the guidelines as included in the final plan were typical. Stephanie Haines stated that the guidelines for Virginia Mason were a spate document and for Children’s were in a similar form to those in this plan. Steve Sheppard noted that inclusion of design guidelines is a relatively new item. They are considered a relatively important element of the plan as they are intended to provide guidelines for review of projects from the Master Plan as they are reviewed by the Standing Advisory Committee.

Ms. Porter noted that the guidelines start on page 145 of the plan. Steve Sheppard suggested that the Committee go through the guidelines, recommend specific changes, and then indicate support for the guidelines. There was a brief discussion of the included photos in the guidelines. The photos are illustrative and convey the guidelines. The operative portions are mostly the wording. After further discussion, the Committee determined that it would not generally comment on the illustrative photos, except in extreme cases.

The Committee then proceeded through the guidelines. Amendments were put forward as follows:

Section B.1.2 General Guidelines (Page 146 of the Final Master Plan)

Add bullets as follows:

- Promote design excellence
- Respect the Historic Context.

Amend bullet 4 on page 146 as follows:

- ~~Attempt to~~ Eliminate blank walls

There was discussion of how to define the historic context and whether more detail should be provided. Members concluded that the simple wording above would be sufficient. The Committee was polled and the changes above were endorsed unanimously.

Section B.1.3 Street Frontage Edges (Page 147 of the Final Master Plan)

No changes were suggested other than better photos for the street frontage Architectural Features. Dylan Glosecki suggested to replace photos of the existing campus with ones that show the best street frontage treatments from other similar institutions. Members agreed that this should be a formal comment.

IV. Public Comments

Comments of Murray Anderson - Mr. Anderson stated that the heights initially presented were unrealistic. No one expected them to be implemented. He urged the CAC to continue to work to reach a compromise. He also noted that the community has consistently requested information that has not been provided. This includes: 1) detail on needs calculations; and 2) What is housed in James Tower that is specifically Swedish versus other agencies. Swedish should be considering recapturing some of this leased space. He noted that the neighborhood has consistently asked for less total development.

Traffic is also a major concern that needs to be dealt with. Neighbors need to feel comfortable and safe in the area. Greater Traffic compromises this.

Comments of Ken Torp – Mr Torp expressed concerns about Sabey. He formally requested that Swedish Medical center provide information that identifies what percent of the proposed expansion is attributed to Sabey Development. He stated that he was not sure that the Land Use Code anticipated this situation where a private for-profit developer received major benefit from the Code. In addition he stated that there be a reconsideration of the setbacks. The CAC has reduced setbacks in some locations.

Comments of Ellen Sollod – Ms. Sollod requested that the CAC revisit its setback recommendations for 15th Avenue. She briefly went over the CAC's recommendation and stated that that was worse. She suggested a 30 foot setback at 30 feet thus creating a podium. This is being done elsewhere. She also asked that the Committee reconsider all zero foot setbacks. These are not acceptable. She also noted that Design guidelines should be both aspirational and measurable. Design guidelines should include the concept of design excellence and address sustainability in this era of climate change. We should be looking for the best examples.

Xochitl Maykovich – Ms. Maykovich noted that she was from WashingtonCan and stated that the Committee may review and comment on mission of the institution the need for the expansion, public benefits, and the way the proposal will serve the public purpose mission of the major institutions. Swedish has failed to provide access to affordable health care. The Swedish response to public benefit goals is all fluff. There is one brief meeting of charity care. However many community members are in crushing medical debt even though Swedish/Providence is required to provide charity care. Swedish has not made the availability of Charity care well known to its patients. She stated that Swedish needs to do a much better job of this. The plan addresses height, bulk and scale issues extensively but gives little attention to humans' services issues. She asked that Swedish sit down with WashingtonCan to address these concerns.

Comments of Troy Meyers – Mr. Meyers stated that while he does not consider the Cherry Hill Campus to be part of Downtown, still there was a recent survey by the Downtown Seattle Association that indicated that the SOV use rate for that area was 31.1%. In addition, Virginia Mason has done a good job meeting their goals in their transportation management Plan. Their 2011 update and updated to 2013 indicated that their rates now only 23%. It unreasonable that Swedish start at a 23% rate. Still, the 50% rate seems high and a more aggressive approach needs to be taken. He suggested that occupancy be tied to meeting reasonable goals. Transportation and congestion are major issued that arise from neighbors. He further stated that the partnership with Sabey argued against giving extra benefit. The benefits given through the major institutions process should accrue to the hospital and not to private for-profit companies.

Comments of Jack Hason – Mr. Hanson thanked the Committee for its efforts. He noted that he and his neighbors remain concerned with the size of the expansions. They continue to be skeptical that an expansion of this size is justified by needs calculations. He and the Community have asked Swedish for information concerning how these calculations were developed. We believe that this information must really be available. The summary information both in the final plan and presented in January 2014 in its presentation by its consultant to the CAC is insufficient. For example there is no discussion of matters such as what population growth forecasts were actually used, what inpatient and outpatient mixes were anticipated, or how benchmarks for timing growth were determine and why these were chosen rather than others. This type of information is necessary to understand the rationale for this expansion. The CAC should be able to review it. He stated that he reiterated his previous formal request for this information. If this information does not exist he requested that Swedish simply state that. Otherwise, this information should be forwarded to the Committee. He provided a letter to this effect.

Committee discussion of Mr. Hanson's request

The chair briefly interrupted public comment to address Mr. Hanson's request. Katie Porter asked Mr. Cosentino to respond to Mr. Hanson's request. Mr. Cosentino asked for specifics concerning what was made. He directed the Committee's attention to Appendix G or the Plan, and asked what additional information was needed. Ms. Porter noted that Maja and others had spent considerable time reviewing this information and had asked for clarification on how the benchmarks for square footage per bed. She had noted that Swedish appeared to be using a much higher figure than most other intuitions. Ms. Porter reiterated that many people have requested more detailed information and that it would be good to respond. Mr. Cosentino stated that he would get back with additional information.

Comments of Joy Jacobsen – Ms. Jacobson asked that the CAC re-visit its setback decisions and sections be provided to the Committee that show the setbacks in proper scale relationship to adjacent development.

IV. Questions Concerning Uses on Campus

Editor's Note: The Discussion below was interrupted by a discussions of use. In order to allow easier review of comments this discussion is placed her. It occurred following the completion of the discussion of Section B1.1.4

Laurel Spellman asked for information from DPD related to allowable uses on Campus. Specifically she wanted some regulation that Swedish/Sabey cannot lease to unrelated uses on the campus. Over time, uses such, Labcorp, and NW Kidney Center locate elsewhere. Uses on the campus should directly relate to the key functions of the Hospital. Additional square footage should not be built to accommodate extraneous uses. Mr. Cosentino responded that there are no uses presently on campus not related to the delivery of health care services. Limiting medical related services would not be appropriate. The justification for adding the amount of square feet proposed is to produce a world-class neurological Center. The neighborhood is accepting a large expansion based in part on projections for craniological and neurological uses on Campus and not on general medical office uses. The ownership of general medical offices by Sabey raises concerns that the size of the proposal is driven more by their desires than the hospital's expansion. Mr. Cosentino responded that it is hard to project 30 years in the future. Medical practice may change. Cures to diseases may redirect efforts.

Stephanie Haines stated that the Land Use Code dictates that only uses with a functional relationship to the institution can be included. It specifies that uses must support the institutions goals and missions. This is pretty wide. It does not specify that these uses must be owned by Swedish. It would be very difficult for DPD to specify anything further without going back and actually amending the Land Use Code. Other members noted uses such as lab-corps and the Seattle University Nursing Program as possible uses that could be relocated. Mr. Cosentino responded that the training of future health care professionals is an important use and is welcome on campus

V. Continued Discussion of Design Guidelines.

Discussion returned to comments on the Design Guidelines in Appendix H or the Final Report

Section B1.1.4 Connection to the Street (Page 148 of the Final Master Plan)

Dylan Glosecki suggested that the guidelines include the follows:

Add the following bullets immediately following the heading at the bottom of page 147 of the Final Master Plan

- Identify opportunities for the project to make a strong connection to the street and ensure that the building will interact with the street
- Increase street transparency to the greatest extent that is appropriate given abutting uses.

He suggested specific percentage transparency requirements. Mr. Cosentino noted that this is a very sensitive issue. Federal policies require that patient privacy be protected so that a specific percentage

requirement might not be appropriate. Dylan agreed and the Committee adopted that addition of the bullet above as its position. The added bullet was adopted as the Committee recommendation.

Section B1.1.5 Public Entrances and Access Points (Page 148 of the Final Master Plan)

Katie Porter stated that she would like to see addition of information concerning the nature of entries that goes beyond a discussion of wayfinding. After brief further discussion, the addition of the following bullets were put forward:

Add the following bullets immediately following the Heading on B1.1.5 on page 148 of the Final Master Plan.

- Design public entrances to include elements that engage and emphasize the pedestrian experience including increased transparency.
- Design Entrances and other pedestrian features to encourage staff to use sidewalk level crossings between buildings were appropriate.

Add the Following bullet under the heading Create:

- Wayfinding that directs staff and patients between Cherry Hill and First Hill Campuses and to Seattle University.

The added bullets were adopted as the Committee recommendation.

Section B1.1.6 Streetscape and Pedestrian Pathways (pages 149 and 150 of the Final Master Plan)

Dylan Glosecki suggested adding the following to the list of pedestrian Amenities:

- Street front awnings
- Canopies where setbacks are less than 10 feet
- Transparent or translucent materials to maintain solar access

The added bullets were adopted as the Committee recommendation.

Section B1.1.7 Sidewalks (Pages 151 and 153 of the Final Mater Plan)

David Letrondo suggested addition of the following bullet immediately under the heading on Page 151

- Shield all sidewalk and exterior lighting to avoid light infiltration and glare to adjacent properties.

The added bullet was adopted as the Committee recommendation.

Section B1.1.8 Parking and Vehicle Access (page 153 of Final Master Plan)

Katie Porter suggested stronger language concerning that prioritization of pedestrian and bike safety as an addition to the bullets immediately under the heading as follows:

- Promote safety for bike, pedestrian and transit uses at any vehicle access points.
- Minimize the size and breath of street frontages devoted to curb-cuts and entrances to garages

Amend the second bullet under Consider us of as follows:

- Shielding to limit lighting, and noise impacts ~~to limit light effects~~ on adjacent properties

Dylan Glosecki suggested the following additions to the list under Consider Use of:

- Green screens and vertical plantings on the facades of above-grade parking
- Shielding/Screening of commercial loading zones

The added bullets were adopted as the Committee recommendation.

Section B1.2.1, (Page 154 of the Final Master Plan)

Add a statement to indicate that exterior design should seek design excellence.

Section B1.2.2 and B 1.2.3 (Page 154 of the Final Master Plan)

There were no substantive changes suggested.

Section B1.2.4 Screening Guidelines Page 156 of the Final Master Plan)

It was suggested that similar wording to that added to Section B1.1.8 as follows:

- Green screens and vertical plantings especially along facades blank facades.

The added bullets were adopted as the Committee recommendation.

Section B1.2.5 Lighting, Safety and Security (Page 156 of the Final Master Plan)

Katie Porter suggested that language that is reflective of the discussion under B1.1.7 should be added. After some discussion it was recommended that the following conditions contained on Page 106 of the Draft Report of the Director of the City Department of Planning and Development be incorporated into the this section of the Design Guidelines as follows:

- Use low-reflective glass and other materials, window recesses and overhangs, and façade modulation.
- Use landscaping, screens, and “green walls” to the extent practicable to obstruct light from shining to offsite locations.
- Restrict nighttime illumination of the site and selected buildings to provide lighting only when function or safety requires it.
- Equip interior lighting with automatic shut-off times. Install automatic shades installed where lighting is required for emergency egress.
- Use screens or landscaping as part of parking or structure design to obstruct glare caused by vehicle headlights.

The bullets above were adopted as the Committee recommendation.

Section B1.3.2 Landscape General Guidelines. (Page 157 of the Final Master Plan)

Katie Porter suggested that the statement of intent be changes a- follows:

The hospital campus shook be composed of a rich, ~~and~~ varied and well-maintained landscape and plant palette.

Section B1.3.3 Planting (Page 157 of the Final Master Plan)

Dylan Glosecki suggested that this section include greater focus on pollinator pathway certified plants, use of drip irrigation and capture and re-use of Storm Water. He noted that these were included in the Children’s Master Plan. Laurel Spellman suggested that consideration should be given to retaining all storm water on-site. Following brief further discussion the following bullets were added to the list under B1.3.3

- Include pollinator Pathway Certified plants
- To minimize need for irrigation, consider landscape designs that capture storm water run-off.
- Where irrigation is necessary, include drip irrigation systems where possible.

Section B2.1.2 Height Bulk and Scale General Guidelines (Page 158 to 160 of the Master Plan)

Members endorsed the general guideline bullets and then proceeded to a review of the various highlighted section of these Guidelines.

Members suggested minor changes to the wording in the second bullet under Pedestrian Scale (bottom of page 158) as follows:

- Pay special attention to the ~~first~~ ground floor of the building in order to maximize opportunities to engage the pedestrian and enable and active, transparent, and vibrant street front.

The bullet as amended above was adopted as the Committee recommendation.

Patrick Angus suggested the addition of wording to encourage protection of privacy under the section “Design buildings from multiple viewpoints”. He noted that the larger scale campus building would potentially look down into adjacent residences and that great care should be taken to protect the privacy of adjacent residents, especially in nearby single-family homes. After brief further discussion, the following bullet was suggested to be added immediately following that section at the bottom of page 159 as follows:

Protect Privacy for adjacent residences

- Design fenestration (windows) and balconies or other outward looking features, to minimize viewing from the campus buildings into adjacent residences.

The new section as outlined above was adopted as the Committee recommendation.

B2.1.3 Architectural and Façade Composition

Katie Porter suggested that use of murals be specifically added to the list of under these sections. Others noted that “art as appropriate to area zoning and uses” might cover this. Ms. Porter asked that Murals still be separately called out. After brief further discussion the Following was suggested as a new bullet:

- Murals

The added bullet above was adopted as the Committee recommendation.

B2.1.4 Secondary Architectural Features (Page 160 of the Final Master Plan)

Members noted that the Committee had previously recommended that no un-modulated façade shall exceed 90 feet in length. Members endorsed changing this section to reflect the Committee’s previous recommendation. The first sentence of the first bullet under B2.1.4 would be changed as follows:

- No un-modulated façade shall exceed ~~125~~ 90 feet in length.

B2.2.2 Color and Material (Page 162 of the Final Master Plan)

Members asked that a new section under this section be added as follows:

- Avoid Uses that have a similar appearance to the Jefferson Tower.

There was brief discussion of this and no final endorsement of this was made.

Dylan Glosecki suggested addition of a bullet under “Consider use of:”

- Design elements that are compatible with documents such as “green guidelines for healthcare”

The added bullet above was adopted as the Committee recommendation.

B2.3.1 Rooftops – Statement of Intent (Page 162 of the Final Master Plan)

Members briefly discussed this section and endorsed the following change to the statement of intent

Where Rooftops are visible from location beyond the hospital rooftops are a design element and should be designed to be attractive

B2.3.2 Rooftop Design (Page 162 of the Master Plan)

Members endorsed the addition of the following bullet under “considered use of”:

- Green Roofs with public access

VI Adjournment

No further business being before the Committee the meeting was adjourned.

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Center Management*

Cristina Van Valkenburgh

*Seattle Department of
Transportation*

Meeting Notes

Meeting #29

March 5, 2015

Swedish Medical Center
Swedish Cherry Hill Campus
Education and Conference Center
Rooms A and B

Members and Alternates Present

Laurel Spellman

Dylan Glosecki

Ashleigh Kilcup

Leon Garnett

James Schell

Patrick Angus

J Elliot Smith

Linda Carrol

Raleigh Watts

David Letrondo

Dean Patton

Members and Alternates Absent

Maja Hadlock

Katie Porter

Ex-Officio Members Present

Steve Sheppard, DON

Stephanie Haines, DPD

Andy Cosentino, SMC

Christina VanValkenburgh

(See sign-in sheet)

I. Housekeeping

The meeting was opened by Dylan Glosecki, Vice Chair. Steve Sheppard reminded members to continue to review the drafts of the CAC's final report sections. He noted that problems have arisen concerning the meeting scheduled for March 19 but no room is available. He asked if members were willing to shift the meeting to Wednesday March 18th. Members agreed.

The purpose of this meeting is to focus on transportation issues. Swedish will also provide information that was requested at the last meeting.

II. Swedish answers to previous Questions

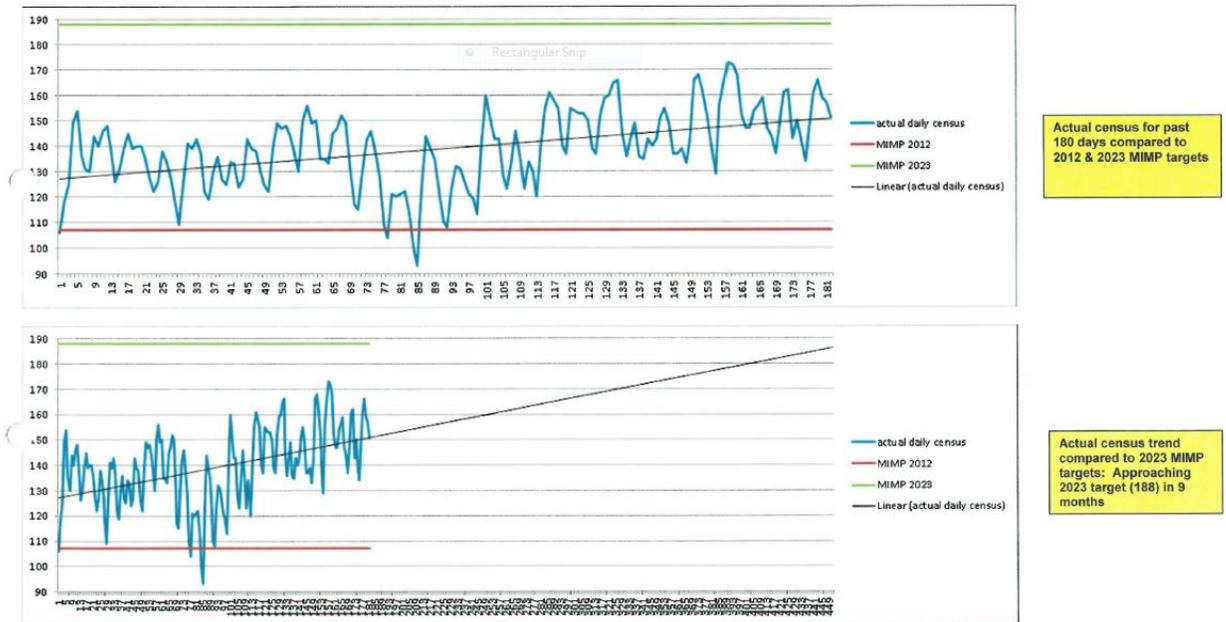
A. Reduction in Square footage resulting from changes proposed by the CAC.

Swedish Staff briefly went over the impact of the height reductions proposed by the Committee. The impact on square footage was reviewed for three areas: 1) 18th Avenue Half Block; 2) Center Block and 3) West Block. The reductions in height on the 18th Avenue Half-Block would half block remove portions of one floor with a total square footage reduction of 26,750 square feet, the Center Block would remove two floors, 96 bed and would reduce square footage by 97,000 Square feet, and the west block would remove two floors and about 98,400 square feet. The total reduction in MIMP square footage would be a bit over 222,000 square feet, leaving a total of about 2,500,000 square feet. Subsequently the Committee voted to further reduce height on the west block to 105 feet. This would result

in the further loss of about 41,600 square feet, leaving about 2,460,000. The total reduce is about 264,000 square feet.

Andy Cosentino provided a chart showing the hospital Census as shown below.

Swedish Cherry Hill: Current Census compared to Final MIMP Bed Need Projections



These are snapshot census and understate the total number of persons cycling through the facility. He noted that in some cases (such as Intensive Care Beds) there has been a shortage. He noted that the trend is upward. He noted that the red and green lines indicate the MIMP projections for both

The bottom portion of the chart indicates that if current trends continue, the total uses would essentially be at the 2021-projected level. Demand is accelerating and it appears to be far exceeding the hospitals projections. He stated that the challenge is to build a neurological and coronary tertiary center without sufficient space to do so. If sufficient space is not provided then a separate, such facility might have to be developed at extraordinary cost to both the hospital and broader community.

B. Benchmark for Square Footage Per Bed. (Need)

Andy Cosentino noted that he had provided the information shown below to the Committee. He noted that these hospitals square footages were used to estimate these needs for the beds etc.

	2012	2040	Benchmark(sq ft)
	2,762	3,508	3500
Hospital Benchmarks: BGSF			
	Prov Everett Colby		2,833
	Swedish Issaquah		3,142
	Seattle Children's		3,500
	Virginia Mason		2,492

MCLNO		3,437
St Joes Exempla		2,259
NIH Replacement Hosp		3,480
UCSF Mission Bay		3,038
Children's Mem - Chicago		3,994
Children's Denver		4,444
LA Co/USC Med Cen		2,500
Parkview Reg Med Cen		3,697
Cap. Health Med Cen, NJ		2,516

In response to a question from Dylan Glosecki, he noted that the square footages shown above are not the room space but include all necessary support space for each bed. Dean Patton responded that this creates a conflict with the intent of the land use code if the resulting square footages or heights bulks and scales are too large to be reasonably put in the neighborhood. The real question is where else in the should these function go.

Andy Cosentino responded that Swedish is fortunate to have some of the best neurosurgeons and neurologists in the country. People come here because they gain access to the latest technology, clinical research and educational activities. Replicating a quaternary/tertiary center would cost billions of dollars. This is not a financially viable option. Dean Patton noted that there are already medical facilities that replicate these function. He noted Harborview and University hospital both of which have excellent reputations. He offered the opinion that these function are financially lucrative for the institution and that is the reason for their location here. Members noted that the question was not so much the spaces directly related to the support of the beds, but the ancillary uses such as Lab-Corp etc.

Steve Sheppard suggested that the Committee proceed with its deliberations concerning transportation issues. He noted that the Committee has spent considerable time on the issue of need. The present Committee position is that while you are aware of the hospital's need projections and the quality care provided by the institution, you really neither accept not reject its validity. You have accepted that there is some level of need for new development. Concurrently, both some Committee members, and most of the neighbors who testified, have questioned whether the level of development necessary to meet all of the needs identified by the institution can be reasonable accommodated within this neighborhood.

Your position has been that regardless of whether those projections are valid or not, your charge is to balance whatever those needs are with reasonable height, bulk, scale and traffic impacts on this neighborhood. It would then be up to the hospital to determine if the need they envision can be accommodated within the total building envelope that the Committee recommends. You are not playing "Whack a Mole" – if you determine that the height is too great on the campus, you must identify someplace else to accommodate the desires of the hospital. Eventually it is the Hearing Examiner and City Council that will have to decide if your recommendations on height, bulk and Scale are accepted.

Andy Cosentino stated that the institution was concerned that the Committees actions to recommend further reductions in height taken at the last meetings were done without taking into full account the impacts on the institution and to ask that in light of further information the Committee consider reconsidering those decisions.

III. Discussion of Transportation Issues

Andy Cosentino noted that there is now an Integrated Transportation Board that includes all entities on campus and is working hard to identify ways to address transportation issues. Steve Sheppard noted that the you had commented extensively on the transportation elements of the transportation plan in your comments to the Draft Director's Report. (Excerpt attached to these minutes as Attachment #1). The Key comments related to establishment of more stringent goals and a timeline for achieving the goals. You might go through those previous comments and determine that they are still valid.

Adjustment of TMP Goals – Dylan Glosecki stated that the Committee had recommended the following changes to the SOV utilization rates:

- 1) Reducing the twenty-five year goal from 38% to 30%
- 2) Accelerating the rate of reduction in goals from 1% every two years to 1.5% every two years.

He noted that Virginia Mason had achieved a much lower SOV use rate. Virginia Mason is better served by alternative modes but it is still significant. Dean Patton noted that the Virginia Mason VOV rate is now 23%. Laurel Spellman suggested that achievement of lower SOV use rates should be tied to development. The goal is to limit the amount of traffic in the neighborhood related to new development under this plan. Laurel Spellman suggested that for every X number of square feet added, then the SOV rate be reduced by 5%. Patrick Angus stated that if Swedish added 500,000 square feet and 5000 additional employees and was meeting a 40% SOV rate which might still be in compliance but would add many trips in the neighborhood. Christina VanValkenburgh responded that there is no precedence for doing it that way. She suggested that attainment of lower SOV rated might be tied to the amount of parking built. If parking spaces are added then the SOV rate would be lower.

Laurel Spellman volunteered to write this possible direction up for consideration at the next meeting. She also noted that she wanted to better understand the impacts on the institution. Members Agreed.

Dylan Glosecki noted that this would be in addition to the previously established position that both rates of SOV use and the rate of reduction should be changed. Some members suggested an even more aggressive rate of reduction at 2% every two years. This would result in reaching 38% in 12 years. Dylan responded that a goal should be realistically achievable. It took Children 15 to 20 years to reach their goal. Swedish is starting at 56%. Laurel Spellman recommended setting a number of SOV trips equal to today's number and simply hold it at that. Steve Sheppard added that another way might be to combine methods and allow the number of trips to increase by some number every two years so long as the rate met the more aggressive reduction rate. He asked Ms. VanValkenburgh if there was any precedence for this. She responded that the University of Washington has a set number of SOV trips allowed.

Raleigh Watts noted that the plan and Draft Director's Report did not discuss cut through traffic and offered no mitigation on that issue. Mitigation may be desirable. Dylan Glosecki suggested that this might include additional traffic circles or even some one-way streets. Other's noted that the changes related to the street car have already increased cut through traffic. Dylan asked Raleigh to draft something on this issue.

IV. Public Comments

Comments of Chris Genese – Mr. Genese stated that he was with WashingtonCan and that they have repeatedly asked that more attention be paid to the public benefit provided by Swedish/Providence. It is his organization's position that the public benefits provided do not justify the level of development proposed. Human development goals 4 and 4.5 call on the institution to invest in education. There are public schools in the area that receive no support from Swedish/Providence. He noted that he had polled parents of children at these schools and that they understandably supported increase investment by Swedish/Providence. He urged the CAC to reject the Master Plan for many reason until it adequately addresses the needs of the community and invests in our children.

Comments of Jack Hanson – Mr. Hanson stated that in addition to being a resident of Squire Park. He stated that for the last 12 years he has worked as a health care industry analyst in Washington State

and Illinois. In that capacity he has worked with facility planning, health care resource allocation, and hospital bed need forecasts. He noted many appointments within this stated to deal with these issues including developing the stated health care forecast methodology. He noted that he has expertise in health care needs forecast. Providence/Swedish has failed to provide adequate information to justify an expansion at the level identified. Information provided to date may demonstrate Swedish desires but not actual need for growth over the next twenty-five years. He stated that he has reviewed all of the information provided to the Committee, in the plan and in the consultant report. .That information is meager and incomplete. It is insufficient. He and may neighborhood have requested additional information, but the corporation has failed to provide that information.

He noted that he had no competing projection as he lacks access to proprietary corporation information. The burden of proof should be with Providence/Swedish and not with the neighborhood. He urged the Committee to keep in mind that the institution has not provided the information requested.

He noted the University of Washington is the facility that handles the most complicated Neuro cases. It is expanding and could accommodate much of the growth projected at Sherry Hill. He also questioned the selection of start points for the data presented by the institution tonight.

Comments of Aleta Van Patten – M.s Van Patten stated the she agreed with the comments of Mr. Hanson. She noted that she had expertise in medical services too. The data presented is both incomplete and inadequate. The calculations of beds to the square feet per bed presented only account for a little over 1,000,000 square feet, not the 3,000,000 requested. She offered the opinion that the need does not exist for this expansion.

Comments of Jerome Mueller – Mr. Mueller stated that he has opposed this MIMP from the start. This is a very nice neighborhood. This proposal will create long shadows over the neighborhood.

Comments of Abil Bradshaw – Ms. Bradshaw stated that neighbors continue to see a major impact. She asked the Committee to see that there are thousands beyond the immediate area who will be negatively impacted by this proposal. Traffic impacts will be major and the neighbors will have address this. There are many people that are not aware of this. She asked if Swedish/Sabey can break ground on their first building as they are now, and have been for decades, out of compliance with the TMP goals.

Comments of Murray Anderson – Mr. Anderson stated that he appreciates the difficulty of projecting far into the futures. However, the Committee’s job is to find balance between what is reasonable in the neighborhood versus what Swedish sees as their needs. It may be that not all projected uses can be accommodated on this campus. Some uses may need to go elsewhere. It will be up to Swedish to determine what uses might have to be relocated elsewhere.

He noted that there have been some good discussion of the transportation issues. However 40% of 5,000 trips might be greater than say 50% 4000 trips. He also noted that cut through traffic remains a problem.

Comments of Karen Wasserman – Ms. Wassermann stated that she appreciated many of the comments and questions raised. She suggested that greater attention be given to parking on the 18th Avenue half-block (Editor’s Note: Ms. Wasserman’s was very soft spoken and her comments were difficult to capture.)

Comments of Cindy Thelen – Ms. Thelen stated that the purpose of the MIMP was to balance the expansion of the neighborhood with the preservation of the neighborhood. It is clear that this proposal does not “preserve the Neighborhood. She supported previous comments and the position of the Squire Park Community Council.

Sabey owns much of the land on the campus. The objective is balance with the major institution and not a private developer. She noted that minutes have been delayed.

Comments of Bill Zosel – Mr. Zosel stated that the groups on campus that are participating on the Integrated Transportation Board are all working in a good direction. However, the Committee is looking at the future and that goals need to be aggressive. The institution should not get credit for being less well served by transit than some other agencies.

IV. Continued Discussion of Transportation Issues

There was a brief discussion of Level of Service at intersections and how that would be affected by development. Stephany Haines noted that this would have to be evaluated with each new project.

Dylan Glosecki suggested that the Committee consider recommending that Swedish contribute a monetary sum to the purchase of additional transit and/or to help fund the trolley line. He offered to look further at this information and bring it back to the Committee at the next Meeting. Another member offered to do so for cut-through traffic. Ashleigh Kilcup stated that she supported funding for more transit but not for the trolley. After Further discussion, Stephanie noted that the environmental review for each project would update the data and the impacts to neighborhood streets and would look at the levels of service. She suggested noted they had discussed the following wording:

Swedish shall pay metro for additional service when forecasted ridership on lines serving the campus exceeds Metros peak load standards.

Dylan suggested that this be incorporated directly into the Committees final Report. Members concurred. There was a brief discussion of this issue with examples of where this has been done elsewhere. Children’s Hospital, Virginia Mason and Swedish First Hill Campus was identified as examples. Members directed that this information be included in the lead-up of the Final Report. Steve Sheppard agreed to do so for approval with the final report or at the next meeting. The above was passed 10 to 1.

V. Adjournment

No further business being before the Committee the meeting was adjourned.

Transportation Related Comments to the Draft Report of the Director of
the Department of Planning and Development

DPD Recommendation	CAC Response
To reduce traffic:	
<p>2. TMP Goal Prior to First Building Permit – Prior to the approval of the first building permit (all phases) allowed under the Master Plan, Swedish shall achieve the employee SOV rate of 50 percent. The goal will apply to everyone who works within the Swedish-Cherry Hill MIO at least 20 hours/week. The final Master Plan gives details of the proposed TMP elements on pages 80-84; the FEIS also describes the proposed TMP in Section 3.7. To facilitate achievement of the 50 percent SOV goal, the first Transit TMP element shall be modified to read, “Provide all tenants with access to a 100% subsidy of transit pass cost including ferry and rail.”</p>	<p>The CAC recommends that this condition be amended as follows:</p> <p>2. TMP Goal Prior to First Building Permit – Prior to the approval of the first building permit (all phases) allowed under the Master Plan, Swedish shall achieve the employee SOV rate of 50 percent. <u>Each additional permit shall also require that Swedish Medical Center be in compliance with its most recently established SOV rate requirement for the Cherry Hill Campus. SMC shall be required to demonstrate continued compliance with the above SOV rate prior to issuance of any Certificate of Occupancy (CFO) and shall have a three month period to remedy and failure to meet those goals.</u></p> <p>The goal will apply to everyone who works within the Swedish-Cherry Hill MIO at least 20 hours/week. The final Master Plan gives details of the proposed TMP elements on pages 80-84; the FEIS also describes the proposed TMP in Section 3.7. To facilitate achievement of the 50 percent SOV goal, the first Transit TMP element shall be modified to read, “Provide all tenants with access to a 100% subsidy of transit pass cost including ferry and rail.”</p>
<p>3. TMP Goal Reduction Over Life of Master Plan: The TMP SOV goal of 50 percent shall be further reduced by 1 percent every two years to a maximum 38 percent SOV goal in 25 years (estimated time of full build-out of the Master Plan). Swedish shall be allowed a higher SOV rate in any year in which the First Hill neighborhood average Commute Trip Reduction (CTR) goal is found to be higher than the calculated Swedish SOV rate reduction, not to exceed the First Hill average CTR goal. The First Hill CTR area is identified by SDOT as an area generally located between I-5 on the west and Lake Washington on the east. The northern boundary is generally the north end of Capitol Hill. The southern boundary is in the vicinity of, but north of, I-90.</p>	<p>The CAC recommends that this condition be amended as follows:</p> <p>3. TMP Goal Reduction Over Life of Master Plan: The TMP SOV goal of 50 percent shall be further reduced by +1.5percent every two years to a maximum 32 percent SOV goal in 25 years (estimated time of full build-out of the Master Plan). Swedish shall be allowed a higher SOV rate in any year in which the First Hill neighborhood average Commute Trip Reduction (CTR) goal is found to be higher than the calculated Swedish SOV rate reduction, not to exceed the First Hill average CTR goal. The First Hill CTR area is identified by SDOT as an area generally located between I-5 on the west and Lake Washington on the east. The northern boundary is generally the north end of Capitol Hill. The southern boundary is in the vicinity of, but north of, I-90.</p> <p>The CAC sees no reason to grant SMC a lesser goal based upon others failure to achieve their</p>

	goals and/or a lesser goal for other nearby areas or institutions.
<p>4. Capital Improvements Prior to Issuance of First Master Use Permit - Prior to issuance of the first Master Use Permit for development under the final Master Plan, receive SDOT concept approval for capital improvements at the first seven intersections listed in Table 3.7-17 of the Final EIS. The capital improvements at these locations shall be constructed prior to issuance of the Certificate of Occupancy for the first building associated with this MUP.</p>	<p>The CAC recommends that this condition be amended as follows:</p> <p>Prior to issuance of the first Master Use Permit for development under the final Master Plan, receive SDOT concept approval for capital improvements at listed in the first seven, six rows, <u>row 11 and row 13 of</u> listed in Table 3.7-17 of the Final EIS. The capital improvements at these locations shall be constructed prior to issuance of the Certificate of Occupancy for the first building associated with this MUP.</p> <p>Note that this removes the row suggesting a traffic signal at the Jefferson Street and 14th Ave intersection that all seemed to agree was currently adequate as a 4-way stop and replaces it with pedestrian and cyclist improvements in the form of the East-West Greenway along Columbia Street and North-South Greenway along 18th, 19th or 20th (wherever the North-South ridge greenway runs)]</p>
<p>8. Transportation Review as Part of Future MUP Review - As part of the Master Use Permit review process for future projects developed under this Master Plan:</p> <ol style="list-style-type: none"> Apply updated TMP elements and assess TMP performance Update Master Plan parking requirements and reassess long-term campus parking supply recommendations Assess operational and safety conditions for proposed garage accesses and loading areas Assess pedestrian, truck, and vehicular circulation conditions, and identify safety deficiencies that could be remedied as part of the project under review. Assess loading berth requirements and where possible consolidate facilities so that the number of berths campus wide is less than the code requirement. Develop a campus wide dock management plan to coordinate all deliveries to the loading berths along 15th, 16th, and 18th Avenues. This plan shall be developed and submitted to DPD and SDOT for review no later than submittal of the first Master Use Permit application for development under this Master Plan. Approval of this plan is required prior to issuance of the first building permit for development under this Master Plan. The dock management plan would provide protocols on scheduling and timing of deliveries to assist in minimizing on-street impacts of trucks waiting to access loading berths. Other elements that should be considered in the management plan include: <ul style="list-style-type: none"> Truck size would be limited to 65 feet' in length or less, assuming loading berths could accommodate this size. 	<p>The CAC recommends that this condition be amended as follows:</p> <p>Amend g) as follows</p> <ol style="list-style-type: none"> Assess truck delivery routes between Swedish Cherry Hill and I-5 and along E Cherry , <u>I-90, 23rd Avenue E</u>, and E Jefferson Street to identify potential impacts to roadways along those routes.

<ul style="list-style-type: none"> • Work with vendors to minimize the number of deliveries to and from the site such as by using a larger delivery truck. • Work with multiple vendors to encouraged consolidating loads prior to delivery so as the reduce truck demand. • Explore commercial vehicle loading opportunities in the off-street parking facilities (such as proposed for the 18th Avenue Garage), to relieve the on-street commercial vehicle load zones. • Explore time of delivery management tools such using secure drop boxes and secure rooms to store deliveries during times when staff are not available to accept deliveries. <p>g) Assess truck delivery routes between Swedish Cherry Hill and I-5 and along E Cherry Hill and E Jefferson Street to identify potential impacts to roadways along those routes.</p> <p>h) Reduce the impact of truck movements on local streets and potential conflicts with pedestrians by consolidating loading facilities and managing delivery schedules.</p> <p>i) Review of future projects would include an evaluation of truck access and loading berths, evaluate means and methods to ensure relevant Seattle noise regulations are met.</p> <p>j) Evaluate proposed bicycle parking facilities through the following design elements :</p> <ul style="list-style-type: none"> • Bicycle parking access should be <u>curb</u> ramped and well lit. • Bicycle parking should be located close to building entrances or elevators if in a parking structure. • Short-term general bicycle parking areas should be sheltered and secure • Long-term staff bicycle parking should be located in enclosures with secure access. • Staff lockers for bicycle equipment should be provided in long-term bicycle parking areas. • Bicycle racks should be designed to allow a U-lock to secure the frame and wheels to the rack. • Bicycle parking should be separated from motor vehicle parking. • Shower facilities and locker rooms should be close to the bicycle parking area. 	
<p>29. Future Skybridge – The future skybridge shall be designed and constructed with materials that would contribute to transparency of the skybridge to the extent possible in order to minimize potential impacts to view corridors on campus. Height and width of skybridges will be limited to accommodate the passage of <u>patients, people</u> and supplies between buildings. Approval of the location and final design of any skybridges will occur through the City’s Term Permit process.</p>	<p>The CAC recommends that this condition be amended as follows:</p> <p>29. Future Skybridge – The future skybridge shall be designed and constructed with materials that would contribute to transparency of the skybridge to the extent possible in order to minimize potential impacts to view corridors on campus. Height and width of skybridges will be limited to accommodate the passage of <u>patients, people</u> and supplies between buildings. Approval of the location and final design of any skybridges will occur through the City’s Term Permit</p>

	<p>process. <u>Because skybridges by their nature are ugly, the skybridge should be designed as an iconic modern architectural feature (Not just cement and glass, and be design to make it interesting. Any future sky bridges along 16th remain on the same level as each other and be limited to 2 total.</u></p>
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**SWEDISH MEDICAL CENTER
SWEDISH MEDICAL CENTER
CHERRY HILL CAMPUS
MAJOR INSTITUTIONS
MASTER PLAN CITIZEN'S
ADVISORY COMMITTEE**

Committee Members

Katie Porter, Chair

Ashleigh Kilcup

Leon Garnett

Dylan Glosecki

Maja Hadlock

Raleigh Watts

J. Elliot Smith

Laurel Spelman

Linda Carrol

*Swedish Medical
Center Non-
management
Representative*

Patrick Angus

David Letrondo

Committee Alternates

James Schell

Dean Patton

Ex-officio Members

Steve Sheppard

*Department of
Neighborhoods*

Stephanie Haines

*Department of
Planning and
Development*

Andy Cosentino

*Swedish Medical
Center Management*

Cristina Van Valkenburgh

*Seattle Department of
Transportation*

Meeting Notes

Meeting #30

March 12, 2015,

Swedish Medical Center
Swedish Cherry Hill Campus
Cherry Hill Auditorium

Members and Alternates Present

Katie Porter

Dylan Glosecki

Ashleigh Kilcup

James Schell

Patrick Angus

David Letrondo

J Elliot Smith

Raleigh Watts

Dean Patton

Members and Alternates Absent

Maja Hadlock

Laurel Spelman

Linda Carrol

Leon Garnett

Ex-Officio Members Present

Steve Sheppard, DON

Stephanie Haines, DPD

Andy Cosentino, SMC

Christina VanValkenburgh

(See sign-in sheet)

I. Housekeeping

The meeting was opened by Katie Porter. Brief Introductions followed. Steve Sheppard reminded members to review the minutes. He noted that with weekly meetings they are a couple of meeting behind.

Mr. Sheppard Noted that the Committee has been reconsidering former votes. He asked that when doing so, members identify their rationale for proposing changes and what information has changed their minds on the issue. This will allow him to better summarize the positions in the Committee's final report. stated that

II. Discussion of Transportation Issues

Swedish Medical Center consultants were introduced to discuss issues related to transportation issues raised at previous meetings. The focus of the presentation is an overview of development levels, timing and its impacts on traffic generation.

Trip generation is based on the campus population and not on the amount of square footage generated. Different uses in buildings generate different populations For disclosure the EIS and other documents identify the worst Case. There are numbers tot mid-term and 2040. Implementation of most mitigation is actually tied to each master use permit. DPD would evaluate the situation and determine what mitigation was appropriately tied to that project. The impacts are measured against the SOV goals in place at that time. As a result earlier phases would be measured against a high goal and latter against the lowered goals. The goals ramp down from the current 58% towards the long-term target of 38%. It takes time to change culture and that is the reason that the goals ramp down over time.

Some improvements are tied to the first project, including curb-bulbs, the traffic signal at 16th and Cherry, the neighborhood greenway, and a dock management plan. The timing of other mitigation items will be determined based upon when projects come in and if the institution has met the SOV Goals. The ongoing Integrated Transportation Board is a very important part of Swedish Medical Center's Transportation Management plans.

One of the key questions raised previously dealt with the establishment of the long-term SOV Person Trip rates. Staff presented the following table showing the effects of reductions in trips related to the reduction in SOV rates.

		SOV Reduced		SOV Person		Notes
		1.5% Every 2	SOV Person	2% Every 2 Years	SOV Person	
Year		Years	Trips	Trips	Trips	
Staff/Population (Existing FEIS) ¹		2,980				
Staff/Population (Short-Term) ¹		4,405				
Staff/Population (Full Build) ¹		5,820				
Existing/FEIS	2014	58.0%	1,729			Slightly more than calculating 58% of 2990 due to rounding (matches FEIS).
1	2015	50.0%	1,490	50.0%	1,490	
2	2016	50.0%	1,490	50.0%	1,490	
3	2017	50.0%	2,204	48.0%	2,116	
4	2018	48.5%	2,138	48.0%	2,116	
5	2019	48.5%	2,137	46.0%	2,028	
6	2020	47.0%	2,071	46.0%	2,028	
7	2021	47.0%	2,071	44.0%	1,940	
8	2022	45.5%	2,005	44.0%	1,940	
9	2023	45.5%	2,005	42.0%	1,852	
10	2024	44.0%	1,939	42.0%	1,852	
11	2025	44.0%	2,561	40.0%	2,328	
12	2026	42.5%	2,474	40.0%	2,328	
13	2027	42.5%	2,474	Target: 38%	2,212	
14	2028	41.0%	2,386	Target: 38%	2,212	
15	2029	41.0%	2,386	36.0%	2,095	
16	2030	39.5%	2,299	36.0%	2,095	
17	2031	39.5%	2,299	34.0%	1,979	
18	2032	Target: 38%	2,212	34.0%	1,979	
19	2033	Target: 38%	2,212	32.0%	1,862	
20	2034	37.5%	2,183	32.0%	1,862	
21	2035	37.5%	2,183			
22	2036	36.0%	2,095			
23	2037	36.0%	2,095			
24	2038	34.5%	2,008			
25	2039	34.5%	2,008			
26	2040	33.0%	1,921			
27	2041	33.0%	1,921			

1. Includes hospital, clinics/research, education, long-term, and other support staff; does not include hotel staff.

The figures are based upon anticipated population and mode split.

Katie Porter asked what the effect a reduction in space related to the reduce height might be on the trip generation figures. The transportation consultant stated that it would depend the uses displaced. Andy Cosentino added that the height reduction would likely result in loss of about 96 beds and a possible decision to forgo expansion of critical care functions.

In response to questions from members, the transportation consultant stated that the amount of parking provided does effect the total traffic generated. There are short and long-term impacts related to when parking is made available. Again the amount of parking provided is tied to each specific project review. Parking is expensive and overbuilding parking is unlikely.

There was brief discussion of the differences between the CTR figures and other evaluations.

Katie Porter asked DPD and SDOT to discuss their reasons for establishing a target of 38% rather than some lower figure. She noted that the Committee has suggested 32% goal. Cristina VanValkenburgh stated that this came from an analysis in the EIS. I was determined that this would be rigorous but achievable. It is not production to have an unachievable goal. Ms. Porter responded that this seemed to be an abrogation of the role of the City to push lower SOV use. She noted that this is a 25 year

target and that a more aggressive target would be desirable. Stephanie Hines reiterated that goals should be achievable.

Patrick Angus noted that traffic is increasing throughout the area related to ongoing land-use changes. Many neighborhoods no longer have off-street parking because they have converted garage space to rental units. The City has allowed accessory units and the replacement of single family homes with townhouses. There is obviously a conflict between providing parking and thus encouraging employees to drive to the hospital and TMP SOV reduction goals. Staff noted that the analysis take into account the increasing background traffic.

Raleigh Watts noted that levels of service at many of the intersections in the area are problematic and that the situation is not anticipated to improve with the mitigation provided. Staff responded that there may be other routes that are more favorable in the future.

Katie Porter noted that the key issue that was before the Committee was whether to decrease the SOV goal at a rate of 1.5% every two years or 2% every two years. Staff noted that this pushes up the date for achieving the 38% target from 2032 to 2027. It was noted that the chart indicated the effect of expansion on campus during the first phase at 2017. That is why the total trips increase in year three. A similar situation occurs with anticipated whole build out in 2025. Katie Porter noted that the Committee's goal is a SOV rate of 32%. Under the 1.5% reduction rate that goal is not reached anytime in the foreseeable future. With a 2% reduction rate it is reached in 2032. Dylan Glosecki stated that a rigorous goal is very important.

Stephanie Haines noted that there are important differences between the proposed transportation management plan and past practice. One of the major differences is the change of the Transportation Management Plan to cover all uses on campus and the incorporation of new monitoring techniques. She and Cristina VanValkenburgh noted future City-wide efforts to affect mode split and encourage residents to use other forms of travel.

There was brief follow-on discussion during which most members expressed support for both a more aggressive goal and a more rapid deduction over time.

Patrick Angus moved:

That the SOV use goal for the Swedish Cherry Hill Campus should be 32% and that it should be reduced from the 50% goal for year one and two by 2% every two years.

The motion was seconded by Dean Patton.

The question was called and the Committee polled. The votes were as follows:

Ashleigh Kilcup	
James Schell	Yes
Dean Patton	Yes
Elliot Smith -	Yes
Raleigh Watts -	Yes
Dave Letrondo -	No
Dylan Glosecki -	Yes
Patrick Angus	Yes
Katie Porter -	Yes

The vote was 8 in favor, 1 opposed. A quorum being present and a majority of those present having voted in the affirmative the motion passed.

III. Public Comment

Comments of Murray Anderson - - Mr. Anderson stated that parking is peripheral to traffic. He asked for clarification concerning who did and did not qualify for parking and what the pricing structure would

be. He noted that it is the gross number of trips and not the percentage. You need to establish goals that actually reduce the number of trips. Seattle manages traffic by creating congestion. Streets are being reduced in lanes. This is not being proposed for 23rd Avenue. Where will this traffic go to? He noted that he sees signs all over campus and that they are credited to Sabey not Swedish Medical Center.

IV. Continued Discussion on Setbacks

Raleigh Watts stated that he was concerned that various major employers and institutions received support from the taxpayer without providing sufficient contributions. He proposed the following as a possible Committee recommendation in its final report.

Regarding Transit Capacity

As part of the review of master plan projects, the transit analysis shall include an analysis of the impact to public transit ridership on Metro routes that travel within ½ mile of the institutions. If the master Plan project is expected to contribute to ridership such that capacity is exceeded on any route, the institution will be asked to contribute a proportion of the cost of adding the necessary capacity. This provisions shall only be required of the institution if, at the time of the review, it is consistent with City policy for requiring comparable major institutions to contribute to public transit capacity.

Dylan Glosecki added that the proposed specific requirements as an augmentation to the above. His recommended wording was:

Travel Time Review and Mitigation

A three plus minute increase in PM travel time on James Street from Broadway to 6th is expected in 2040 if development occurs on campus per alternative 12 (Table 3.17-13 and 3.7045 of the EIS). Considering this significant increase in travel time, the institution should work with Metro and SDOT to mitigate this impact on bus routes and other transit that serve the campus and surrounding neighborhood. Mitigations could include funding to SDOT and Metro to study plan and implement upgrades to transit infrastructure to decrease the time required for buses and other transit to get downtown from the Swedish Cherry Hill Campus.

Katie Porter asked Christina VanValkenburgh whether the latter was consistent with City policy. Ms. VanValkenburgh responded that the City does not normally require that institutions purchase service or provide funds for service. Capital investments have been required. This would set new precedent. Assessing the impact on travel time is not a problem. However, it would be better to defer a determination of proper mitigation for increased travel times until the point at which the actual impact is identified and it can be attached as a requirement to a specific project. She noted that she had discussed this with the City's transportation planners who did not feel it was appropriate.

Patrick Angus noted that Children's does contribute to transit service. Staff noted that this is voluntary. Ms. VanValkenburgh noted that Swedish and others already participate in the funding of certain routes. They provide 1/3 of the cost of this service. However it is voluntary. Dylan Glosecki responded that the institution is asking a great deal from the neighborhood and that he is trying to identify what the institution could give back. Stephanie Haines suggested minor changes to the statements above.

The transit capacity analysis statement (part one above) was moved and seconded. The Committee was polled by show of hands. The vote was 9 in favor, none opposed. The motion passed.

Mr. Glosecki withdrew the Travel time Review and Mitigation proposal. He stated that he would consider bring back a revised version at a future meeting.

Mr. Watts introduced a second suggested recommendation as follows:

Regarding Cut-Through Traffic Mitigation

As part of the review of master plan projects, the transportation analysis shall include an analysis of the existing cut-through traffic impact on non-arterial streets related to employee, delivery, and visitor vehicles. This analysis will cover at least 16th Avenue and 18th Avenue between Jefferson and Dearborn streets and other streets prioritized by the Squire Park Neighborhood council and other adjacent councils. If cut-through impacts are identified that could worsen as a result of the proposed project, the institution will be required to support mitigations proportionate to the institution's impact. Mitigations could include providing funding to neighborhood councils to identify, plan and implement the appropriate traffic calming or diversion strategies in coordination with DPD and DON.

Members suggested minor changes. Katie Porter asked that pedestrian and bicycle safety be included. Dylan Glosecki suggested a slight broadening to area. After slight further discussion of minor changes Cut through Traffic Mitigation statement was moved as follows:

Cut-Through Traffic Mitigation

In order to maintain and improve pedestrian and bicycle safety and reduce the impact of cut-through traffic on nearby residents, as part of the review of master plan projects, the transportation analysis shall include an analysis of the existing cut-through traffic impact on non-arterial streets related to employee, delivery, and visitor vehicles. This analysis will cover at least 15th Avenue and 20th Avenue between Jefferson and Jackson streets and other streets prioritized by the Squire Park Neighborhood council and other adjacent councils. If cut-through impacts are identified that could worsen as a result of the proposed project, the institution will be required to support mitigations proportionate to the institution's impact. Mitigations could include providing funding to neighborhood councils to identify, plan and implement the appropriate traffic calming or diversion strategies in coordination with DPD, DON and SDOT.

The cut through traffic mitigation statement was moved and seconded. The Committee was polled by show of hands. The vote was 9 in favor, none opposed. The motion passed.

Dylan Glosecki was asked to summarize possible re-wording for his previous statement. After brief discussion it was suggested that the following statement be added to the end of the Transit Capacity recommendation as follows;

Additional mitigation shall be determined at time of each master use permit application with the goal of increasing transit capacity and use.

The added wording above was moved and seconded. The Committee was polled by show of hands. The vote was 9 in favor, none opposed. The motion passed.

V. Possible Information that would be Helpful in confirming final Setback Recommendations

Katie Porter asked members to identify information that would be requested from the Institution. The following was requested:

- 1) Illustrations that show the height sections in relationship to adjacent development heights across from the Campus.

Mr. Jex responded that he had anticipated this request and provided the above to members for their review prior to the next meeting. He briefly went over the sections.

V. Next Meeting Date and Adjournment

Mr. Sheppard noted that next week's meeting has been moved from Thursday to Wednesday due to lack of room. He also noted that you would have the Final Report of the Director of the Department of Planning and Development at that point. He noted that the Hope would be to wrap up all decisions by March 26. There may be an April 2 meeting just to wrap up.

No further business being before the Committee the meeting was adjourned.

**SWEDISH MEDICAL
CENTER SWEDISH
MEDICAL CENTER
CHERRY HILL
CAMPUS MAJOR
INSTITUTIONS
MASTER PLAN
CITIZEN'S ADVISORY
COMMITTEE**

Committee Members

Katie Porter, Chair
Ashleigh Kilcup
Leon Garnett
Dylan Glosecki
Maja Hadlock
Raleigh Watts
J. Elliot Smith
Laurel Spelman
Linda Carrol

*Swedish
Medical Center
Non-
management
Representative*

Patrick Angus
David Letrondo

Committee Alternates

James Schell
Dean Patton

Ex-officio Members

Steve Sheppard

*Department of
Neighborhoods*

Stephanie Haines

*Department of
Planning and
Development*

Andy Cosentino

*Swedish
Medical Center
Management*

Cristina Van
Valkenburgh

*Seattle
Department of
Transportation*

**Meeting Notes
Meeting #31
March 18, 2015,
Swedish Medical Center
Swedish Cherry Hill Campus
Cherry Hill Auditorium**

Members and Alternates Pres

Patrick Angus	Laurel Spelman	Dylan Glosecki
Linda Carrol	Raleigh Watts	Leon Garnet
Dean Patton		

Members and Alternates Absent

Ashleigh Kilcup	Katie Porter	David Letrondo
Maja Hadlock	J. Elliot Smith	James Schell

Ex-Officio Members Present

Steve Sheppard, DON

(See sign-in sheet)

I .Housekeeping

The meeting was opened by Dylan Glosecki. Steve Sheppard noted that many members had indicated that they were not able to make the meeting. Therefor a request was made to take no formal actions at the meeting. Instead preliminary directions would be evaluated and final actions of any changes to setbacks etc. would be taken up at the next meeting.

Mr. Sheppard noted that members wer4e receiving the recent meeting notes and urged members to review them. As usual typos etc. were not the issue but content was. Typos will be take care of as the notes are posted in final form. He then briefly went over the anticipated schedule for future meetings. The Committee is nearing its end and realistically all of the Committee's final recommendations will have to be set by next Thursday's meeting.

II. Identification of setbacks for Reconsideration.

The Committee proceeded to develop initial directions for reconsideration of selected setback recommendations. The setbacks identified for reconsideration would be raised to the full Committee at the next meeting either with a recommendation from this meeting or without one where members appeared closely divided. The Committee returned to setbacks for Sections EE. Members stated that they favored a reconsideration of the lower level setback. Raleigh Watts noted that the rationale was both the achieve a consistent treatment of the frontages along both Jefferson and Cherry Streets, promote greater pedestrian activity, and allow more space for landscaping.

The Committee returned to setbacks for Sections EE. Members stated that they favored a reconsideration of the lower level setback. Raleigh Watts noted that the rationale was both to achieve a consistent treatment of the frontages along both Jefferson and Cherry Streets, promote greater pedestrian activity, and allow more space for landscaping.

Steve Sheppard stated that it was his understanding that members present wished to bring the following back to the full Committee:

That the lower-level setback for Section EE be increased to ten feet, with the upper level 15 foot setback unchanged.

Members indicated that this was correct.

Discussion proceeded to reconsideration of Section FF. Dylan Glosecki stated that a similar treatment might be applied to Section FF. There was brief discussion concerning whether a greater upper-level setback might be put forward. John Jex noted that at 10 feet this upper-level setback was set to match the structural system of the underlying garage. If it was increased farther then problems with the structural system of the existing garage would come into play.

Members suggested possibly recommending that the upper-level setback be to the second structural bay north from the street. Steve Sheppard suggested that this approach might be problematic in that it was not specific and suggested that the Committee simply identify the specific setback that it feels comfortable with. After brief further discussion, the members present concluded that this section should remain unchanged from the Committee's previous recommendation.

Discussion proceeded to reconsideration of Sections GG. Steve Sheppard noted that the Committee's previous recommendation to vary the setbacks to match the designs shown in the Final Plan was innovative and might be rather effective. Dylan Glosecki responded that he agreed but wanted to look at having a better match matching Seattle University. In this case there would be a five foot setback from street -level to 37 feet and 15 feet above 37 feet. He suggested that this be uniformly applied to Sections GG1, GG2 and GG3. Raleigh Watts stated that he was not so concerned with this section as it was essentially internal to major institutions. After further discussion, the members present concluded that they could not reach an agreement on this section and that it should be discussed further at the next meeting.

Discussion proceeded to reconsideration of Section JJ. Steve Sheppard stated that this section was one where many of those not present tonight wanted to see the lower-level setback increased to 10 feet. John Jex noted that the main consideration that led to the five foot recommendation was to achieve better street transparency and allow possible utilization of Canopied. After further discussion, members present agreed to bring this forward to the full Committee with a recommendation to consider an increase the lower-level setback from five to ten feet. Members noted that this was not a unanimous recommendation.

Discussion proceeded to reconsideration of Section KK. It was noted that this was the section where the Committee had spent the most time and the recommendation was rather complicated. Staff briefly outlined the Committee's previous recommendation. Some members suggested that section KK1 and KK3 be amended to bring the upper-level 15 foot setbacks above 65 feet down to 37 feet with a ten foot setback below that point. Others suggested staying with the previous recommendations. The Committee concluded that this section will be brought forward to the full Committee without a firm proposal.

III. Public Comments

The meeting was opened to public comments.

Comments of Ken Torp – Mr. Torp noted that this is his third request for information concerning the percent of increase in the proposed square footage that is attributable to Sabey Corporation. This

information has not been provided. Concerning setbacks along 15th, there is no reason why the setbacks on the Swedish side of that street should be different than along the Seattle University side. The issue of canopies is a bit of a Trojan horse and a distraction from the real issue.

Comments of Jack Hanson - Mr. Hanson endorsed ten foot minimum ground-level setbacks along all peripheral streets.

Comments of Murray Anderson – Mr. Anderson also endorsed the 10 foot setbacks. He also noted that when the street-level setback is increased, the upper-level setbacks should be increased proportionately.

Comments of Ellen Sollod – Ms. Sollod reminded the Committee that Swedish is proposing a two story skybridge. The City discourages skybridges. The rationale for the two story skybridge is to separate staff and patients from visitors. However there is no such separation elsewhere in the hospital. She endorsed the greater setbacks for section KK as proposed by Dylan. The rationale for canopies seems weak outside of downtown. 15th Avenue is a boundary and not internal to the institution and it should have similar setbacks to other peripheral streets.

Comments of Abil Bradshaw – Ms. Bradshaw expressed continued opposition to the single building along the 18th Avenue half block.

Comments of Troy Meyers – Mr. Meyers endorsed the minimum ten foot setbacks along the peripheral Streets. He stated opposition to the inclusion of a skybridge.

Comments of Claire Lane - Ms. Lane stated that the street-level setbacks are important. The challenge is both transparency and safety. There are many opportunities to work with this and achieve street activation. There is a need to engage the street and interact with the neighborhood.

IV Continued Committee Discussions

There was a brief discussion concerning the decisions made prior to public comments. Members agreed that the positions reached prior to public comment remained valid and would be brought to the full Committee on March 27th.

V. Next Meeting Date and Adjournment

No further business being before the Committee the meeting was adjourned.

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*Department of
Planning and
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Andy Cosentino

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Cristina Van
Valkenburgh

*Seattle
Department of
Transportation*

Meeting Notes

Meeting #32

March 27, 2015,

Swedish Medical Center
Swedish Cherry Hill Campus
Conference Center Rooms A and B

Members and Alternates Present

Katie Porter	Dylan Glosecki	Ashleigh Kilcup
Linda Carrol	Laurel Spellman	David Letrondo
J Elliot Smith	Raleigh Watts	Dean Patton
Maja Hadlock	Leon Garnett	

Members and Alternates Absent

Patrick Angus James Schell

Ex-Officio Members Present

Steve Sheppard, DON Andy Cosentino, SMC
Christina VanValkenburgh

(See sign-in sheet)

I. Housekeeping

The meeting was opened by Katie Porter. Brief Introductions followed. Meeting Notes to meeting #29 were approved with minor changes to meeting #28 to correct misattribution of Comments to Raleigh Watts made by Patrick Angus.

II. Discussion of Possible Amendments to Previous Positions on Setbacks

Raleigh Watts was recognized to summarize the areas from the last meeting where consensus was reached and those areas where directions were established but final action deferred to this meeting.

Mr. Watts stated that the major areas for reconsideration were Cherry and Jefferson Streets. Members felt the Committee may have erred in allowing less than 10 foot setbacks along these peripheral streets. He also noted that there were concerns raised concerning 16th Avenue.

Ms. Porter stated that the position appeared to endorse most of the previous decisions. Steve Sheppard directed the Committee's attention to page 25 of the Final Master Plan. Peripheral Streets the following sections already have 10 foot setbacks. Sections BB, CC, FF and HH, already have 10 Foot Setbacks proposed. Section EE does not have a 10 foot setback but the location of both existing buildings and the plaza mitigate this s. However for consistency some members have supported applying a uniform standard.

Dylan Glosecki stated that for Sections JJ and EE the proposal is a 10 foot Setback at grade and an additional setback at 37 feet. There was discussion of sections KK. Those discussions were somewhat more nuanced.

Linda Carrol asked for clarification concerning the reasons why the Committee is reconsidering previous votes. Katie Porter responded that the initial decisions were made just a few weeks after receiving the Final Plan. Members have given the issue more thought.

Dylan Glosecki provided graphics of possible changes to the setbacks. These are guided by organizing principles. For sections EE and JJ there be a 10 foot setback at grade and a 20 foot setback at 37 feet. This would maintain an additional 10 feet at 37 feet. Patrick Angus stated that the major rationale for this reconsideration was to provide greater transition to the adjacent low-rise development. He noted that the reason for initially deferring the question for JJ was some discussions of whether canopies were effective and would be possible only with the lesser setback. Dylan Glosecki responded that he favored consistent treatment of street fronts. He suggested that a similar treatment be considered for Sections GG and KK. .

Raleigh Watts briefly reviewed his recommendations concerning 16th Avenue. He observed that there seemed to be a conflict between vision of 16th as a transportation or pedestrian corridor.

His recommended conditions were:

That there be a comprehensive 16th Avenue plan that considers the following elements should be part of the first Master Use application for any building on 16th Avenue.

Vision:

- The CAC is opposed to 16th Avenue being a dark canyon whose purpose is for parking, deliveries, and emergency vehicles.
- The neighborhood, Swedish, and the SAC should review options for transforming 16th Avenue into a pedestrian-friendly street park environment designed as an attractive pedestrian space with slowed vehicle use.
- 16th Avenue should engender a campus-like connection between the buildings on either side, encouraging street-level pedestrian movement between the buildings, and connecting the neighborhood areas to the north and south.
- Rather than being a non-place between buildings, the street should be designed and developed in a way that promotes an integrated campus feel.
- North-south vehicle access should be maintained (albeit limited) in order to connect the parts of the neighborhood divided by Swedish.

Specific components:

Wide sidewalks and street park amenities: Wider pedestrian spaces including 12-15' sidewalks could include outdoor seating, green space, water features, art, and perhaps space for food trucks, coffee carts, and the like. The design could borrow features used in the Bell Street woonerf. Direct access to street-level hospital amenities, such as cafeteria, gift shops, gym, pharmacy, and other public amenities should be considered.

Wide mid-block crossing: A wide, attractive, and raised mid-block crossing should be designed as the primary pedestrian route between the Swedish buildings on either side of the street.

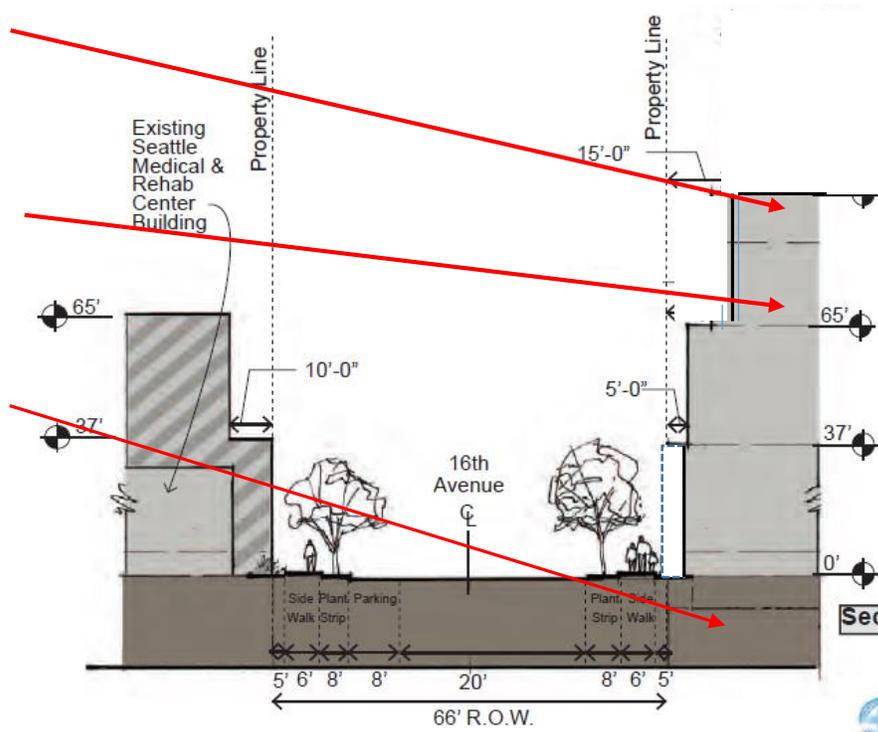
Limited vehicle and parking focus: The roadway should be narrowed, promoting slow speeds and pedestrian safety. Ambulance and delivery access should be limited to one end of the street so these vehicles enter from either Jefferson or Cherry but not both (in other words, the whole street is not an emergency and delivery corridor). Curb areas should be for passenger loading, not for street parking.

Steve Sheppard directed the Committees attention to pages 18 and 19 of the cuurent preliminary draft of the Committee’s final report as shown below.

Maximum height to be 105 feet as recommended earlier

Increase from 10 to 15 feet from 65 feet to the maximum allowed of 105 feet

Increase from 0 feet to 5 feet from ground level to 37 feet

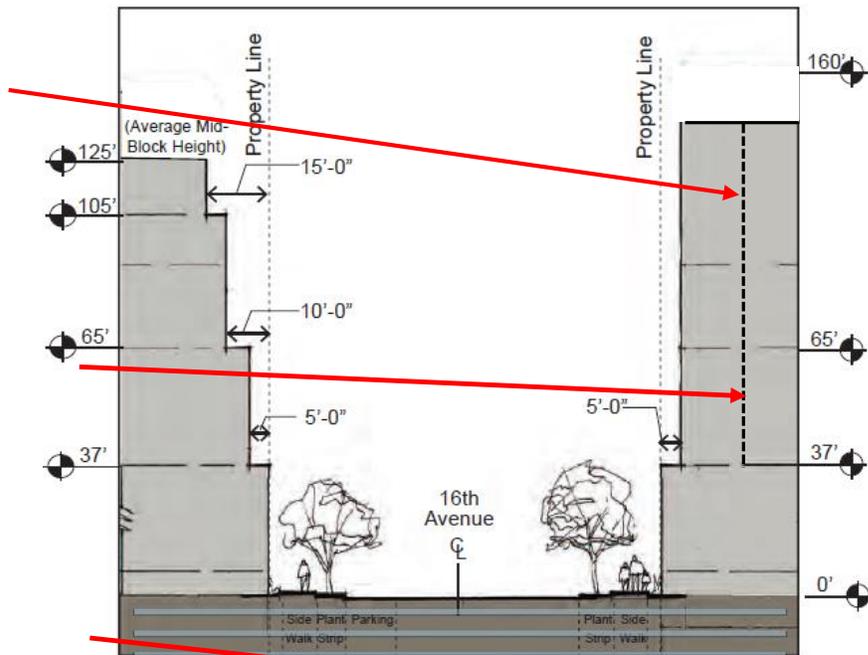


-REVISED SECTION K-K 1

30 feet from 37 feet to 140 Feet for 55% of the area covered by this sections

5 feet from 37 feet to 140 feet for approximately 45% of the area covered by this section

0 feet Ground to 37 Feet to retain the present bulk height and form of the

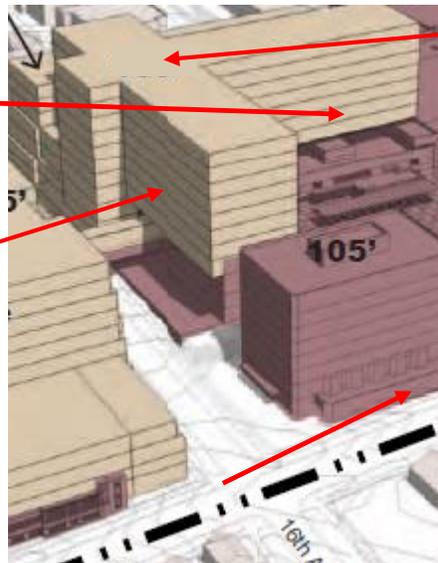


current
building

Area of 5 foot setback from 37 feet to maximum height of 140 feet. This area will vary depending upon design but shall not be greater than 45% of the area covered by Section K-K 2

Area of 30 foot setback from 37 feet to maximum height of 140 feet. This area will vary depending upon design but shall not be less than 55% of the area covered by Section K-K 2

Area of 0 foot setback to accommodate the existing height bulk and form of the existing development which shall remain.



Height limited to
140' Maximum

He noted that the setbacks at the upper levels were intended to encourage the pattern of development along the street front as shown in the illustrative drawings in the Final Master Plan. He observed that he felt that this arrangement was a very smart move. Dylan Glosecki noted that there was simply a desire for consistency. Steve Sheppard stated that during final consideration of this section that members consider combining elements from both approaches. It was also noted that no changes had been proposed for Section GG. Dylan Glosecki suggested that this be confirmed through a formal vote. Linda Carroll expressed concern that the application of some uniform setbacks not result in a lack of variety. There was a brief discussion of what issues would be voted on following public comment.

III. Public Comment

Comments of Jack Hanson - Mr. Hanson stated that one of the considerations that is in the back of the CAC members minds is whether the institution can achieve its space and bed needs. He cautioned against this. He stated that he has reviewed all of the needs information that Swedish has provided and that the evidence is not sufficient to justify what is being requested.

Comments of Robert Schwartz - Mr. Schwartz read a pre-prepared statement. He stated that he was representing Seattle University and that he wanted to take this opportunity to emphasize Seattle University's previous comments to the CAC and urge the CAC to adopt the DPD recommendations and its previous comments for their final report. We will not review the technical comments contained in our prior memos, however, we would like to review our general comments for consideration as follows:

1. MIO Building Heights: Seattle University recognizes that lower building heights should be maintained near residential borders and in return is willing to accept the higher building heights proposed near the Seattle University's MIO boundary along 15th Avenue.

a. We note that the draft DPD report reduces the current approved development rights for the half-block along 18th Avenue. The current zoning allows for a MIO 37. The draft report recommends MIO 37 conditioned down to 15 feet in locations with a 25 foot setback along the rear property line.

b. Seattle University supports the conditioning down and setbacks along 18th

Avenue as a way to balance impact of the height increases along 15th.

2. Traffic Mitigation: We are concerned about potential traffic impacts as the campus grows. Mitigating the impact of changing traffic patterns on adjacent institutions and residences is of critical importance.

3. Pedestrian Safety: Seattle University supports the proposed pedestrian safety improvements.

Seattle University understands that the MIMP process is designed to balance the needs of institutions with the needs of neighborhoods. Having completed our own MIMP process in the last two years, we can appreciate the difficulty of achieving a reasonable balance. The DPD draft report as conditioned represents a reasonable balance. We would urge the Citizens Advisory Committee to adopt this balanced approach in drafting their report.

Comments of Allea Van Petten - Ms. Van Petten stated that Swedish has not justified its need for space. It is trying to capture added market share. They may want this development but do not need it. A smaller volume of development is needed.

Comments of Joy Jacobson - Ms. Jacobson stated that she supported the greater setbacks being proposed at this meeting. She noted that the 66 foot right-of-way is not extraordinary.

Comments of Sonja Richter - Ms. Richter noted that the process is reaching its end and that it appears that the Committee is working hard to meeting the asserted needs of the Swedish. But the project is still too big. She urged the Committee to further reduce the size and provided written comments for the record.

Comments of Murray Anderson - Mr. Anderson stated that this has been an overly arduous and adversarial process. First there has been a lack of good faith on the part of Swedish in doggedly insisting that they get everything that they want, second the community has been consistent in their assertion that the development is simply too massive, and third that the Committee has been bogged down in details and sometime misses the overall problem. The CAC's job is not to accommodate Swedish but to achieve a balance. How much is reasonable. When you quibble about details the default position seems to be to give Swedish what they want. There seems to be little acknowledgement of the neighborhood position. When you allow 100 plus foot buildings you cannot avoid a canyon effect. He endorsed greater setbacks.

Comments of Ken Torp - Mr. Torp stated that he was providing his forth letter requestion specific data on needs. The letters have asked multiple times for information concerning how much of the space within the MIO is either owned or leased by Sabey Corporation. The issue is whether or not the partnership between Swedish and Sabey meets either the spirit or letter of the land use code. This is the fourth time that this has been requested and asked that the Committee insist this be done. There has been no transparency regarding documents in the needs proposed. He noted that the MIMP authorizes no new beds. On 15th Avenue the adjacent MIO in Seattle University is MIO 65 with a twenty foot setback. Swedish proposals are out of proportion and that there should be at least a 15 foot setback at that location and height at 65 feet.

Comments of Bill Zosel - Mr Zosel stated that the setbacks at the Swedish First Hill campus are greater around the peripheral street abutting that campus. The setbacks being discussed at this location are considerably less than elsewhere.

IV Continued Discussion of Possible Amendments to Previous Positions on Setbacks

Dean Patton stated that he supported the greatest setbacks possible. Laurel Spellman stated that she too had noticed the situation that Mr. Zosel had noted. The setbacks were greater there even though adjacent use and zoning was high and midrise. She asked for feedback from Mr. Jex. He responded that lesser setback do not necessarily create a less friendly space and that the intuition has agreed to accept the greater setbacks included in the Director's Report.

Katie Porter moved that the Committee adopt these principles. The motion was seconded and the Committee polled by show of hands. The motion was adopted unanimously.

Sections EE and JJ Ground Level Setback

Discussion then progressed to a discussion of the greater ground level setbacks along Cherry and Jefferson. Ms. Porter noted that on section EE and JJ.

Ms. Porter noted that these changes would only amend the ground level setbacks and no other provisions.

Dean Patton moved that:

The ground level setbacks for both Section EE and JJ shall be increased to 10 feet to 37 feet.

The motion was seconded and the Committee polled.

The votes were as follows

Ashleigh Kilcup	No
Katie Porter	Yes
Laurel Spellman	Yes
Dylan Glosecki	Yes
Linda Carrol	no
David Letrondo	no
Raleigh Watts	Yes
Maja Hadlock	Yes
J Elliot Smith	Yes
Leon Garnett	Yes
Dean Patton	Yes

The vote was 8 in favor, 3 opposed. A quorum being present and a majority of those present having voted in the affirmative the motion passed.

Section EE Upper Level Setbacks

Dylan Glosecki moved that:

The setback from 37 feet and above be increased from 15 feet to 20 feet.

The motion was seconded and the Committee polled.

The votes were as follows

Ashleigh Kilcup	No
Katie Porter	Yes
Laurel Spellman	Yes
Dylan Glosecki	Yes
Linda Carrol	No
David Letrondo	Yes
Raleigh Watts	Yes
Maja Hadlock	Yes

J Elliot Smith	Yes
Leon Garnett	Yes
Dean Patton	Yes

The vote was 9 in favor, 2 opposed. A quorum being present and a majority of those present having voted in the affirmative the motion passed.

Section KK1 - Setback above 37 feet

It was noted that this section was the area where the maximum building height is set at 65 feet. Katie Porter stated that she supported the proposal to

Raleigh Watts moved that;

The upper level setback for the area covered by section KK be amended as follows: 1) a 5 foot setback from grade to 37 feet and 15 feet from 37 feet to the maximum height on the west side of 16th, and 2) Concurrence with the proposed Setbacks on the west side of the street.

The motion was seconded and the Committee polled.

The votes were as follows

Ashleigh Kilcup	Yes
Katie Porter	Yes
Laurel Spellman	Yes
Dylan Glosecki	Yes
Linda Carrol	No
David Letrondo	Yes
Raleigh Watts	Yes
Maja Hadlock	Yes
J Elliot Smith	Yes
Leon Garnett	Yes
Dean Patton	Yes

The vote was 10 in favor, 1 opposed. A quorum being present and a majority of those present having voted in the affirmative the motion passed.

Section KK2 East Side

Steve Sheppard noted that this area was very complicated. The previous Committee position included greater upper level setback for a percentage of the area above 37 feet. At that level 45% of the area would be have a 5 foot setback and 30 feet a 30 foot setback. Ground level setbacks were set at zero feet.

Raleigh Watts moved that:

The Committee adopt the DPD recommendation for the setback on KK2 on the east side

The motion was seconded.

Steve Sheppard noted that this would not be a change from the CAC's previous recommendation. Ashleigh Kilcup suggested that the arrangement for the upper level setback (45 percentages at 5 feet and at 55 % at 30 feet) be carried down to the street level.

Mr. Watts did not accept the suggestion and moved the previous motion. The Committee polled.

The votes were as follows

Ashleigh Kilcup	Yes
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Katie Porter	Yes
Laurel Spellman	Yes
Dylan Glosecki	Yes
Linda Carrol	Yes
David Letrondo	Yes
Raleigh Watts	Yes
Maja Hadlock	Yes
J Elliot Smith	Yes
Leon Garnett	Yes
Dean Patton	No

The vote was 11 in favor, 1 opposed. A quorum being present and a majority of those present having voted in the affirmative the motion passed.

Section KK2 West Side

Raleigh Watts moved that:

The previous Committee position be amended to increase the setback from 37 to 65 feet from 5 to 10 feet.

The motion was seconded and the Committee polled.

The votes were as follows

Ashleigh Kilcup	Yes
Katie Porter	Yes
Laurel Spellman	Yes
Dylan Glosecki	Yes
Linda Carrol	No
David Letrondo	Yes
Raleigh Watts	Yes
Maja Hadlock	Yes
J Elliot Smith	Yes
Leon Garnett	Yes
Dean Patton	Yes

The vote was 11 in favor, 1 opposed. A quorum being present and a majority of those present having voted in the affirmative the motion passed.

Section KK3 West

Raleigh Watts moved that

The setback for Section KK2 west side be amended to increase the setback from 37 to 65 feet from 10 feet to 15 feet

The motion was seconded and the Committee polled.

The votes were as follows

Ashleigh Kilcup	Yes
Katie Porter	Yes
Laurel Spellman	Yes
Dylan Glosecki	Yes
Linda Carrol	No
David Letrondo	Yes
Raleigh Watts	Yes
Maja Hadlock	Yes

J Elliot Smith	Yes
Leon Garnett	Yes
Dean Patton	Yes

The vote was 11 in favor, 1 opposed. A quorum being present and a majority of those present having voted in the affirmative the motion passed.

Section KK3 - East Side

Katie Porter noted that the area was ally covered by the Jefferson tower and would not likely be changes. Raleigh Watts responded that he still preferred that the setback by made more consistent with other in the event that this was redeveloped at some time in the distant future.

Dylan Glosecki moved that:

The setback along the east side of 16th Avenue in the Area covered by section KK3 be amended as follows: 5 foot setback from ground level to 37 feet and 15 feet from 37 feet to 105 feet.

Committee members expressed a lack of support and suggested various alternatives. Straw polls were taken and no single alternative appeared to have sufficient support. The motion was rejected with a lack of a second

Section GG -East Side

Dylan Glosecki Moved that

That there be a five foot setback from the ground level to 37 feet with a 15 foot setback above 37 feet.

The motion was seconded and the Committee polled.

Steve Sheppard clarified that this would still retain the varied upper level setback as previously proposed by the Committee. Members Agreed.

The votes were as follows

Ashleigh Kilcup	No
Katie Porter	Yes
Laurel Spellman	No
Dylan Glosecki	Yes
Linda Carrol	No
David Letrondo	No
Raleigh Watts	No
Maja Hadlock	Yes
J Elliot Smith	Yes
Leon Garnett	No
Dean Patton	Yes

The vote was 5 in favor, 6 opposed. A quorum being present and a majority of those present having voted in against adoption the motion failed. The previous setback proposal therefore was retained.

V. Other Issues

Katie porter suggested that the Committee require that Sabey convert their properties outside of the MIO to workforce housing as a condition of having benefited from the added development authority granted under the plan.

Steve Sheppard responded that this did not appear to be enforceable. Sabey, like any other user is free to own and develop land anywhere under the provisions of the underlying zoning. Ms. Porter responded that while this could not be required she still wanted it stated as a recommendation to Sabey. The Committee was polled by show of hands. The motion passed.

Dylan Glosecki also asked that the Committee endorse and participate in the Living Community Challenge. Members agreed.

Dean Patton and David Letrondo both indicated their intention to submit minority reports.

Steve Sheppard asked the Committee to formally indicate that the recommendation as outlined tonight are final and that no further changes or reconsiderations will be made.

VI Closing Comments

Members thanked Katie Porter for her services and Committee Chair.

Steve Sheppard stated that this has been a difficult process. This process has set a record for number of meetings and none of the members probably anticipated this. He thanked members for their service. This has been difficult for everyone. He also thanked the literally hundreds of neighbors who provided heartfelt statement.

He stated that many people have stated alternatively that neither the institution nor neighborhood had listened to each other. He noted that over the years he has been charged with helping groups reach agreement. In his 44 years this is the first processes where agreement has not been reached. This is disappointing as this will be his last such process.

He urged both CAC members, representatives of the institution and neighbors to keep the process in perspective. The stakes are high here. Perhaps billions of dollars in development are affected as is the future direction for the neighborhood. The Institution sincerely believes that they need the development they requested to provide needed health care. The neighbors sincerely believe that the development is simply too large. But everyone is honorable and trying to do their best.

The CAC was in the middle.

VII Adjournment

No further business being before the Committee the meeting was adjourned.

SWEDISH MEDICAL CENTER
SWEDISH MEDICAL CENTER
CHERRY HILL CAMPUS
MAJOR INSTITUTIONS
MASTER PLAN CITIZEN'S
ADVISORY COMMITTEE

Committee Members

Katie Porter, Chair

Ashleigh Kilcup

Leon Garnett

Dylan Glosecki

Maja Hadlock

Raleigh Watts

J. Elliot Smith

Laurel Spelman

Linda Carrol

*Swedish Medical
Center Non-
management
Representative*

Patrick Angus

David Letrondo

Committee Alternates

James Schell

Dean Patton

Ex-officio Members

Steve Sheppard

*Department of
Neighborhoods*

Stephanie Haines

*Department of
Planning and
Development*

Andy Cosentino

*Swedish Medical
Center Management*

Cristina Van Valkenburgh

*Seattle Department of
Transportation*

Meeting Notes

Meeting #33

April 2, 2015,

Swedish Medical Center
Swedish Cherry Hill Campus
Cherry Hill Auditorium

Members and Alternates Present

Patrick Angus

Dylan Glosecki

Leon Garnett

Linda Carrol

Maja Hadlock

David Letrondo

J Elliot Smith

Dean Patton

Members and Alternates Absent

Katie Porter

Ashleigh Kilcup

Laurel Spelman

James Schell

Raleigh Watts

Ex-Officio Members Present

Steve Sheppard, DON

Stephany Haines

(See sign-in sheet)

I. Housekeeping

The meeting was opened by Steve Sheppard. He noted that this is the 33rd and last, meeting of the Committee. He noted that this is intended to be a short meeting mainly to review the list of recommendations to assure that they are correct. No changes can be made. The Committee will take closing public comments and then adjourn.

Mr. Sheppard briefly went over the upcoming schedule leasing the hearing examiner Hearing. Members were reminded that they can submit minority reports. These are not reviewed by the full Committee and will need to be in prior to publication of the final Report. That is anticipated by the end of the month and members will be informed a couple of days prior to those minority reports being needed in final form. The Hearing Examiner hearing is the week of July 13th. There was considerable discussion of the conduct of the Hearing Examiner's hearing, including its length.

The meeting was turned over to Dylan Glosecki as vice chair. Past meeting notes were approved without substantive changes. Cleanup of typos was authorized to occur during final report editing as needed.

II. Brief Review of Committee Recommendations

The Committee was provided with a listing of its final recommendations. After brief review the Committee was polled by show of hands concerning whether the listed recommendations were accurate. The vote was unanimous and the final list of recommendations was approved without substantive changes.

III. Public Comments

Comments of Greg Harmon – Mr. Harmon thanked the Committee for its long service. Non-the-less this proposal should be rejected in total. The proposal is not an adequate compromise between positions.

Comment of Troy Meyers – Mr. Myers provided the Committee with a copy of his appeal and other information.

Comments of Abil Bradshaw – Ms. Bradshaw noted that this was her last opportunity to present her positions. She noted that she often appears angry at these meetings, but is not typically an angry person. This proposal is the cause of this anger. She stated that there needed to be more discussion of issues other than height bulk and scale. Particularly, underground garages should not be included in the 18th Avenue half-block. She noted that others in her block have the same position.

Comments of Cindy Thelen – Ms. Thelen asked for more information of the Hearing Examiner Hearing. A brief re-iteration of information presented earlier occurred.

Comments of Jerry Matsui – Mr. Matsui noted that he had lived in the neighborhood since 1946. He expressed dissatisfaction with the conduct of the Committee. He noted that members knew what their roles were but have not discharged this duty in terms of mitigating the impacts of this institution. He faulted both the Committee and the City Agencies. Too many were pre-disposed to favor the institution and ignored the neighborhood. He noted that the City has race and social justice goals and expressed the position that this was not taken into account for this proposal. There needed to be more neighbors from the 19th Avenue area and who were more aligned with the neighborhood positions.

Comments of Vicky Schianterelli – Ms. Schianterelli noted that this is one of the few CAC's that has been unable to reach a consensus with its neighbors and the institution. This is also the only institution in the City where the majority of the land within the MIO is not owned by the institution the majority of land in the MIO is owned by Sabey. Fifty seven percent of this campus is owned by Sabey. The intent of the Code was to allow owners of land within an MIO to remain. It was never anticipated that the institution would sell-off their land with the increased development authority under the Major Institutions Code. But this is what occurred here. The Code needs to be changes.

IV. Closing Comments

Mr. Sheppard noted that with the close of this meeting all formal Committee meetings will have been completed. Technically members' terms continue until the day that the Mayor Signs the legislations adopting the new Plan, following which terms expires. A follow-on Standing Advisory Committee will then be formed. Members will be asked if they wish to be considered for appointment to terms on that Committee.

He noted that the majority report is not a consensus, but only that all recommendations in it are accurately recorded and received a majority of members' votes for each. By approving the report members are not necessarily endorsing every recommendation since obviously not every member voted for every recommendation. Some were unanimous and others received bare majorities. This is also why minority reports are allowed.

Steve Sheppard stated that this has been a difficult process. Neighbors have often emotionally stated that this is an inappropriate level of development. Some believe that neither side listened to each other. This is not necessarily the case. If you look at the proposal compared to the original proposals, it is significantly reduced. The CAC currently sits in the middle between the institution and neighborhood positions. Neither side appears totally pleased with the CAC's positions. Perhaps this was inevitable given the high stakes involved for all parties. All parties have acted honorable, and some times in the passion of the moment this has seemed to get lost. He thanked all members and neighborhood commenters for their diligent participation.

Dean Patton asked how many of these processes Mr. Sheppard had conducted. And why this one seemed so much more contentious. Mr. Sheppard responded that he had conducted at least twenty such master plan processes. When the process was established, it grew from conflicts over the spread of institutions into surrounding neighborhood, buying up land and growing horizontally. The Code tried to ameliorate this by allowing greater heights, bulks and scales than otherwise allowed in exchange for

constraints of horizontal expansions. When the Code was developed it was clear that there were different types of institution and different surrounding neighborhood. Some intuitions were both high-rise and located in medium to high rise neighborhoods. Others were more suburban and located in low-rise neighborhoods. As a result there was a wide range of heights identified in the Code.

Swedish Cherry Hill (Providence at the time) always presented a conundrum. It was more First Hill scale but located Far East of that mid to high rise neighborhood. In a low-density neighborhood. By 1995 this conflict was becoming very clear. The two competing goals of promoting quality health care and protecting low-density neighborhoods was in stark conflict here. The neighbors appeared to see this proposal as a tipping point jeopardizing the continued health of this neighborhood as low-density.

V Final Adjournment

No further business being before the Committee the meeting was adjourned. No follow on meetings were scheduled.

Appendix 2. SUBSTANTIVE PUBLIC COMMENTS RECEIVED

Public participation and comment on this process was overwhelming. Hundreds of person commented both during the public comment periods at the 36 Citizen's Advisory Committee Meetings and by e-mail of letter. This is more than at any other such major Institution planning process.

The overwhelming number of comments were critical of the Swedish Medical Center proposal. Of the hundreds of comments less than 5 were positive concerning the overall development planned. There were consistent themes: 1) the proposed bulk height and scale of the proposal is fundamentally inconsistent with the surrounding low-rise neighborhood; 2) traffic generated will be significant and will negatively affect the neighborhood and will be difficult to mitigate; 3) the affiliation between the Sabey Corporation and Swedish Medical Center presents problems that are not adequately addressed by the current Major Institutions Code; 5) The total amount of square footage proposed in this development proposal is driven by the needs of the institutions private development partner (Sabey) and not by the need for primary hospital care, 6) Swedish Medical Center has not adequately justified its need for expansion; and 7) The current proposed plan should be denied in total and referred back for a total revisions.

Part A Received at Public Meetings

Received 1/31/13

Comments of Able Bradshaw – Mr. Bradshaw expressed concern about the shadowing effect on her garden from option 3. She also expressed significant concerns over increased traffic.

Comments of Vickie Schiantarelli – Ms. Schianterelli stated that many of the surrounding properties have basements and some have sump pumps because there is flooding in the area. That will need to be addressed as his construction could cause further flooding. She also expressed concerns over the lack of coordination between Sabey tenants and SMC concerning compliance with Transportation management plans. She noted that under the proposed option two low-density developments restricted to a maximum of 37 feet in height would abut MIO designations allowing up to 90 foot heights. Shadowing from this would be unacceptable with properties in heavy shadow not only all winter but much of the summer, not only for the existing houses on the west side of 19th Avenue but also for the homes across the street.

The whole presentation tonight appeared to be based on identifying benefits for Swedish but in the master plan there is also a requirement to balance this against the needs of the surrounding neighborhood. Where is this in the discussion? She stated that she questioned how SMC proposes to balance between the needs of the Institution with the impact of the neighborhood. There needs to be more than three options if this is what you're presenting.

Comments of Cindy Feldon – Ms Feldon expressed concern that Sabey would buy homes in or near the boundary expansions area. She specifically asked what the consequences would be if the boundary was expanded? Would Sabey or SMC then be able to just go in and buy the property? Ms. Feldon also asked for more information on the process is for expanding the boundary, and community benefits related to street vacations.

Comments of Robert Goodwin – Mr. Goodwin noted that he was involved in the appeal of the previous proposal along 18th Avenue related to whether it was a major or minor amendment to the past plan. That proposal was attractive but was huge in comparison to what was previously envisioned such as a small a daycare center. Let's have a conversation on what kinds of

different things we can do with that property. I think everyone agrees right now it's an eyesore, it's ugly to see it in its current state, it's unfortunate use of land right now but instead of talking about what we're going to do with that and having a constructive conversation about that, two fair worse things are going to happen if you don't just accept this other development. It's going to look a lot worse and that's sort of a shame.

Comments of Undisclosed Speaker – The speaker stated that both alternative 2 and 3 are unacceptable. It is shocking that the Institution is proposing to expand its boundaries to 19th. Expansion should be on the main campus with heights expanded there and not elsewhere.

2/31/13

Comments from John Mullally: Mr. Mullally stated that he was concerned about the street vacations. He noted that the project would change traffic patterns in the neighborhood. And that one of his major concerns was the safety of my children with so many more people coming to the Central Area and reducing the number of thoroughfares coming through the neighborhood.

Comments of Frank Kroger: Mr. Kroger raised concerns regarding the proposed doubling or tripling of parking stalls. He suggested that use of transit or other HOV forms of transportation be made a condition of employment with a concurrent major reduction in parking.

Comments of Merlin Rainwater: Mr. Rainwater stated that the plan should aggressively pursue reducing dependence on cars and making this neighborhood more amenable to biking, walking and transit use. He referenced efforts as Children's Hospital as a positive example of how to do this.

Comments of Abil Bradshaw: Ms. Bradshaw stated that she was surprised that her house is slated for destruction if option #3 goes through and observed that she and her neighbors lives would be greatly impacted if option #2. She stated that she took offense to the focus on patient stories by SMC. Everybody needs care but people should not be made to feel guilt over their concerns with impacts on their homes. She urged the CAC to walk through the neighborhood.

Comments of Ron Garreson: Mr. Garrison stated that he was concerned about how this Institution relates to the other institutions in the neighborhood. He noted that we appear to be losing sight of the fact that the 3 sides of this Institution about low scale residential development rather institutional development. He noted that he saw no discussion of balancing the needs of the neighborhood against the needs of the institution.

Comments of Brian Fish: Mr. Fish noted that aerial the illustration of the neighborhood looked east towards downtown. He noted that if the view was rotated 180 degrees one would see a very different low-rise context. The Cherry Hill Development is already an anomaly. He noted that there were no CAC members from the most affected block – 500 block of 19th Avenue.

Comments from Mary McLaughlin: Ms. McLaughlin noted that SMC staff had: 1) identified a long-term square footage need without a lot of supporting information and 2) stated that one reason for doing this now was to avoid having to re-visit this issue latter. However they also stated that they have no current plans. She stated that it was her understanding that is no longer an expiration date of the plans. She further noted that she continues to be uncertain concerning the nature of the SMC/Sabey partnership and would like to understand this partnership better.

Comments from Sven Nelson: Mr. Nelson stated that he s on the east side of the 500 block of 19th Avenue. He stated that he appreciates the constitutive manner in which this is being discussed and appreciates the time that everyone on the Committee is committing to this. He requested that there be a great deal of transparency especially with regard to the

methodologies that are used to generate the projections and determine what is necessary and what's not necessary.

Comments from Cindy Thelen: Ms. Thelen stated that she appreciates the health care provided at Swedish but was concerned about the effects on her and her neighbor's homes... She noted that she lives in a home that under option 3 might become institutional development. Under alternate #3 the whole block might become institutional. The remaining homes on the east side of 19th could be very negatively affected living next to the institution. The proposed buildings are too big and project into the residential neighborhood. Option #2 is not very much better for our block where there's a 90 foot building, directly abutting low-rise single family development. She stated that she saw no benefits to the neighborhood for the proposed street vacations.

Comments from Nani Paape: Ms. Paape noted that she had written comments. She stated that she would look directly at the proposed 50 foot buildings south of Jefferson Street along 16th Avenue. She noted that parking is already a serious problem in the area. Parking is heinous with employees running out every 2 hours to move their cars. Adding a commercial building in this area would create even worse parking demand.

Comments from Jerry Matsui: Mr. Matsui noted that health care is a business first and foremost. It must make a profit. There has been an egregious cost against associated with. He stated that Option #3 is totally unacceptable, and that Option #2 is barely better. Under Option #2 there would be a 90 foot building envelope which is almost 60 feet higher than the proposal that was challenged. He stated that he was not opposed to a 200 foot building in the center of the campus where SMC could cram all its wonderful technology. He noted that SMC had said nothing about the effect of their development on the surrounding single family residential community. The present proposals project a corporate mentality that is discouraging...

Comments from Vicky Schiantarelli: Ms. Schiantarelli noted a lack of acknowledgement on page 9, that the area due east is primarily single family. She also noted that on the illustrations of planned parking on page 25 it was unclear whether the existing surface parking would be eliminated. Lastly she stated that she is a cancer survivor who was diagnosed with cancer when as a single mom at age 27. She stated that she was especially offended by the patient stories. As a cancer survivor I understand the need for care but that shouldn't trump my concerns over protecting the quality of life along 19th Avenue. I've made it to 58 and feel really lucky that I got to see my son grow up and get married. I have a lot of investment in my little house because I'm a working person. That could be jeopardized by this. I understand what SMC was trying to convey but you misjudge us - we value hospitals. She noted that major hospitals are expanding in the area from Harborview to Virginia Mason, and the SMC First Hill Campus. They all seem to be competing for the same market share...

Ms. Schiantarelli further noted that she was concerned with traffic issues you have to mitigate this and that's the one big flaw you have in here. No mitigation. No discussion of the impacts on the neighborhood and that is the absolute primary piece you must have in your master plan. How you're going to mitigate this and you haven't even come up with that and so to me you have a long way to go, this may take more than 2 years.

Comments from Le T: The Commenter noted that he lives across the street from 19th expansion. He noted that SMC is presenting their needs, and not considering others

Comments from Patrick Angus: Mr. Angus stated that he has lived at 18th and Jefferson for 21 years actually walk to work faster than using the bus. He noted that this is a residential neighborhood, not a commercial center. The street system was never built to have this much traffic moving through these narrow streets. A really robust traffic plan is needed. It's already a bottleneck.

Comments from Karen Rodriguez: Ms. Rodriguez stated that it appears that the City allowed Swedish/Sabey to hand pick the Committee members. Most members are developers who can profit from the master plan. Of the 12 member committee there are only 2 or 3 who are not architects, real estate developers, or people with medical interests. None live on 19th between East Cherry and East Jefferson. The City has slighted the community by allowing Swedish/Sabey to hand pick members to favor their interests and manufacture an artificial consensus.

Ms Rodriguez stated that she lives directly behind Swedish parking lot on 19th and that she was unaware of the last couple meetings. A 4,500 stall parking stall facility directly behind my house is unacceptable. Swedish already has a parking facility on 16th Avenue which always looks half empty likely because Swedish/Sabey charges too much for parking. Their employees constantly drive around the block every two hours searching for on-street parking. On-street parking should be available family with friends, 19th not dedicated to Swedish/Sabey employees. She also noted that car exhaust is a health hazard. *New York Times* reported that exhaust from cars and trucks exacerbate asthma, causes respiratory illnesses, and heart problems. You need to consider the community needs. How would you like a 9-story overshadowing your yard, hearing the noise, having bright lights shining into your windows at night, having your privacy invaded, and your children's health put at risk? This plan will only benefit Swedish Sabey and their hand selected special interest group at the expense of the community.

6/20/13

Comments of Bob Cooper – Mr. Cooper noted that DSHS site goes in and out of the projections for the compressed alternatives. It seems like it goes in and out just slightly missed the 3.2 and I would like it to be considered. He noted that his greatest concern is whether the need for development is adequately justified. SMC has discussed how the Affordable Care Act will make increase demand but did not consider possible decreases in utilization with the promotion of wellness model. Try to drive health care out of hospital centers and I don't see it considered in this process. He noted that in articles that he has reviewed polls of hospital administration showed that 42% of respondents stated that they had curtailed expansion plans due to the provisions of the Affordable Health Care Act. Appropriate institutional growths within the boundaries provide immediate public benefit to the neighborhood. I would like to have the Committee focus on the constraint/compressed alternative that may take some of the northern properties DSHS and Spencer technology and not grow beyond these boundaries.

Comments of Chris Lemoine – Mr. Lemoine stated that he didn't want to see a fortress Swedish – I'd like to have street vacations, needs to be open, and more conversations on how the public will travel through. Public spaces, civic spaces, interaction opportunities, people and communities can travel through the open space. These considerations appear to be absent from this discussion

Comments of Frank Krogger. – Mr. Krogger requested for the inclusion for the maps, put in street names so that it is easy to understand.

Comments of Vicky Schianterelli. – Ms Schianterelli noted that the depiction of the properties along 19th and directly adjacent to the 18th, are misrepresented. There are a number of properties not shown, and it gives a visual illusion about sufficient distance between the homes and the proposed development. There are a number of cottages that are in the backyard of these houses. In some cases these are rented and other thy are extensions of the homes that are grandfathered in based on where it is built in and it is very close to the property line. As currently depicted these diagrams understates to potential impact. They should be changed to accurately reflect the current development.

My concerns are the outgrowth piece. She stated that some of her neighbors have informed her that the Sabey Corporation has approached them to purchase their homes. If the ultimate plan is for full acquisition of this area, this should be stated upfront. She noted that Children's did but compensated residents with extraordinary purchase prices. If purchases do occur a similar effort should be required.

Comments of Ms. Flynn – Ms. Flynn expressed concern over the diagrams and noted that they appeared confusing. The vantage point is always from an aerial view from the west that does not show the relationship to the adjacent single family areas to the east. This understated the impact. Why would you want to grow this campus? You wanted to grow a hotel and take our houses? You want to take away our houses so people from out of town can stay at a hotel? Your footprint is huge. Why does it have to be up on the side? Just go up, up, up.

Comments of Laurie Lucky. – Ms. Lucky noted that she has lived in area for a long time. She observed that she had survived the unrest of the 60's and drug epidemic in the neighborhood and the crack epidemic of the 80's and 90's. Looking at what is being proposed by SMC today, I am not sure which will prove to have been worse, the problems of the past, or today's corporate attack on our neighborhood by Swedish. It is horrible having Swedish, as a corporate body thinks it can come in to our neighborhood and vacates these streets, and put out more buildings and have nothing to do with the surrounding single family neighborhood. I've been a patient of Swedish. I like Swedish because I like working with real doctors who practice medicine not as faculty members. Still if this model represents the hospital's future as a research facility. I would rather have it disappear completely, and use Harborview, than see this disrupt the vitality of this neighborhood.

Comments of Jerry Matsui – Mr. Matsui noted that he lives on 19th Avenue for his entire life. He noted that in the alternatives it does not appear that much consideration is being given to redeveloping the current parking garage site. That site is located adjacent to other institutional uses. Major development there would have less effect on the surrounding residential areas. Removing this site from drives the tendency to overbuild elsewhere. He noted that even at 40 feet development height, the impact on properties on the west side of 19th is unacceptably dramatic. He also noted that all along 18th avenue, there is a geological problem because of the hydrology. Nobody is considering the geological concerns that may result in underground flooding. He further noted that this is a low-density residential neighborhood and the community has gone to great efforts to preserve this character.

Comments of Able Bradshaw – Ms. Bradshaw noted that she is long term resident of the neighborhood adjacent to a 50 ft. building. SMC continues to open their presentations with presentation of how great their services are and implies that neighbors' concerns are irrelevant. Please stop this. I don't want to give up my house to get health care here in Seattle. I assume that there will be very long construction, and I live next to the building being constructed, what is the projected construction time? What do I have to expect as a neighbor. I am furious that have to be here. SMC appears to have no empathy for the effects of this massive development on the people who live in their houses and this neighborhood.

Comments of an undisclosed individual – the commenter noted that it appeared to him that it was possible to build over parking facilities

7/18/13

Comments of Murray Anderson – Mr. Anderson stated that he lives across the street from Jefferson and wanted to second the need to have more variety and interest along that side of the campus. Street level life is important. He also expressed concerns regarding the vacation of 16th Avenue and especially how it might be configured. Would there be any public access for continued entry to the garage or would it be primarily used for emergency vehicles only? Is there some way the street can be configured as a one lane one way so half of the street can be a walking plaza? He also noted that the design of 16th Avenue might be crucial to neighborhood acceptance of this level of development. Mr. Anderson also asked for clarification on ownership patterns and specifically which buildings are owned by SMC and which by Sabey. He offered the suggestion that SMC uses displace other leased space in

the Sabey building. He noted that the total level of development is great and that if the neighborhood is being asked to accept this it should be clear that it is SMC uses and not for Sabey leasors. Is this a part of Swedish; or a ploy by Sabey just to build office buildings?

Response: Marcia Peterson responded that the programs SMC would build will be supporting the campus. There is no intention of turning these new buildings into a general hospital; its focus will be on specialties like the Heart Center and Neuroscience. Natalie Price noted that the information about the buildings is at the Swedish website. There is an updated FAQ's posted on the website.

Comments of Bob Cooper: - Mr. Cooper stated that when looking at 18th Avenue vacation consideration might be given to moving development to the west and creating a much larger setback between the new hospital development and properties to the west. This area should continue to function as the buffer between the medical and residential development. Looking at 16th – pedestrian safety is very important and essential. Pedestrian through access is very important as is better signage. I would like to see a clear identification of entrances, which I believe is very important.

I would like it confirmed that everything will be related to Swedish or Swedish function. That seems different than in the past as the various medical office buildings were seen as a part of a research facility not the hospital. He suggested that there be some definition concerning what is considered functionally related to the role of the hospital.

Response: Marcia reaffirmed that there is no policy change. It will be all part of the NeuroScience Institute. There was a presentation made by Dr. Lewis that summarizes the vision of additional services for this campus. It is available online in the Swedish website.

Comments of Jerry Matsui – Mr. Matsui stated that he lives on 19th avenue. He expressed concern over the proposed height along the eastern boundary. The proposed height is increased from 37 feet to up to 90 feet. It would essentially be a two block long 90 foot high wall looming over the adjacent single family residence. He agreed with Mr. Cooper that the development be pushed to the west and stepped down towards the single family. I would like know a change on how to load the facility because the way it is currently designed is like a concrete mausoleum. He also stated that greater open space is needed and offered the opinion that this might be an appropriate use for the property along the east side of 18th Avenue.

Comments of Vicki Schianterelli – Ms. Schianterelli noted that in the prior plans green space was given up in exchange for decreased height. She asked how SMC would propose to meet the MIO open space standards. Green space is required and crucial. She also stated that open space between the boundary of the 18th and 19th is particularly important. The rear yards of properties along the west side of 19th Avenue are used for gardening and other activities by residents. If the 90 foot buildings were built these activities would be greatly compromised.

Comments of Ken Torp – Mr. Torp stated that he lives on 15th Avenue between Cherry and Jefferson. All of the alternatives propose the vacation of 16th Avenue and to many of us this vacation is not acceptable. Much of the discussion has been how to put lipstick on this pig. We need to first figure out whether the vacation is acceptable, necessary and required. All of the options also contain a kind of finger thrust up the rear of the neighborhood only because the property is owned by Sabey. This is an unacceptable. This should be taken off and kept at the underlying zoning. We are looking at the fundamental issues of size bulk and scale. Looking at small designed details only takes away from this focus.

Comments of Ellen Sollod: Ms. Sollod stated that she served on the SU Major Institution Master Plan committee. She stated that is early in the process to be discussing details as the major elements have not been determined yet. The Committee needs to understand that any street vacation must balance out the function of the street that the City relies on. All functions of the street have to be accommodated, not only by Swedish. I would to see a careful analysis and evaluation of the

alternatives and how this really fits the needs of Swedish and the neighborhood; think of the big picture. Regarding the comments on the proposals:

- 1) The boundary expansion to the Spencer Technology site is not desirable and does not achieve a significant expansion of square footage.
- 2) The street vacations needs to be carefully analyzed; connectivity is not just about pedestrian access or a 14 foot sidewalk;
- 3) Height should be concentrated on the center of the campus not along the edges;
- 4) Proposed height is too high. 200 ft height should be centered at the center of the campus, not on the edges. She stated that it is important to keep in mind the effect of the proposed heights on properties north of Jefferson street as well as along 19th.
- 5) Public access routes need to be open if possible. Going through a hospital or medical building to get a public route is questionable.
- 6) The building program may simply be too ambitious. It is possible that the building program that SMC is proposing is just too large to be accommodated on this site and in this environment. Uses that are not for the hospital functions should be located at a different Swedish location. Walk along Cherry St. and Cherry St. – analyze the height scale and other aspects of community connectivity.

Comments of Greg Taplock – Mr. Taplock stated that he lives on 16th and Cherry across the proposed 200 ft. building. The building that is there right now is a flat top building that allows a sweeping city view for every resident that sits behind the site you are proposing to build. Removing this view would be a major loss. He also asked how long the construction plan is. It can go on for a long time. He stated that if this moves forward in the direction of blocking the view; I choose to vote to leave the neighborhood.

Comments of Larry Malfort: - Mr. Malfort stated that he wanted to echo Ms. Sollod's comment concerning the importance of not building high on the edges makes sense. If 16th is to be vacated for use by emergency vehicles, what is the fate of the existing parking garage? Will parking go somewhere else?

8/15/13

Comments from Bob Cooper: Mr. Cooper noted that he Lives on 16th and Jefferson. He noted that SMC is responsible for the TMP, not Sabey.

Comments from Wimsey Cherrington: Ms. Cherrington stated that T parking is a huge issue now with the existing number of employees in campus. More expansion means more employees and a worsening condition. Something needs to get done. She noted that she has often observed people in their scrubs sitting on 17th between Columbia and Cherry sitting on their car, moving, and parking their car. Parking on the block is extremely difficult. She also noted that none of the three proposals presented in the previous meeting reflect a balance between growth of the institution and protecting the livability of the surrounding neighborhood.

Comments from R K Lee: Mr. Lee stated that he was concerned about: 1) the impacts of the proposed development, 2) maintaining the character of the neighborhood; and 3) the future advancement of the entire campus. Providence and Seattle University coordinated well with the neighborhood. They have been good neighbors. Hopefully Swedish can do the same thing.

Comments from David Saracini.: Mr. Saracini noted that his property will border the proposals for Alternatives 2, 3 and 6. He noted that there appears to have been little or no discussion concerning infrastructure improvements in the surrounding area required to support 2 million additional sq. ft. of office space. This needs to be included as part of the EIS He expressed shock that in Alternative 4, there is a 240 ft. building across the street from LR3 residential. He also noted that Children's does

seems to be the gold standard, in doing research regarding street vacation in doing a public good, Children's made six public enhancement proposals as part of their plan.

Comments from Jerry Matsui: Mr. Matsui stated that it is interesting that SMC has never achieved its TMP goals. SMC has credited its support of the RPZ zone as a positive action. However SMC did not initially support this and was forced to do so by the neighborhood because of the parking impacts. As far as height, bulk, and scale, we are being punished with these alternatives that you are proposing. (50, 65, 90 ft. building?)

Comments from Ken Torp: Mr. Thorp commended the CAC for its focus on the height, bulk, scale issue as well as the two street vacations and the expansion of the boundary. He noted that he too questions the validity of the alternatives and what is driving them and what alternatives on the current boundary that should be looked at.

Comments from Ellen Sollod.: Ms. Sollod stated that she understood that the scope of the proposed boundary expansions had been reduced to include only the Spencer Technology building, its parking lot and the house just north of it. She asked if there were similar changes related to the street vacation. Ms. Sollod formally requested that an alternative be included for full study without any boundary expansion and noted that it appeared to her that the remaining boundary expansion appears to be driven by Sabey Corporation ownership of those properties and not by SMC needs. I would encourage the institution to respect the neighborhood in terms of seeing its increase its campus and not on its boundaries and remove its street vacations.

Comments from Sonia Richter: Ms. Richter stated that Harborview Medical Center and the neighborhood have a very good relationship and urged evaluation of that relationship as well as Children's.

Steve Sheppard made a comment that the removals of the alternatives were decided by Swedish and not by this Committee. Mr. Sheppard also mentioned that the City Council cares a lot about these issues being presented.

Comments from Pierre Bradette.: Mr. Bradette stated that he is concerned about the Spencer Technology boundary expansion as well as the proposed height. There would be significant impact on the neighborhood that would take away the character of the neighborhood. He urged the CAC to continue its efforts to focus on reducing the height, scale and bulk impact on the neighborhood.

Comments from Laurie Lucky: Ms. Lucky stated that she was concerned about transportation options; Swedish has not discussed improvements to mass transit.

She also noted that with the merger of Swedish and Providence, all of the employees of Swedish went under religious and ethical directives of Catholic Health Care services.

Marcia Peterson representing SMC responded and clarified that Swedish is not subject to ethical and religious directives. Reports to the contrary in the press are incorrect

Comments from Vicki Schanterelli.: Ms Schanterelli noted that she had written a formal letter to the CAC and directed members attention to that letter. She noted that the letter did not address the vacation on 16th avenue. The justification for the vacation is for the ambulance coming through the 16th, Jefferson or Cherry. The problem is that people take speed on Cherry because it is downhill. People cruise down around 30 miles/hr. It is always impossible for ambulance to pull out to go to Cherry to make the left turn. There is no sense to vacate street for ambulance to make dangerous turn. The vacation of 16th makes no justification; there is no sense to vacate a street for ambulances to make dangerous turns. The traffic flows within TMP are not being addressed. Jefferson and Cherry are major arterials. Cherry has been narrowed down to 1 lane.

Comments from Abil Bradshaw: Ms. Bradshaw stated that she does not want to live at a Major Institution ghetto and that the proposal will greatly harm the neighborhood and should not be approved. She also asked how the proposal might affect property values.

Comments from Unidentified Commenter: The commenter stated that he was encouraged that the 18th Avenue vacation was no longer being pursued. He also stated that he remained confused concerning the relationship of the Sabey Corporation TMP to the overall SMC TMP. Sabey does not have their own employees, but leases to tenants.

Comments from Cindy Thelen.: Ms Thelan stated that the heights being proposed for the campus are out of proportion to the surrounding neighborhood and will affect the light/shadow in her backyard residence.

Comments from Mary Pat Dileva: Ms. Deliva questioned why 16th Avenue needed to be vacated to accommodate ambulances. She also stated that any increased height should be at the center of the campus not on its edges and that the proposed project is too big, and should not be approved.

Comments from Murray Anderson: Mr. Anderson stated that he understood that there is a fine line in transportation issue and parking. He suggested that SMC consider lowering the parking rate so that employees will park in the parking garage and not on the residential areas..

9/11/13

Comments from Bob Cooper: Mr. Cooper asked if the alternatives presented at the meeting are the only alternatives in the table? He also asked if the Traffic data and analyses had been included in this scenario?

Comment from Murray Anderson: Mr. Anderson stated that he was concerned about both parking and traffic flow. He strongly suggested that Swedish consider the possibility of validation of parking for patients so that patient parking would be lower cost so that patients and immediate family members would not have an incentive to park on the nearby streets. Swedish should strongly encourage its employees to use the bus and subsidize bus passes.

Comment from Greg Harmon: -Mr. Harmon stated that he lives at 9th and Cherry. He expressed concern about light and glare emanating from parking garages in the broader area. He stated that similar problems might occur with the proposed increased development

Comment from an Undis1/16/14closed Individual: An individual who lives on 16th and Cherry made a comment regarding the options going forward regarding the Preliminary Draft MIMP. He stated that the only compelling logic for the irregular shape of the MIMP boundary is an opportunistic logic since Sabey owns the adjacent properties. He would like to see a very substantial compelling logic, for why the shape of the MIMP should include this that have a potential impact to the neighborhood particularly around traffic and parking.

Comment from an undisclosed Individual: An individual commented that it is important for the CAC members to review the EIS document and think about the environment. He noted that this is not a Swedish's EIS but the City's and CAC's EIS. He urged CAC members to review this carefully and make sure it answers questions concerning the environment impacts.

12/15/13

Comment Bill Zosel – Mr. Zosel stated that he had a chance to look at the Preliminary Draft Environmental Impact Statement and Preliminary Draft Plan and have concluded that neither is adequate. The EIS appears to be an argument in favor of the Swedish Proposal. The purpose of such a document is to provide reasonable alternatives. I do not see the CAC's previous suggestions acknowledged in the PDEIS. I still have a lot of questions, such as how and where the expansion of Swedish.

1/16/14

Comment from Wimsey Cherrington: Ms. Charrington stated that she wished like to thank each Committee member for putting together the comments and also her appreciation for Swedish responses on those comments.

Comment from Linda Arkava: Ms. Arkava stated that she agreed with Committee comments concerning safe walking routes and pedestrian safety. She stated that she strongly advocated the idea of creating safe walkways and recreating 17th Avenue.

Comment from Ellen Sollid: Ms. Sollid stated that she too wished to thank the CAC for all the work that they have done to date. She stated that she was very pleased with the current CAC's comments and is anxious to see Swedish responses. She noted particular concern about the shadow impact, and impacts to the east - particularly between 18th and 19th. She asked how setbacks would be set and whether single family homes are sufficiently protected; she noted that alternative 9 appears to be moving towards a more positive direction.

Comment from Kent Toma: Mr. Toma stated that he would like to echo the sentiments of my neighbors here that Alternatives 8 and 9 are significant steps forward. I am looking forward to see more details at a more granular level. He stated that the consultants who presented the needs and goals analysis appeared to be presenting dates specifically to validate the Swedish need and not as an independent or fresh look. He stated that he supports CAC Dec 12 letter to Stephanie Haines commenting on the MIMP.

Comment from Alleta Van Pelt: Ms. Van Pelt noted that the architect had asked what the Community wanted from Swedish. She responded that as a practicing physician, she would like to see more emphasis on prevention, public health measures, exercise classes, and nutrition classes. I went to the website, there are clinics all over, 42 classes, and 3 are offered in this campus. The future of health care should be research on prevention. If the hospital wants to help this community, focus on prevention,

Comment from Abel Bradshaw: Ms. Bradshaw stated that while she appreciated the work on this, the new alternatives# 8 and 9 are still two massive. SMC still is proposing an increase from 1 million to 3.1 to 2.7 million sq. ft. of development on this campus. This level of development does not belong in this residential neighborhood. This amount of development will result in more pollution, stress, crime, traffic and parking impacts. This is not downtown. This is Squire Park, this is a neighborhood; do not need to build it here.

Comment from Cindy Thelen: Ms. Thelen thanked the CAC for the tone of their comment letter, and expressed surprise regarding the concessions the Swedish and Sabey made. She urged the CAC to keep a critical eye on these projects. There are still 200-240' tall buildings. These are still too tall and the building on 18th Avenue still stretches from Cherry to Jefferson; a 5 story building right behind our houses, no alleys.

Comment from Marlo Dowell: Ms. Dowel note that she is a resident and architect. She noted that as a patient she visited 5 different medical centers and campuses in Seattle and Tacoma. Most were high walled fortresses. She suggested that the Medical Center consider the edges of the campus and look for opportunities to build connections to the community, community retail, landscaping, retail opportunity among the community; and an overall make it more approachable feel to the campus.

Comment from Merlyn Rainwater: Ms. Rainwater stated that she would like to see a Seattle neighborhood greenway, north-south greenway included in the final plan. She expressed her hope that Swedish look beyond the exact edge, and find ways to provide amenities for the broader community, such as improve the bus stop on one side of the street, and do the other side of the street too.

Comment from Vickey Schanterelli' - Ms. Schanterelli thanked the CAC for their work and stated that she was curious concerning the 50 ft. along 18th Avenue. She expressed both doubt concerning the desirability of and concern over the effects of moving various uses to the 18th Avenue site. She noted that the original, 1994 MIMP, included hotels and any other very low-scale development there as a transition to preserve the residential look and feel. She suggested that any higher scale facilities remain on the central campus and not move to 18th Avenue.

Comment from Fred (Last name not given): The commenter noted that he was a neighbor on 19th Avenue. He thanked the CAC for their response to the Swedish plan Swedish for listening to these criticisms. He noted that he is still concerned about the 50' building along the whole length of the block; it cast a really big shadow to the residential neighborhood.

2/27/14

Comment from Gena Owens - Ms. Owens stated that she lives at 18th and Union. She stated that she appreciates what was stated about the ACA. Her major concern is that Swedish does not have a type of facility/clinic in the south end of Seattle and that Swedish Medical Center should consider construction a small clinic in that area.

Comment from Troy Myers: Mr. Myers noted that others had asked when there would be more formal responses to community input. He noted that the tone of the meeting was different than in previous meetings and hoped that this would continue. Squire Park Community Council intends to continue this dialog.

Comment from Aleta Van Patten - Ms. Van Patten stated she was confused over Mr. Sheppard's statements concerning the lack of authority of the Committee to consider the needs of the institution. She noted that there was a lack of documentation to support Swedish Medical Center's statement that they have put \$132 million back to the neighborhood and that she would like to see documentation. She stated that Sabey does not put money back into for the community.

Comments from Lorie Lucky: - Ms. Lucky stated that she believes LabCorp could be located elsewhere thus freeing up space. She noted students of Seattle University are not represented here and suggested that there be a young adult clinic here. I don't want to see bio-tech companies in this neighborhood.

Comment from Abel Bradshaw - Ms. Bradshaw observed the discussion of the need for the plan to balance, mitigating the bulk, height, scale. No such balance has been achieved. Swedish Medical Center would gain substantial new development authority. The neighborhood could be destroyed and become a bizarre hospital grey zone - a hospital ghetto.

Comment from Ellen Sollod: Ms. Sollod stated that while she appreciates the input regarding community benefit it is a premature discussion until the issue about height, bulk and scale are resolved. It is not possible to mitigate shadow etc. She advocated retention of the heights, bulks and scales contained in the current MIMP that is now expired. There is a need to discuss physical mitigation, pedestrian, open space, transportation, infrastructure, offsite community improvements, and physical improvements.

Comment Merlin Rainwater - Ms. Rainwater stated that she lives on Capitol Hill, and travel by bike. I came across a report that calls on the whole community to look at transportation, and not just for mitigation, but creating healthy transportation choices for the entire community. I would like this Committee to look at transportation as the key to the health of the community.

Comment from Liv Harmon - Ms. Harmon stated that she would like to echo the difficulty of mitigating the impact of increased development. I love this neighborhood, but it has substantially changed with the current plan. The shadows shown are severe and would negatively affect her property.

Comment from Greg Harmon: Mr. Harmon stated that it doesn't seem that having a tertiary care hospital is the best use with the neighborhood. He noted that Alternative # 9 builds fortress and barrier and suggested that the plan that is eventually adopted open up to the neighborhood. He also stated that it was premature to talk about other issues including amenities.

Comment from Cindy Thelan - Ms. Thelan stated: that she believes that is premature to talk about mitigation and benefits, until there is better agreement concerning the height, bulk and scale Alternatives #8 and #9 are not really different from the other alternatives been discussed. She suggested that Sabey-owned single family properties be returned to individual homeownership and that Swedish Medical Center consider purchasing James Tower back from Sabey.

Comment from Charissa Clark: Ms. Clark stated that she is with the WA community action network and is very encouraged with the energy and the level of engagement by the community. There is clearly a lot of concern and lots to talk about,

Comment from Ken Torp – Mr. Torp stated that he too believes that the discussion of community benefits is premature. Most of the benefits outlined relate to existing Swedish complexes. What is being proposed is inconsistent with low rise single residential neighborhood. Swedish and Sabey are not listening to that concern and the height and scale being proposed continues to be unacceptable.

Comment from Mary Pat Deliva – Ms. Deliva stated that she hopes that the livability of the neighborhood is maintained and that there may be nothing Swedish can do to mitigate the height, bulk and scale SMC is proposing.

Comment from Janet VanSleek – Ms. VanSleek stated that she too is concerned with the proposed height, bulk, and scale and the cast will do to the neighborhood. She observed that Alternative #9, would shadow the nursing home at 16th and Cherry for 90 shut-ins. That is not just right; need building heights that give neighborhood some space and light.

3/20/14

Comment from Troy Meyers: Mr. Myers commented that in response to Ms. Porter's request to provide acceptable solutions and present back to the CAC, there was not enough facts or data to make a presentation; the PDEIS was too vague. He also noted that the Squire Park Community Council had adopted two motions at their last meeting, agreeing to be the owner of legal agreements if needed from the community and to support individual community efforts as needed.

Comment from Ellen Sollod: Ms. Sollod encourage the CAC to look more closely at the Children's MIMP as an example in order to recognize that this is a low rise, residential neighborhood. At Children's, the height limit is 125 ft., the MIO is 160 ft., that has been agreed upon and in addition, all the boundaries that are adjacent to residential are at 37 ft. with extensive setbacks, and the development does not exceed 2.1 million sq. ft. She stated that she was still waiting for the new PDEIS that the CAC requested, and would like to see additional alternatives that further reduce height, bulk and scale to less than shown in; alternative 10 which is still too large.

Comments from Bob Cooper: Mr. Cooper stated that it is hard to comment on the new alternative as the target keeps moving and new alternatives keep coming forward and he does not know exactly what is on or off the table. The proposal still shows an expansion. By looking at the two alternatives, Mr. Cooper agrees with Ms. Sollod that it is packing too much property in too little space and it is completely out of proportion. In some ways the 50 foot proposal along 18th is worse than the previous 37 foot building that was rejected by the Hearing Examiner. In addition it is not clear if this new alternative includes additional height for the rehab/kidney center; it needs to spread further. He noted that the previous plan had 50,000 square feet of development underground. Some of the proposed development in these alternatives could be underground too.

Comments from Jerry Matsui: Mr. Matsui stated that Alternative 10 is still an abomination and is no better, but even worse, than previous 37 foot building that the neighborhood blocked during the last

process.. It is the same configuration; if you try to mitigate by putting in vegetation, it is totally unacceptable. Any ultimately acceptable plan will need to be lower and further setback from the property line.

Comment from Chris Genese: Mr. Genese noted that he works with Washington Can. He noted that Providence is a huge multi-state organization. Washington Can has canvassed the neighborhood. There are many concerns and different desires from this process; it needs to slow down, the community needs to come together and figure out what the community wants. Washington Can is working with the Squire Park community to organize a meeting to further discuss their concerns.

Comment from Aleta Van Patten: Ms. Van Patton stated that she needs to see the PDEIS because majority of the decision will be based on it. In addition there needs to be want more open space, bigger setbacks, less height and more functions placed. Swedish needs to come up with options that are more palatable for the community.

Comments from Lorie Lucky: Ms. Lucky stated that she agreed with others that the PDEIS needs to be made available. She also noted that undergrounding development would be desirable.

Comment from Cindy Thelen: Ms. Thelen stated that she was stunned as being part of the neighborhood. These are very tall buildings in a residential neighborhood that have a tremendous impact on the shadow studies. She concurred with others that 8th Avenue needs to be broken up into smaller units of buildings and appreciated the comments about what Children's has done.

Comment from Craig Cooper: Mr. Cooper noted that like to go the SOV goal in the current TMP is to reduce SOV use from 58 to 50%. He stated that he believes that Swedish Medical Center can do better than that. He further stated that he was surprised to hear that patient's gets free parking.

Comment from Abel Bradshaw: Ms. Bradshaw stated that in the shadow studies; her entire house is under a shadow. That will have a tremendous impact on trees, gardens, in the neighborhood. The plan needs to pay attention that people's backyard, and how they will be impacted by these shadows.

Comment from Julie Popper Ms. Popper noted that she was with SEUI Healthcare 1199 Northwest that represents union workers at Swedish Cherry Hill. The members were warned that cardio and neuro are moving to First Hill as well as acute care. If they are moving, why does Swedish need to build this building? Is this really for Swedish or just to service Sabey to manage more property? She emphasized that the MIMP is for Swedish, which is a local community hospital, and it is not for either Providence or for Sabey.

4/10/14

Comments from Aleta Van Patten: Ms. Van Patton encouraged the Committee to continue to question the placement of both, neurology and cardiology At Cherry Hill. She noted that there are many other locations where these functions might be located. Swedish hospital is not the mecca.

Comments from Julie Popper: SEIU: Ms. Popper noted that the Sabey Corporation is a for-profit company and as such is interested in more profit. She noted that she had discussed the issue of program moves with some union members. They informed her that cardio is already starting to move. This appears to give a more accurate picture of what's going on. She urged Swedish Medical Center to be more forthright and honest about what's going on.

Comment from Bob Cooper: Mr. Cooper noted that he had gone back and looked at the past Plan. He noted that much of the vision of the prior plan never materialized. The building that was initially envisioned as a three 3 story building turned into the James Tower. Daycare for neighborhood kids never materialize. He noted that the eastside of the campus was envisioned as a transition between Swedish Cherry Hill and not a block-long massive building. He stated that the existing tower is an iconic landmark and would suggest that nothing should obscure the existing site of the tower. It is a

He stated that the master plan should be about accommodating primary medical care it is not accommodating research, foundations or assisted living.

Comment from Greg Harmon: Mr. Harmon stated that he lives on 19th Avenue and E Cherry Street. He offered two major comments: 1) the 18th Avenue half block should remain as a transition between the low-rise neighborhood scale and the larger buildings to the east. The currently proposed buildings are out of scale; 2) Labcorp and other auxiliary services that are taking space can be located elsewhere. There is already a Northwest kidney center in Broadway.

Comment from Cindy Thelen: Ms. Thelen stated that she lives on 545 19th Avenue. It is important to remember that the task of the Major Institutions Master Plan for Cherry Hill is to balance the needs of the Swedish with maintaining the vitality of the neighborhood. She noted that the proposed development on the 18th Avenue half block will impact Single family homes. She also advocated that no parking garage be located off of 18th Avenue. The height on that half-block should not more than 37 ft. measured from one point on the slope. Ideally this half block should be developed with smaller buildings with open space between, greater setbacks, narrowing of 18th Avenue, and neighborhood amenity. She urged Swedish to consider the privacy of the neighborhood and consider a small number of windows in the building to be used. Consider green space, rain gardens, chemical noise, exhaust provide ventilation system. Scale back proposal,

Comment from John Perry: Mr. Perry stated that he lives on 16th Avenue. He questioned why these developments or uses are proposed for this particular space. More details on this are needed. Why must it be here? Many of these uses do not have to be in a residential area. Cherry Hill is not necessarily the place for research and further development.

Comments from Jerry Matsui: Mr. Matsui stated that he lives behind the 18th Avenue half block. He stated that this half block should be transitional. From 1994 up until today that has been the plan and vision. This particular planning process seems to ignore that. The proposed use would have no open space, green space, nor amenities for the neighborhood. It benefits Sabey. He urged the Committee to take the long-term view that this should remain a transitional block

Comment from Vicki Schiantarelli: Ms. Shiantarelli stated that she agreed with most of the previous comments made at the meeting. She stated that a 50 foot height is not the proper transition to the 30 foot single family area to the east. She noted that Children's has done a better job with transitions to the single family areas. She particularly noted that Children's bought up 5 blocks of residential space in order to a better transition.

She urged the Committee to look at how other institution, university and hospital deal with transition and look at their relationships with Sabey.

Comment from Abby (last name not available): The commenter noted that the last EIS did not see ground water or flooded lots of road on the west side. However this area has a basement flooding problem. It is a high saturated area. The commenter asked if the proposed development with include irrigation and whether it will interrupt ground water flows. This needs to be addressed in the EIS.

4/24/14

Comments of Mary McLauphlin - Ms. McLauphlin stated that she understood that the purpose of Committee was to represent the neighborhood. It doesn't matter what Swedish or Sabey wants. Swedish has said, "they don't know why they need this much space, don't have any plans for it..." Ultimately, the whole purpose of this Committee is to say what is good for the neighborhood and attempt to mitigate the bad aspects of the plan.

She further stated that the proposed Goal of 50% Single Occupancy Vehicle use is not good enough, especially with bus cuts - #3 and #4 which go directly through this neighborhood.

Comments of Ellen Sollod: Ms. Sollod stated that the proposed bulk height and scale of development is too great for the neighborhood, in every way. The Campus is surrounded by lower-density development. Even along 15th Ave the adjacent to Seattle U. Major Institutions Overlay allows height only to a maximum of 65 feet. The proposal currently places a 200 foot building along this street. Similar heights not greater than 65 feet should be considered for the adjacent Swedish properties, and if greater heights are proposed then there should be substantial upper-level setback. She encouraged Swedish and Sabey to look at vast resources of other campuses within the border Swedish/Providence system and satisfy proposed needs in other locations. Adopt a good neighbor policy here on Cherry Hill. What would it take for Swedish to be a good neighbor?

Comments of Cindy Thelen: Ms. Thelen stated that she urges SMC to begin to try to look at their proposals from the neighborhood perspective. Neighbors have put forth ideas, we are not monolithic, there are different voices, but we'd like to see some of our ideas mocked up. She observed that to this point Swedish has incorporated few neighborhood concerns. Height, bulk and scale is way out of control for residential neighborhood. She asked that Swedish consider locating this expansion elsewhere. We're not interested in bringing jobs into the neighborhood.

Comments of Greg Harmon: Mr. Harmon stated that he considered the proposed heights to be too great to be accommodated within this low-rise neighborhood. The 160 and 300 foot heights remain unacceptable.

Comments of Vicky Schianterelli: Ms. Schianterelli stated that she agreed with the comments made by Bob Cooper presented at last meeting as far as the overall heights. The focal point of the present hospital is the tower. Being able to see the old elements of the hospital is important. They should not be blocked by other structures. She noted that the entire proposal feels like a high-rise, not a welcoming hospital. It would be more appropriate in the Central Business District than here. She noted that the proposed development in the 18th Avenue half block is strikingly similar to that proposed in 2009. That proposal was rejected by the Seattle Hearing Examiner and that decision is what triggered this process in the first place.

Comments of Jerry Matsui: Mr. Matsui stated that the proposal for the 18th Avenue half block now is no different than back in 2002, with a continuous wall on the mid-block. The plan needs to go back to proposals in 1994 with residential-type structures, maximum height of 28', patient family housing, a daycare, and green space. This area should be a transitional piece of land. He also noted that 350 car garage as problematic. Let's not forget that Providence is part of this. This is about what Sabey wants, rather than what is necessary. Sabey should give up houses on 19th.

Comments of Ken Thorp: Mr. Thorp stated that the Committee should look at Children's hospital model for what an institution should like in a residential neighborhood. Buffer and transitional heights.

Comments of Laurie Lucky: Ms. Lucky noted that a woman who came to a CAC meeting a few months ago had asked that Swedish consider opening a clinic in Southeast Seattle and asked if there has been any consideration of this. She also noted the alliance with Providence Medical system and referenced it positions concerning woman's reproductive health care. She stated that she was not in favor of special accommodations for any hospital that denies reproductive rights, end-of-life care, etc.

Comments of Sonja Richter: Ms. Richter stated that the proposal is too big. It's like the emperor's new clothes. She stated that the 160 and 200 foot heights should be rejected, and other locations found for some of the uses. She stated that the Committee and SMC should look at Children's for guidance concerning the proper direction to go

Comments of Bill Zosel – Mr. Zosel stated that the heights bulks and scale proposed for the campus is clearly greater than what the Seattle comprehensive plan envisioned. In addition he noted that Swedish Medical Center has failed to meet its TMP Goals Twenty years after adoption of the last Campus Master Plan, Swedish Medical Center's Transportation Management Single Occupancy Use goals have not yet been achieved. This is not an urban center land that the addition of so much

development, traffic generation and parking garages does not mesh with the established City goals. He encouraged both DPD and the Institution to look at other locations to accommodate the projected growth.

Comments of Bob Cooper – Mr. Cooper stated that the plan should be more comprehensive and look at both the Cherry Hill campus and the Providence system as a whole. Swedish Medical Center has made changes, but they are insignificant and come nowhere close to striking a reasonable balance. The reduction in total square feet of development in the various alternatives has not been significant. Heights must be reasonably related to adjacent development.. Two hundred foot high rise towers are simply inappropriate within this low-rise neighborhood context. feet height is inappropriate anywhere on this.

Comments of Ken Torp - Mr. Torp stated that he endorsed the comments of both Mr. Zosel and Mr. Cooper. The height bulk and scale of development is simply too great and must be reduced significantly. He noted that he has heard that Sabey had hired ex deputy mayor Tim Ceis to lobby the executive. He asked if this were true and, if so, whether it constituted a serious ethics violation.

Comments of Ellen Sollod - Ms. Sollod stated that she too felt that heights were inappropriate and passed out pictures of 200 foot building. She particularly noted the

Comments of Troy Meyers – Mr. Meyers reminded the Committee that Squire Park will hold a follow-on meeting to further discuss its positions.

Comments of Sonja Richter - Ms. Richter stated that the heights proposed are very much out of scale with the surrounding neighborhood. Several buildings have been under the current zoning that are 40 feet in height with allowances for sloped roofs. These buildings themselves are inappropriate and are very impactful to her home. The heights being proposed fir campus are so far above these that they would be simply overwhelming. She asked for clarification concerning the amount of commercial development and what percentage of the projected growth is attributable to this rather than hospital development.

Comments of Aleta Van Petten – Ms. Van Pelt noted that the commercial partner should not benefit from the special provisions of the MIO zone. She suggested that development be spread throughout the Providence Health Care System.

Comments of Abil Bradshaw – The height bulk and scale here is like a small downtown and is inappropriate.

6/19/14

Comments from Eric Camiscus: Mr. Camiscus commented that he lives in Bremerton and is suffering from multiple sclerosis. He mentioned Swedish is one of the best places to come for health care that specializes in his current condition. He supports the expansion of the hospital for more services and research and trust the doctors and the hospital and it is a wonderful idea for the hospital to expand.

Comments from Andrea Welling: Ms. Welling stated that she lives in Magnolia and was diagnosed with brain tumor a year ago. She credited Swedish for saving her because of their expertise and supports the organization and the facilities around the neighborhood to provide service.

Comments from Ken Torp: Mr. Torp stated that he lives in the neighborhood and is impacted by the proposed expansions. The fundamental issues for the neighbors are height, bulk and scale. He observed that these issues were not been sufficiently addressed in the DEIS and that the EIS contains inaccuracies. He expressed particular disappointment with how the DEIS addresses parking issue. He also noted that the first priority is to divert its employees from parking in the neighborhood while the proposal presented calls for reducing the subsidies for residential zone parking permit which shows inconsistency. Mr. Torp stated the CAC meetings should be a conversation between the Committee and the citizens of the neighborhood, but recently, Swedish has packed meetings with people noting

how they value the receiving quality medical services that they received. He stated that he believes that this is inappropriate and is taking advantages of these people.

Comments from Ellen Sollod: Ms. Sollod stated that she lives on Cherry Hill and noted that she forwarded her comments in writing regarding the DEIS to the CAC. She stated that the DEIS is intended as a finding of facts with an unbiased analysis of potential impacts as an effective tool for the City to evaluate the MIMP and for public to review, instead, the document is ridiculed with inaccuracies. She gave several examples. First she noted that the DEIS stated that heights of 200 to 240 feet are compatible with surrounding land uses when the surrounding development is residential in nature and all much lower. Second the DEIS stated that the campus is well served by transportation systems when many are lacking. Third, the DEIS choose to forgo any discussion of energy impacts. She noted that the document appears to serve to support the Swedish/Sabey position and is not useful to the City and is not a non-biased or objective evaluation.

Comments from Andrea (Last name was not provided): Andrea stated that she loved Swedish and she lives in Sea-Tac. She parked mostly outside of campus and mentioned that UW has a problem with parking. She has no parking outside of Swedish. She reiterated that Swedish hospital is the best and loves the doctors.

Comments from Natalie Price: Ms. Price noted that there were many patients in attendance at the meeting. They feel so strongly about this campus and its future that they have come here in person to share their observations. In order to be respectful of everyone's time she read a short statement on their behalf as follows

We support the master plan that will enable the growth of the Cherry Hill Campus so that Swedish can continue to provide patients with the best treatment options, latest technology and state of the art facilities.

Ms. Price asked that those supporting this position stand. There were a considerable number who stood.

Comments from Bill Zosel: Mr. Zosel stated that he lives in Squire Park. He stated that it is unfortunate for some people about the division that is being created between the people that lives in the neighborhood and Swedish desire be able to provide excellent quality care and expand. He noted that one of the reasons that SMC is in this dilemma is that they sold half of the Campus to Sabey Corporation. There are therefore many uses that are not technically SMC at this campus.; Mr. Zosel stated that he supports the expansion and reclaiming the spaces that LabCorp and the Northwest Kidney Centers uses, but the division against each other should not be propagated. He asked the Committee to look into the DEIS and see if it provides a reasonable alternative, and provides environmental impacts that can be mitigated.

Mr. Zosel also noted that the DEIS was lacking adequate information on many of the transportation elements. He noted that the Cherry Hill Campus is not in an urban village where increased intensity of development is encouraged and that one way the SMC could significantly reduce the adverse impacts of their development might be to relocate some of the uses that drive their needs to their other nearby campus. He noted that this is one of the ways to reduce transportation impacts. He noted that the Committee had formally commented in April that the EIS needs to provide a full analysis of decentralization that would accommodate the development at other campuses.

Comments from Troy Meyers: Mr. Meyers generally endorsed Mr. Zosel's comments. He stated that he is concerned about this public meeting. He supports the mission of Swedish and gets on-going care from the hospital. He commented that the fundamental issue here is the inaccurate information being presented in the DEIS and lacking details about appropriate urban village location and its compatibility with the residential neighborhood.

Comments from Sonja Richter: Ms. Richter noted that at the end of the previous meeting SMC was asked if they or Sabey had hired a lobbyist and that SMC stated that they would answer that question at the end of the meeting. That question was never answered. She noted that many patients were emotional concerning quality of care. She asked how patients were contacted and what they were told about the overall process. She stated that she was happy that patients receive quality care and service from Swedish. However, this is not the issue and instead is the height, bulk, and scale along with parking problems that has not been accomplished in the last 20 years and she is very skeptical that this new board will solve the problem. The expansion is too big and it has nothing to do with the care being provided. She noted that Sabey does not provide care; Sabey provides business and money.

Ms. Porter noted that the time allotted for public comment had passed and that there were still people who had requested to speak. She asked that those who had done so provide written comments. She asked the audience to continue to send written letters and comments to Mr. Steve Sheppard and reiterated that comments should focus on the issues of height, bulk, scale and the draft EIS and not about the quality of care that Swedish provides.

6/16/14

Comments from Ken Torp: Mr. Torp stated that the Committee must not meet the needs of Swedish. He commented that if you are not a member of the CAC, he suggested to not to come to the meeting and hijack the discussion. He provided several letters. He stated that he believes that a 105 foot maximum height anywhere is appropriate. He also stated that Swedish should apply what Children's and Seattle University did on their MIMP regarding their height limits in recognition of the residential neighborhood they are in.

Comments from Troy Meyers: Troy stated that this proposal is unreasonable because of the current proposal of height, bulk and scale. He stated that Swedish document state that the current campus is at capacity. However, he sees vacant space and development opportunities within the present MIO. The institution has indicated that both the Neuro and heart institutes will be at Cherry Hill and not at first hill. He asked if there is a commitment to this or if relocation to First Hill is still "in play". He noted that he saw no reason why Swedish needs should trump the protection of the quality of life in the neighborhood.

Comments from Abil Bradshaw: Ms. Bradshaw noted that the neighborhood had been asking for an overall smaller facility for years. However the overall square footage has not been reduced significantly. She also noted that much of the need for expansion appears driven by the needs of Sabey and not by the need for hospital expansion.

Comments from Andrew Hendrickson: Mr. Hendrickson asked if the height included mechanical equipment or if this equipment would extend above the MIO heights. He noted that the equipment might produce considerable noise. He noted that he was also concerned that the amount of development proposed would generate a great deal of traffic. He suggested height limits as low as 85 feet over much of the campus.

Comments from Kim Wall: Ms. Wall stated that she has lived here for 30 years and have been through many meetings about the hospital. All in the neighborhood will be greatly impacted by the development. She stated that she opposed to the present proposal. She noted that she had receive a card asking for support from neighbors in her mail bot but that it offered no background nor did it allow for any opposition. Patients would be inclined to support the institution if they received good care. However, they live elsewhere and are subject to none of the negative impacts.

Comment from Bob Copper: Mr. Cooper stated that there needs to be a balance between the neighborhood and the institution. He noted that much of the development adjacent to the hospital predates its development. The hospital did not exist and then development occur around it. Instead the hospital moved into an established neighborhood and then expanded. The neighborhood has

struggled for over 100 years as this intuition grew within an already established low-rise area. He asked if some of the space allocated to other uses (lab-corps and some of Sabey's uses) could be recaptured for hospital related uses thus reducing the need for additional height. He noted that development over the recently developed garage might carry costs but would still be appropriate. This is a 30 to 40 year plan and development heights should reflect this.

Comments from Jennifer Crowley: Ms. Crowley stated that she is a property manager for Sabey and also lives in the neighborhood at 15th Avenue and Yesler Way. She stated that in the past there was a previous standing advisory committee that reviewed the proposed development in the 18th Avenue half block. That Committee concluded that the building appeared acceptable but that the change in use would require a major amendment to the plan. The City of Seattle disagreed and declared it a minor amendment. The Committee remained silent but a group from the neighborhood including the Square Park Community Council, 19th Avenue block watch appealed that City decisions to the Seattle Hearing Examiner. The Hearing Examiner ruled absent the City. Sabey exercised its right to appeal the findings of the Hearing Examiner to the Superior Court. Sabey did not bring any action against any neighbor but only asked that the Hearing Examiners decisions be overturned.

Comments from James Fife: Mr. Fife stated that the patients might not have been technically on topic, but were speaking forthrightly. He stated that it is difficult to have a world class neighborhood cut in half by a 200 foot high "world class" hospital. He noted that traffic is already difficult and that this development will make it worse.

Comments from Ellen Sollod: Ms. Sollod stated that she has served on the Seattle University Committee and that this process and that process are very different. Seattle University was very open to negotiation with the neighborhood. Swedish has not done so. She noted that the MIMP is neither a popularity program to see who likes Swedish. It is about the land use code and level of development. Swedish appears not to be interested in taking neighborhood concerns into account.

Comments of Cindy Thelan. Ms. Thelan stated that she supports the 65 feet at the two margins of the west block but not the 160 feet in the Center. Swedish's insistence on maintaining a 200 foot height shows that the entire project is out of scale with the neighborhood. She noted that she supports braking the development in the 18th Avenue half block into several separate buildings. She objected to the marketing campaign that has nothing to do with land use and that includes the neighborhood post cards asking for support.

Comments of Vicky Schiantarelli – Ms. Schiantarelli stated that alternative 1a was dismissed prematurely and should be resurrected. She noted that the institution asked for many acceptations to regulations that other institutions do not necessarily have. Greater efforts should be made to keep the views of the historic 1910 Building (James Tower) open. Heights should not block views of this building. The 1994 MIMP allocated 14% of the campus to open space while the current plan reduces this. She noted inconsistencies with how the open space is discussed.

Comments from Jerry Matsui: Mr. Matsui stated that he was bothered for a very long time by Swedish and Sabey's attitude toward the neighborhood and its deceptive and condescending attitude. He noted that the EIS even denies the low-rise residential character of the neighborhood. This is a very diverse neighborhood in terms of race, ethnicity, sexual orientation, religion, income etc. Denying the character of this neighborhood constitutes a form of institutional racism. When this for profit developer buys us homes for institutional development, a new form of red-lining is instituted. He noted that he was a retired city employee in race and social justice. He stated that SMC's past actions make it inappropriate for the combined Swedish/Sabey to benefit from special city concessions.

Comments from Catie Chaplan: Ms. Chaplan stated that she was not in support of the present plan. The campus is very awkward for transit, especially bus service on 23rd because of the significant grades. Most patients will have to depend on cars. Approaches to campus are already congested.

Comments from Liv Harmon: Ms. Harmon stated that she has more questions about what the comments she heard today. She noted that the neighborhood is not easily accessible and that this makes so large a development inappropriate.

Comments from Claudia Montenegro: Ms. Montenegro lives on Cherry and stated that she supports her neighborhood and does not agree with the current height, bulk and scale.

Comments from Greg Harmon: Mr. Harmon stated that the current proposal is too big for the neighborhood. This will double the amount of development that community will be losing some bus service, there will be more traffic and more accidents with patients come and go. He noted that transportation will not be better. The DEIS identifies many intersections that will be functioning at level of service F. That is not appropriate.

Comment from Sherry Williams: Ms. Williams noted that she was the community affairs director for Swedish Medical Center and she stated that she would like to engage the community in and around the Medical Center and develop community partners with organizations, community leaders and organizations to promote a healthy community. She works with a variety of organizations to promote community benefits programming. Swedish works every day to improve health through community benefits. Community benefits includes community education programs, charity and uncompensated care, health programs, research and Medicaid benefits. In 2012, Swedish provided \$130,000,000 to support these activities and in 2013 \$142,000,000. Over 2,000,000 were for community building activities. Ms. Williams provided many examples of programs directed to the Squire Park Neighborhood

Comments from Thu Van Nguyen: Ms. Nguyen stated that she was very upset about the current proposal. She also objected to the cards sent to neighbors.

Comments from Mary Pat Dileva: single-family homes, parking, financial impacts.

Comments from Sonia Richter: Ms. Richter urged the CAC to be independent and remain critical of the present proposal. It is too big

7/17/14

Comment from Ken Torp: - Mr. Torp stated that he appreciates the hospitality of Swedish and mentioned why the CAC tries to focus on small issues such as sky bridges, and modulations and is not looking at the big picture, i.e. height, bulk, and scale that is compatible with the residential neighborhood. He stated that it was his opinion that the answer was no. He mentioned that the CAC should tell Swedish and Sabey that this is unacceptable about the adequate transition. They should look at what Children's did to their surrounding neighborhood.

Comment from Troy Myer: - Mr. Myer stated that he was very thankful about the model presented. He stated that he currently sees 16th Avenue as a hostile street, and that the model looks like building a fortress, and he would like to see an opening up on 17th and in the middle of Squire Park to navigate around because the current proposal was so apart in proportion. He also stated that he was thankful of the public comments.

Comment from Kathy Yasi - Ms. Yasi stated that she is a family care provider that lives on 21st and east of Columbia. She stated that she is opposed to the development because of the giant structure, huge lot coverage, inadequate setbacks and issues on traffic, water and light. She mentioned that she walks along with young children and would like to have the traffic speed in the area at a kid's pace. She stated that when employees park their cars on 21st, there were no more adequate parking spaces left. She also stated her concern about the storm water issue that goes down the hill as well as the night time lights that will show on these buildings. She is not against Swedish as an institution, but is concerned about protecting the vitality of the neighborhood.

Comments from Cindy Feeling: Ms. Feeling lives on 19th Avenue and suggested that Swedish should create model. She noted that the model should show both cars and people to scale and additional information concerning setbacks along Jefferson and Cherry Streets. .

Comment from Vicki Schianterelli: - Ms. Schianterelli stated that she is Ms. Feeling's next door neighbor. She noted that in 2010 the neighbors had raised a balloon to 37 feet above the rear lot line of the lots along 19th Avenue. That illustrated the view blockages along that side of the Campus She reminded the Committee that from day one that she asked Swedish to produce a 3-D model. Their response was repeatedly no. She would like to see an architect's version as well and particularly how the slope from Cherry to Jefferson Streets would affect the apparent heights.

Comment from Jerry Matsui: - Mr. Matsui stated his comments might appear familiar. He noted that the DEIS shows the actual traffic impacts that will occur is SMC did everything right and is not necessarily an objective evaluation. He noted that Swedish has not had a good record in following through on commitments. The impacts presented are "best case scenarios". He stated that he and others are not necessarily against the hospital, however that should not give Swedish a blank check. The development places high rise development in the middle of this low rise neighborhood. He stated that the proposal can best be described as intensive. He suggested that greater height be only allowed for hospital development, not Sabey development. He stated that the intention of the process was not to allow for-profit development to benefit from the overlay. He stated that the final plan should be rejected. He again stated that the alternatives proposed by Swedish is unacceptable especially the development of high rise buildings in the middle of a residential neighborhood.

Comment from Merlin Rainwater: Ms. Rainwater stated that she did not live in the immediate neighborhood, and stated that the main reason he attended this meeting was to get information on the Transportation plan and to voice her opinion about Swedish not meeting the goals of the previous transportation plan. He would like to see that the goal of the transportation plan is regularly met.

Comment from Murray Anderson: Mr. Anderson lives on Jefferson for almost 30 years. He stated that he understands the changes that will occur. However when he saw the proposal he was dismayed. He stated that he remains perplexed. On the face of it, this proposal appears to be totally out of scale with the neighborhood. He mentioned that there is need to further justify the size of the buildings. He also stated that it is impossible for Swedish to project 20 years down the road concerning what the neighborhood would look like and he assured that the neighborhood will definitely look different in the next 20 years.

Comments from Lorie Lucky: Ms. Lucky stated that she lives two blocks north of 17th and Cherry and not a near neighbor, but she is part of the Squire Park neighborhood. She stated that she opposes the plan because of the height and bulk is way too high and it seemed like it will create a fortress. She noted that the uses for these building appear unclear. The community was told that this would be the location of a state of the earth heart research center, but at a previous meeting the SEIU representative stated that this function was being moved to First Hill. She stated that she was concerned about the houses on the edge of Jefferson that were remodeled into beautiful Victorian style houses and how it will become of them because of the expansion.

Comments from Greg Harmon: Mr. Harmon lives on 19th and Cherry and stated that the intensity of the buildings is way too much for the neighborhood. While the scale has been reduced somewhat it is still too large. He stated that smaller buildings and separate structure are needed. He stated the need for these buildings to transition better toe Seattle University and that the setbacks are insufficient. He further stated that the traffic impacts appear understated.

Comments from Aleta Van Patten: Ms. Van Patten lives on 15th and Columbia and stated that the model clearly shows the massive scale of the building. She stated that so long as the same number of square feet of dev3eloplment was placed into the neighborhood, that the expansion would bring a lot

of people in the neighborhood which result in more traffic contamination. She mentioned that Swedish should consider accommodation for the neighborhood.

8/14/14

Comments from Claudia Montmayer Ms. Montmayer stated that she appreciates the work that is being done, but in her opinion, she would like to discuss the big picture which is the height, bulk, and scale. The height bulk and scale is not compatible with the neighborhood. She also noted that the minor reductions in total proposed development is not significant, they are nearly the same as what was first proposed. She also stated that it would appear that any discussion of design guidelines should follow agreement on the overall height bulk and sale of development.

Comment from Bob Cooper: Mr. Cooper stated that it was very telling that Mr. Cosentino stated that SMC was working to address the concerns presented by the CAC and DPD, but said nothing about SMC efforts to address the concerns that SMC hears from its neighbors, this audience and the people who live here. There is a consensus among a great many of the neighbors that current proposal is fundamentally incompatible with this neighborhood. Even with the smaller size being presented the changes are not significantly smaller. That consensus is that: 1) a 105 foot maximum height is appropriate, 2) further height reductions below that level should occur along the edges of the campus; 3) that the buildings along 18th are still too big; and 4) that the expansions in heights etc. should only be for the hospital and not Sabey. SMC should make some priority decisions. Not every use that SMC has envisioned for this campus can be accommodated and still strike a balance. He noted that his home, and many others, predate the hospital. The hospital was not here first.

Comment from Ellen Sollod: Ms. Sollod stated that she appreciates Swedish preparing a model. She noted that the proposal is essentially rearranging the deck chairs on the Titanic. It does is reduced one square foot from the 2.75 million square feet included in Alternative 10. It does nothing to provide the transition to the neighborhood. Heights may be more compatible with the interior of the campus but not with the surrounding neighborhood. The 160 ft. buildings will still cast shadows as far north as Marion Street, and the mechanical housing that will be on top of the building is too much. There is still too much height, bulk scale density and intensity being proposed. She noted how she appreciates Swedish needs to expand, but does appreciate Swedish desires to expand in this location. She challenged Swedish to look at expansion elsewhere. She noted that she agrees with Ms. Porter that increased density is unavoidable. But this is for people and housing and not part of the medical/industrial complex. The neighborhood has agreed to greater density. There are more people and housing unit is in the neighborhood. She asked what it would take to have SMC senior staff to move into the neighborhood.

Comment from Claire Lane: Ms. Lane stated that she lives on 16th and Marion. She appreciates there are the concerns regarding height, bulk, scale and setbacks. She stated that is was her opinion that SMC has made few real tradeoffs. The noted her major concerns with traffic, parking and transportation. She stated that there seem to be comprehensive policies suggested to apply to all tenants, but remains skeptical that this will occur. Housing is a huge problem in the neighborhood and there needs to be a plan for housing development for SMC staff. She would like to see more transit planning and the 50% SOV goal is not sufficient to the neighborhood and have the issue of bulk, density, and transit as part of the compromise process. There needs to be more compromise

Comments from Abel Bradshaw: Ms. Bradshaw stated that lives on 19th Avenue and she stated that proposal is not something new, and it is the same square footage. She stated that in her opinion the MIMP should be rejected. She mentioned how the issue of height, bulk and scale are keep coming up because Swedish refuses to negotiate. She agreed that the pollinator pathway is a wonderful idea. However as her house borders that feature she has questions. At the present time she cannot grow much in the shade along this area from the existing buildings. He also noted that this would result in many people walking right behind her home. She stated that she does not look forward to people

walking along the pathway in my backyard. She also stated that the building is going to block out my view of the sky and there has been no mitigation regarding that.

SMC has resisted neighbor's suggestions and public comment now for two years and refused to really negotiate height bulk and scale. It is getting very frustrating.

Comments from Catie Chaplain: Ms. Chaplain lives on 16th Avenue. She stated that she agree with the comments made by Mr. Cooper and Ms. Bradshaw. She noted about the proposal regarding transportation and public amenities. It is ironic that this proposal that appears so out of scale to the neighborhood offers no substantial solution for traffic. There will be more congestion and there should be bigger setbacks discussed in the planning. She stated that the Health Walk proposal could have been a sidewalk, and that day care is a great idea but it is not a true public amenity, and it has nothing to do with the neighborhood. The discussion of encouraging employees to live in the neighborhoods is good, but the discussion that SMC has identified its overall need for SOV use reduction at a mere 109 cars is depressing.

Comment from Chris Genese: Mr. Genese stated that he is from the Washington Community Action Network and that he supported the set of principles and demands that Mr. Cooper provided. Community testimony has been that 105 ft. maximum height is not really close to that. The Wellness and health center are not community benefits and will not compensate the way the neighborhood. Real compensations would be access to affordable health care. SMC should be willing to compromise to 105 feet.

Comment from Cindy Thelen: Ms. Thelen stated that she lives on 19th Avenue. She thanked Dean Patton for listening to neighbors. She stated that the issue of loading and unloading should be addressed and the noise pollution being created by truck deliveries should be limited in a certain timeframe. She noted that if Swedish and Sabey would like to assert themselves as being a good neighbor, they should address the loading dock noise issue. Tonight's proposal still places a 50 foot building directly behind her home. Neighbors have repeatedly rejected the health walk as an amenity. She urged the total rejection of the present proposal.

Comment from Julie Popper: Ms. Popper represents the SEIU Healthcare 1199 Northwest. She stated that the document handed out by Mr. Copper is the right approach. She noted that having daycare and a gym sounds great, but how about providing affordable health benefits to their employees. With regards to transit, she mentioned that Swedish only pays one method of transportation and the rest is supported by tax dollars. She also noted that if Swedish want their employees live closer to their work, they should pay them decently so they can afford living in the neighborhood.

Comment from Vicki Schiantarelli: Ms. Schiantarelli lives on 19th Avenue and stated the proposals do not reflect the scale near her property correctly and provided example from the model. She stated that she was a vice chair of the Committee in 1994 and considerations then was what were amenities versus mitigations that were presented were not met. She mentioned that the primary role of the advisory committee is to work with the major institution and the City to produce a Master plan that meets the intent of the Code. . The Committee comments should focus on identifying and mitigating potential impacts on the surrounding community. She noted that the code states that The Committee may comment on a wide variety of issues including need, but that these elements are not subject to negotiation nor can they be sued to delay final consideration of the plan. Amenities are OK but mitigations are more important. There is insufficient mitigation contained in this proposal.

Comment from Jerry Matsui: Mr. Matsui stated that putting a lipstick and a mascara on a pig will still remain a pig. He noted that the problem was the aerial views that were presented ate intended to make the building looks smaller. They are not and are still gigantic. He noted that presentation are not talking about mitigations and the issues are still bulk, height, and scale, intensity of traffic and pollution and creating this massive mausoleum. Swedish have not met the 50% goal in 20 years and

mitigating the traffic of their employees. Swedish have not accomplished anything in the past three meetings.

Comment from Melissa Flynn: Ms. Flynn stated that she lives behind Providence. Recently encountered an individual pacing back and forth. She asked the individual if she could assist him he declined stating that he was just waiting for his appointment at SMC. He received heart treatment there for years and mentioned that he routinely found free parking for his hour appointment in the Neighborhood. She mentioned that there was a garage closer. He told her that he did not want to pay any parking fee so as he has no problem parking along the neighborhood, he does so.

Comment from Christian Oliver Grant: Mr. Grant lives on 15th Avenue east of Columbia Street and he agrees with the comments made by Dean Paton. Mr. Grant stated that he would like to see some guidelines concerning heights that were found to be acceptable at other similarly placed institutions to serve as a yardstick. He also stated about what is the feasibility of having Swedish and Sabey acquiring more properties and what options has been explored. He stated that he loves Seattle University and if there is an opportunity for Swedish and Seattle University to collaborate regarding health and wellness education amenities along 14th and 15th, he would be encouraged.

Comments from Janet Van Fleet: Ms. Van Fleet lives on 18th Avenue. She stated her concerns about density and traffic. She mentioned that an increase in density will spread all over the place and having a huge institution on the scale of Swedish and Sabey will bring in tremendous amount of traffic that is already been happening along Jefferson and James St. She also said about with this tremendous traffic as well as a population explosion creates terrible air quality. She referenced the cumulative impact of other developments such as Yesler Terrace.

Comment from Sonya Richter: Ms. Richter stated that she lives on 17th Avenue and that the site is simply too small to accommodate the proposed plans. The expansion is too big, tall and bulky on the Jefferson side and little attention has been paid to either the Jefferson or Cherry facades. The north facade needs a great deal more attention. She stated that the central plaza and drive is not good open space.

9/30/14

Comments from Robert Schwartz: Mr. Schwartz stated that he was the Associate Vice President of Facilities for the Seattle University. Seattle University staff met with Swedish Medical Center staff last week and reviewed the model of the current directions. The current proposal appears to address the major concerns that Seattle University raised previously such as building heights, setbacks, massing and articulation, circulation and connectivity and street activation. There has been significant progress on most issued. Building Height : Seattle University was not supportive of the original 200 foot proposal along 16th Avenue. With the significant reduction in building height along this street to an average of about 138 feet, with the greater articulation and setbacks along 15th Avenue, Seattle University's previous concerns about having a massive building looming over the Seattle University Campus are being addressed. There has been significant progress in the direction of building setbacks along 18th which he find is appropriate and is supportive of. There has been significant concessions regarding massing and articulation and believes that it is appropriate in those areas. Mr. Schwartz would like to see more circulation and activity along 15th and agree that the corner is a challenging street. Overall, Mr. Schwartz stated that Swedish and Sabey made significant movement and encouraged the CAC members to review these proposals favorably and move forward with appropriate conditions.

Comments from Julie Popper: Ms. Popper noted that she represents the SEIU Healthcare 1199 northwest. This organizations is the union for nurses and healthcare workers at all Swedish campuses. She referenced her support of the physician's positions that were submitted to the director stating that this is not First Hill and this is not downtown and it does not have the infrastructure of First Hill or downtown to support these transportation proposals. Combining shuttle service to the two campuses

is unrealistic. The Swedish shuttle is full. Shift workers do not get off work on time. The shuttle should be a 24/7, around the clock operation. Solutions to the parking and transportation problems should not demonize employees. The only solution is to provide a quality transit infrastructure, walkable street car options.

Comments from Xachitl Maykovich: Ms. Maykovich stated that she was from the Washington Community Action Network. The impact of traffic to low income communities and colored people are way too great. She stated that the scale of development needs to be addressed to mitigate traffic impacts and that SMC should sit down with the neighbors to come up with real agreements to address their concerns.

Comments from Jack Hansen: Mr. Hansen stated that he was a very skeptical that SMC's proposed TMP efforts would be followed through on. Some innovation is being presented. However, he noted that they had stated that \$300,000 a year a year was allocated to this effort. Given the scope of the problem this is insufficient and not a real commitment. The real issue is the massive expansion to the neighborhood. This is a single-family area with two lane streets. He reminded the CAC that the message from the community has remained consistent since the very beginning that the scope and scale of this project is inappropriate to this neighborhood. He encouraged the CAC to reject the proposed MIMP and send it back to the drawing board and start over. The neighborhood has seen little significant improvement.

Comments from Murrey Anderson: Mr. Anderson stated that at its current 105 ft., development is already too big and too tall for this neighborhood. Greater heights should not be allowed.

Comments from Joy Jacobsen: Ms. Jacobsen stated that this proposal is out of scale and should come down. While there has been progress, the current proposal it is not there yet.

Comments from Abel Bradshaw: Ms. Bradshaw stated that she believed that any apparent progress was an illusion. The first proposal about the complete destruction of every house on the west side of 19th. and having an enormous building to be built on the north side of Cherry brought the neighborhood in tears. She stated that most people sitting in the room understood clearly that alternative 1 is false and pretended that Swedish were all in negotiations and that the only individuals being compromised in this room are the neighbors.

Comments from Troy Myers: Mr. Myers stated that he agreed with the statements made by neighbors and has been consistent that this campus is not First Hill. This neighborhood is not an urban village and does not have the same amount of transit service. The suggestion of having a neighborhood watch and a RPZ amendment sounds good, but he questioned shifting the burden to the neighborhood. The burden should not be on the neighbors. While the live close to work option seem interesting, it is unclear how it might affect employees who no longer work at Swedish, and how will they be subsidized. He noted that Sabey is a vendor and asked if the vendor policies, or SMC policies would apply to them. There will be significant construction that will impact the livability on the neighborhood and having trucks and construction vehicles idling at 7:00 am for a long period of time is detrimental to the people's health and the streets.

Comments from Bob Cooper: Mr. Cooper stated at, and after, the last meeting, members of the Committee were given a survey by Swedish about what they thought about the 3-D model that was presented. The same questions were given to the neighbors who were also asked questions about the health walk, definition of pedestrian scales and provided rating scales.

Fifty four persons responded all from this zip code (98122). Most lived very near the hospital. The same rating system was used. The overwhelming majority had attended the CAC meetings. The neighbors do not appear to care greatly about the amenities and are either neutral and not interested. The Bulk, height, scale and traffic impacts were their major concerns. Respondents were asked state whether they saw progress towards reaching an acceptable bulk, height and scale. Neighbors responded that they saw little or no progress. Mr. Cooper stated that there will be tremendous traffic

that will be generated from these proposals and the Committee should consider what the neighbors want and the neighbors do not care about the amenities because of the little or no progress that was being made to reach any compromise. Neighbors are consistent in their opposition to this proposal.

Mr. Glosecki asked how the neighbors were sought out. Mr. Copper responded through organizing, collecting email addresses, and the comments were solicited on Facebook, and some neighbors identified themselves and some did not. Mr. Cooper stated that he will provide a copy of the survey results to the Committee, and stressed that it is not quite the racial balance of the neighborhood.

Laurel Spellman expressed surprise that the neighbors did not care about amenities and especially the proposed daycare. Mr. Glosecki echoed this comment. Mr. Cooper stated that he was very enthusiastic about having daycare 20 years ago, but it did not come to pass. Mr. Cooper would like to see, when it will be built, certain things are not allowed to happen unless certain goals are met.

Comments from Merlin Rainwater: Ms. Rainwater noted that she is an activist with Seattle Greenways and as such is very interested in an active and effective transportation program. These Transportation efforts should not be limited to meeting the demands of the community, but it should be part of the mission of the institutions. Swedish is a healthcare organization and it should embrace the goal of active transportation and should be an integral part of the institution. She stated that she believes that more patients than one might expect arrive by means other than the private car. She hopes that Swedish encourages transit users in the same way that Swedish encourages their employees using the parking garage and should embrace transit reimbursements for employees. The increase in shuttle services for patients and staff is nice but it does not benefit the rest of the community. She noted that Children's contributes to funding metro routes and suggested that SMC do likewise. Swedish should put more money into transportation improvements that could benefit everybody in the community.

Comments from Cindy Thelen: Ms. Thelen stated that she supports the comments made by her neighbors and mentioned the mistrust that exists between the institution and the neighborhood. This mistrust was reinforced when Alternative 11 was not presented to the public. She stated that she does not want a public rooftop and a garage behind her house that would invade her privacy. She is not excited about the daycare center and she kept saying over and over in these meetings for over a year and a half that the height, bulk, scale, and density are out of scale and far too large.

Comments from Vicki Schiantarelli: Ms. Schiantarelli noted that Sabey has purchased two remaining homeowners out along 18 Avenue and paid 1.5 million apiece. This was a \$3 million dollar investment. It is zoned single family and under the underlying code, a 25 ft. minimum rear-yard setback is required. However the institution initially proposed less, thus the proposed 25 foot setback is not all that impressive. In relationship to what was spent simply purchasing two properties, the transportation investment is not really significant. She showed viewpoint pictures that shows the building and foundation and how the ground level would look different at a 2nd story bedroom window and the only view will be the sky and nothing else. She stated that the amenities are offensive and are not mitigation for this level of development.

Comments from Greg Harmon: Mr. Harmon noted that the proposal started with 3.1 million square feet with that level of development maintained for alternatives 1 through 9. Now in Alternative 10 and 11 total square footage has been 2.7 million square feet. This is not enough of a reduction. He stated that it does not have enough infrastructure space here. The proposed TMP actions are an improvement compared to 20 years of doing nothing. It is difficult to integrate the plan and that the TMP goals need to have more teeth.

Comment from Lori Lucky: Ms. Lucky stated that she agreed with her neighbors that was stated at this meeting. When the meeting started, Mr. Cosentino stated that he had heard neighbors' concerns regarding traffic impact. This is not the primary concern of neighborhoods. The overall bulk, height, and scale of the buildings are the primary concern. Traffic is a close second. Also, she stated about

parking consequences and the termination of employees, and if there is hierarchy involved and will doctors be terminated or it only applies to nurses, CNA's, etc. She stated that she do not like this project and there is no compromise to this kind of project.

Comment form Sonya Richter: Ms. Richter stated that she agrees with her neighbors. She noted that Swedish staff routinely refers to this as a downtown campus. It is not. This is not a negotiation but a power play by a large institution that has money and a neighborhood that does not have money. She stated that this project is too big for this site and the whole transportation plan is difficult to find a solution. She noted that the entire process feels like a power-grab by Swedish.

Comment from unnamed person The commenter stated that this campus is not an urban village and does not have the infrastructure to handle the current plan. She noted that Swedish/Sabey complex should be located in an urban village that has an appropriate transportation such as Rapid Transit. This project puts a lot of pressure to the neighborhood street that would bring gridlock and negatively affect the neighborhood. She encourages the CAC to reconsider the proposal.

Comment from Mary Pat Dileva : Ms. Dileva stated that the comments made by the representative from Seattle University is irrelevant because of its vested interest on the project. She stated that the message by the neighbors that have been attending these meetings for 18 months and all testimony has been consistent. The proposals are too large and neighbors care more about reducing the scope of the proposal than amenities. The simple solution is "do not build this project". She noted that it has nothing to do with the hospital, but the gridlock it will bring to the neighborhood according to the DEIS. She stated that this is for-profit development. WE are not here to help Sabey.

Comment Linda Cabba: Ms. Cabba stated that she is employed at the campus and lives in the neighborhood. She agreed with her neighbors about their frustrations with the lack of movement with this development. She also questioned some of the features transportation plan as it relates to employees. Some employees' start shift as early as 5:00 AM and cannot easily use either public transportation or the proposed shuttles.

10/16/14

Comments from Troy Meyers: Mr. Meyers stated that at the last CAC meeting, he requested a copy of Option 11. That this request was not honored. It's clear that if you look at the Land Use Code, it is impossible provide proper transitions to the neighborhood. The differential between the heights on the Campus and the neighborhood are just too great. There was a lot of discussion about the heights at the last meeting but little about bulk and scale. The current alternative does not resolving the concerns of the neighborhood. This neighborhood is not an urban village and there is an inadequate transportation and infrastructure in place to support this kind of development.

Comments from Joy Jacobsen: Ms. Jacobsen noted that the Land Use Code is all about transitions. The current proposal does not have appropriate transitions. 160 feet is normally considered "high Rise". She encouraged the CAC members to be bold on setbacks and consider further reducing bulk and height to comply with the Land Use Code.

Comments from Aleta Van Patten: Ms. Patten noted that she began commuting along 15th and Jackson Street, made the trip eight times and about 25% of the time, cars were coming out and pulled in front of her and almost hit them. Several years ago, Ms. Van Patten's husband had an accident on 18th, the accident was never reported because they did not have insurance. Safety concerns are very real. Extra traffic lights will not solve the problem. If there is DOT Management Plan for this campus it is not being enforced. She asked for more information on this. Would future enforcement be any more effective that past enforcement.

Comments from Vicki Schianterelli: Ms. Schianterelli noted she has asthma and her concerns regarding traffic and transportation was not just safety but with the increase in the volume of cars, trucks, and buses stalled for a period and the air pollution that would be produced. She would like to

live in her house long-term but now has concerns about the increase in traffic and pollution being projected. That may force her to live outside the city. She noted that she has seen several accidents at 19th and Cherry and 19th and Jefferson. The studies included in the Environmental Impact Statement are not accurate and appear to dramatically undercount these accidents. She noted that she is very worried about the pedestrians.

Comments from Jerry Matsui: Mr. Matsui noted that the TMP is inadequate and incompetent. Swedish has not achieved its SOV rate goal in 25 years. He is very skeptical that Swedish will ever achieve its current or future goals. He noted that Ms. Porter brought the issue about safety. He agreed with that concern. Mr. Matsui noted that he lives on 19th Avenue. Cars routinely speed along this two-block section. He noted that school buses also use that street. Neighbors have demanded a that traffic light signal be installed; but apparently the only way the City will do so is after enough serious accidents happen, SDOT should remove all the parking and that traffic engineers need to get out of their desk and go out on the field and look at the reality.

Comments from Ken Torp: Mr. Torp noted that he has a letter to the DON, DPD and CAC that relates to height on 15th street and the low rise residential neighborhood. Swedish should be required to comply with the 1994 Major Institution overlay that specify the maximum height of 65 ft. Seattle University has done that on the other side of the street and he see no reason to grant Swedish more height that Seattle University. Transportation impacts are driven in large part by the maximum projected square feet of new development. This drives level of service, parking demand, etc. The currently proposed 2.75 million square feet cannot be reasonably accommodated in this low-rise residential neighborhood. He suggested reduction of total square footage to a level that can accommodated in the neighborhood.

Comments from Ellen Sollod: Ms. Sollod noted that thus far the CAC has been discussing height and has not talked more about bulk or scale. Scale is pulling back and taking a holistic view of the entire thing that make sense. 37 feet on 18th Avenue is preferable to the proposed 45 feet. The current proposed bulks do not provide an adequate transition to the neighborhood. The building volumes should be broken up into smaller volumes and one continuous building in the 18th Avenue half-block should be avoided. The current proposal for the 15 Avenue block is not appropriate. Retaining a building on 15th that is 150 feet in height. is moving in a wrong direction. Having a representative from Seattle University as a voting member of CAC is a conflict of interest. Finally, she noted that the ITB is all well and good and should have at least a representative from the union in the board, otherwise, their plan will be difficult to achieve.

Comments from Cynthia Andrews Ms. Andrews noted that she used to be on the CAC at the very beginning of this process. She stated that she appreciated the need to discuss height, bulk and scale, but there are other issues that should be addressed concerning services for the community and especially to our aging population. She noted that as an aging advocate, the facility is serving them and she does not want to lose sight of the value of those services.

Comments from Marlin Rainwater Ms. Rainwater noted that the presentation talked about increase in supply which meant capacity of the streets and making cars move more efficiently, but she noted that there are other big components to make the streets work and this is support for additional transit. She mentioned that Children's invested and paid for additional transit for their facility. She strongly urged to consider contributing to the transit capacity. She also noted that the whole TMP is geared towards accommodating a whole lot of people, but need to think about safety capacity for people who walk, bike, arrive in transit, people with walkers, wheelchairs because these will increase.

Comment from Jack Hansen Mr. Hansen stated that he was encouraged that the CAC members appear to be raising serious concerns. All of these concerns come down to one fundamental problem - expansion of this size is inconsistent to the character of the neighborhood and overstresses its infrastructure. He noted that he has experience with needs forecasting and that the information contained in Appendix G of the plan is insufficient and does not adequately document a need for the

level of new development proposed. More information on this issue is needed. He encouraged the CAC to recommend a complete rejection of the current MIMP and send it back Swedish for a total re-do.

Comment from Lori Lucky: Ms. Lucky stated that she was glad to bring out safety and traffic flow. She noted that in the last five years, she has been commuting down from Providence and looking at the loading dock has been a serious problem. She mentioned that on the diagram that was presented that there will be three loading docks in the new building. 18th Avenue already feels dangerous. She is very concern now and the future about large trucks that will be parked on the middle of the street that will be in one lane where they could not see pedestrians, bicycles and cars on the street.

Comment from Greg Harmon: Mr. Harmon stated that the total square feet of development needs to come down and that a more acceptable transition to the neighborhood needs to be developed and emphasized. Mr. Harmon felt that adding more care trips to the neighborhood does not feel safe and that the neighborhood is not an urban village.

11/20/14

Comments from Jack Hansen: Mr. Hansen thanked the members of the CAC for their continued service. Mr. Hansen stated that the new Alternative 12 is still completely out of character with the surrounding neighborhood. He also commented that Swedish/Providence has not demonstrate a need for an institutional expansion under the MIMP; and the Appendix G on the draft MIMP does not show genuine evidence of a need for a 2.75 million sq. ft. of space.

Comments from Tom Wasserman: Mr. Wasserman stated that the reason the process has dragged on, and the neighborhood remained so opposed, is because of the involvement of Sabey Corporation. Mr. Wassermann purchased his home in 1992 knowing that the Sisters of Providence stood across the street. Shortly thereafter the Sisters of Providence choose to sell much of their properties to Sabey. Now they claim that they need more space. Sabey envisions a downtown style medical office complex that includes retail space, not hospital space. Sabey's plans are more commercial and this is a major difference between this process and others. This is completely wrong for this neighborhood and the City of Seattle. The expansion should be limited to hospital use only.

Comments from Jerry Matsui: Mr. Matsui read a letter from Olivette Taylor. (Letter included in record of correspondence). Mr. Matsui noted that Ms. Olivette was very critical and dissatisfied and did not support the expansion of Swedish due to the problems it will create in the neighborhood. Mr. Matsui provided a copy of the letter to Mr. Sheppard and Ms. Porter for reference.

Comments from Ellen Sollod: Ms. Sollod noted various letters she had send to the CAC describing the precedent set by the Office of the Hearing Examiner regarding Children's Hospital. Ms. Sollod also mentioned a letter she sent to Ms. Haines, Mr. Sheppard and members of the CAC that addressed relative to the design guidelines and the relationship to the Children's guidelines; that Alternative 12 is just more like a lipstick on the pig and it does not improve the surroundings, and it is still the same 2.75 million sq. ft. This amount of development is just simply too great and the cause of most disagreements here.

Comments from Mary Pat Deliva: Ms. Deliva stated that there is still not enough parking in the neighborhood and it is still a disaster should this expansion go forward.

Comments from Sonya Richter: Ms. Richter stated that she continues to have concerns about the mitigation that is happening on 18th. However, while much attention has been paid to that edge of campus there has been less attention to other edges. She noted that she lives on 17th Avenue north of the Campus. Huge buildings are proposed and the CAC needs to pay much more attention to that edge of the Campus.. She also presented an article describing how a huge development with large buildings bring forth a nuisance to neighborhood.

Comments from Cindy Thelen: Ms. Thelen thanked the CAC for their service and acknowledged that this is a big project for the CAC members to take on. She stated that in her opinion, alternative 12 is just a shell game; moving the height from one part of the campus to another. A 150 ft. building on 15th Avenue is outrageous. She noted that the City's comprehensive area for major growth – Urban Villages. Squire Park is not identified as an urban village and it is not set-up as an employer. She also noted that the traffic diagram that was presented showed the pedestrian routes along Cherry and Jefferson Streets, but there was no north/south routes shown. She also stated that both setbacks and transitions are not being adequately addressed and the neighborhood asked for separate buildings and not for the movement in height and the neighborhood also asked for lower heights on 15th avenue.

Comments from Greg Harmon: Mr. Harmon thanked the CAC member for their continued efforts. He noted that neither alternatives 11 and 12 resolve problems with the lack of adequate transitions to for the surrounding low rise single family community. Height, bulk, and scale are still too great and setback insufficient. He also noted that Squire Park is not identified as an urban village.

Comments from Lori Lucky: Ms. Lucky agreed with Ms. Sollod's comments that the square footage at 2.75 million is inappropriate. She also noted that the neighborhood will have to accommodate 2,000 plus cars and people that will be showing up.

Comments from Aleeta Van Petten: Ms. Van Petten stated that after months of testimony, consensus has not been achieved. She noted that the success of this expansion can only be achieved if the vitality and livability of the neighborhood is protected. She described this process as David versus Goliath, where Swedish and Sabey is Goliath and the neighborhood as David. She encouraged the CAC members to take action, make an ethical choice and try to be objective and do the right thing. She noted that this expansion would ruin the neighborhood and asked that Swedish and Sabey expand elsewhere where they can thrive. She also commented that her testimony be entered in the public record.

12/18/14

Comments from Murray Anderson: Mr. Anderson noted that the original proposal that was presented by the CAC included boundary expansions across both Jefferson and Cherry. Have these been formally abandoned? Are other parts of the neighborhood being proposed for up-rezoning? If that any such proposal should be abandoned

Comments from Ken Torp: Mr. Torp thanked the CAC members for their hard work. Looking at the height on 15th Avenue, and across from Seattle University; its MIO is 65 ft. The City determined that this was reasonable for this location. There is no reason why the Swedish MIMP should be higher than 70 ft. when across the street; there is a reasonable transition by the City at 65 ft. He urged the CAC to be sensitive to the viability and livability of the surrounding residential neighborhood and the precedence that was established by the City as a reasonable transition.

Comment from Aleta Van Patten: Ms. Van Patten noted that her comments are the same as at previous meetings. If Swedish wants to bring more hospital bed to the campus, that might be acceptable, but if Sabey wants to build office buildings those can go elsewhere. Most hospital care does not need such a large amount of office buildings; doctors do not need instant access to hospitals. The plan is too big, and will generate too much for traffic. This development must be compatible with the adjacent Seattle University campus heights. Don't let corporate powers bully the neighbors and permanently damage the neighborhood.

Comment from Ellen Sollod: Ms. Sollod submitted written testimony. She referenced diagrams concerning the larger issues. This proposal would result in a 160 foot height wall along the north and west margins of the neighborhood. With this, Swedish does not demonstrated care for the neighborhood. Alternative 12 still contains far too much square footage. The CAC and the City should assure that the SMC proposal conforms to the Land Use City Code including transition requirements, encouragement of decentralization and accommodation of a balance between the needs of the

neighborhood and Swedish. The only solution is to lower the square footage. Providence health Care is one of the largest providers in the nation. If Swedish's needs cannot be met at this campus then location at other nearby locations (decentralization) should be considered.

Comments from Bob Cooper: Mr. Cooper noted that he has sent a lengthy comment. The overall plan submitted by Swedish to the CAC is deficient and should be rejected entirely. It is fundamentally incompatible with the surrounding neighborhood. The increase in traffic will degrade the neighborhood and that is the fundamental problem. This campus is not located in an urban village; it does not fit to the neighborhood. Sabey's own legal team has argued for this point in other venues. There are many uses that should be located elsewhere. He noted computer farms as an example. This is a monolith that raises in the middle of a low-rise neighborhood. Swedish lacks consideration. The institution does not understand the neighborhood; and the neighborhood has not asked for several amenities and would urge the Committee to reject the plan in its entirety.

Comments from Lori Lucky: Ms. Lucky noted that access to the FEIS has been difficult. The plan remains incompatible with the neighborhood; there is a huge shadow in the northwest corner and Swedish is not very transparent concerning what will be in these buildings. She noted that there have been program changes and that Swedish has been less than forthcoming with this information.

Comment from Troy Myers Mr. Myers stated that he is embarrassed that after a half dozen iterations, the same issues keeps coming up. The proposals are completely out of scope and out of scale. This area is not in an urban village. Swedish appears to justify this development based upon its business model. In the past this was a community-serving facility, but has grown into a megalith. The Central area will not be able to absorb the traffic. The CAC should deny and turn down the proposal. There had been issues on transparency, and the information are corrupt and the public could not access the information. He urged that the plan be rejected.

Comments from Sonja Richter: Ms. Sonja stated that she hopes the CAC members would think about the height, bulk and the tall buildings in the schematic and keep in mind how huge these buildings will be in the middle of the neighborhood compared to other buildings.

Comments from Abel Bradshaw: Mr. Bradshaw stated that the proposals are out of scale and the representatives from both Swedish and Sabey do not care about the neighborhood at all. The proposals are not mitigating the height of the hospital in the neighborhood and are unacceptable. The CAC should reject the proposal.

Comment from Cindy Thelen -Ms. Thelen thanked all the CAC members for their work. She seconded what Mr. Myers presented, and support the testimonies of her neighbors. There will be severe impacts from the proposed development on 18th Avenue. A 37 ft. building height and not one long building. The job the CAC is to consider the vitality of the neighborhood and you should question the impacts of heights on this neighborhood.

1/8/15

Comments from Ken Torp: Mr. Torp noted that he had written a letter avocation that the Committee reject the MIMP on its entirety and that this is a legitimate position for the Committee to take when confronted with a proposal that is fundamentally inconsistent with its surrounding residential neighborhood. He noted that the FEIS is damning in that it identifies significant unavoidable adverse impacts. He noted numerous issues regarding transportation, immitigable adverse impacts such as safety crossings, speed, etc. He asked the CAC to look at the issues very closely. The Committee should be representing the community. He noted that some neighbors on the Committee often vote against neighborhood interests and asked why. The transportation impacts can't be mitigated unless the total amount to square feet of new development is reduced.

Comments from Ellen Sollod: Ms. Sollod reiterated the comments of Mr. Torp. She noted that there is a direct correlation between total square footage of proposed development and various impacts.. She noted that this is a low-rise neighborhood. Congestion elsewhere is often driven by commercial development. This neighborhood is not similar to those areas. Instead, it is more similar to the area around Children's Hospital. In that case, the amount of new development was less than here and that should be the starting point in this neighborhood. She also noted that the proposed setbacks are inappropriate and inadequate and the only way it can be mitigated is to increase the ground level setbacks very significantly.

Comments from Bob Cooper: Mr. Cooper commented that he endorsed the comments of the previous speakers. He mentioned that setbacks are nearly zero at the parking garage at 15th and Jefferson. That was a tradeoff to keep the height down. He also said that this is not "theater". The neighborhood is serious about the EIS and the MIMP. He is baffled that many on the CAC appear to be favoring the institution's plans. The CAC should very seriously consider a total rejection of this proposal. In addition the EIS needs seriously reconsidered. Some sections are not supported by facts. He also stated that some members have apparent conflicts of interest.

He noted that there were errors in the documents that he would provide in a separate letter. In addition, urged the CAC to reject the plan outright. He also noted that much of the language concerning possible conditions and amenities is very soft and unenforceable. Promises and conditions need to be enforceable.

Comments from Jack Hanson: Mr. Hanson stated that appreciated the efforts and the ongoing service of the CAC and thanked the neighbors for hours spent reviewing these documents. The requests in the MIMP would allow Swedish to expand to double its size. This is out of size and scale compared to the culture of the community. This enormous facility expansion is not needed and is driven by the desire to capture market share rather than meeting immediate health care needs. Finally, the CAC is obligated to review the need for the proposed development and the MIMP process is to evaluate the appropriateness of the growth of the institution and public benefit. The process is intended to evaluate the need and balance need against the livability of the neighborhood. With all these reasons, Mr. Henson urged the CAC to reject the Swedish/Providence MIMP and to send it back to them so they can propose a plan that is appropriate to the community.

Comments from Joy Burkholder: Ms. Burkholder spoke on behalf of the SEIU. By failing to address the need of the expansion, the CAC is not fully meeting its charge. There is no way to address the issue of balance without fully evaluating the issues of need and public benefit. The Hearing Examiner stated that the CAC fully examined the issue of need related to the Children's Hospital process so there is precedent for this. The Code was intended to apply to the major institutions and not for profit development partners. The certificate of need for beds is not the same as an allowance to expand the medical office uses. When Swedish sold to Sabey it undermined any argument for expansions. Swedish should first re-purchase the land it sold to Sabey and re-purpose it back to its intended non-profit use. The sale to Sabey set a dangerous precedent. Her organization calls on the CAC to convene a meeting to discuss the need issue including evaluation by separate experts.

Comments from Xochitl Maykaich: Ms. Maykaich stated that she was representing the Washington Committee Action Network and read the portion of the Seattle Municipal Code, which states that the CAC may discuss and comment mission of the institution, the need for the expansion, public benefits and the way in which the proposed development will serve the public purpose mission of the institution. The MIMP has to be a balance between the institution and the needs of the community. Swedish has not demonstrated a need given its sale of land to Sabey. Swedish also places its users into crushing medical dept. Instead of putting resources into an expansion that they do not need, Swedish should direct those funds to reducing patients' medical debt.

Comments from Murray Anderson: Mr. Anderson stated that he looked at a program about a similar sized project that involved 2.6 million sq. ft. proposal. That project is the Trump Tower. After a

year and a half, the message of the neighborhoods has been consistent; the size of the proposal is inappropriate to this neighborhood. He mentioned after a year later; the whole process is still in negotiations. He said that why is the CAC still negotiating as they have listened to all of the comments that the plan being proposed is out of character for this neighborhood and should be rejected. 2.6 million square feet is 60 acres.

Comments from Abel Bradshaw: Ms. Bradshaw stated that the neighbors have been saying the same thing for two years. The meetings are depressing given the consistent proposals from Swedish that are inappropriate to this neighborhood. It is clearly inappropriate having this sized development proposed for this neighborhood.

Comments from Mary Pat Dileva: Ms. Dileva endorsed the previous comments and asked the CAC to listen to her. She said that this project is inappropriate for this community and needs to be rejected.

Comments from Janet Van Fleet : Ms. Van Fleet stated that doubling the size of campus has adverse impacts on parking, traffic and the surrounding lights. She echoed the complaints that the proposed plan is out of scale in this type of residential neighborhood. She also mentioned that it is CAC's responsibility to consider the needs of the hospital and not Sabey. The CAC should reject the MIMP.

Comments from Greg Harmon. Mr. Harmon pointed out that the CAC should not approve Alternative 12 as it stands. It severely impacts the neighborhood. The process is supposed to seek balance and this proposal does not achieve that balance. The institution and its development partner are receiving a great deal without providing mitigation or public benefit. The setbacks need a great deal of work. The setbacks need to provide better transition. Along 15 there should be an 80 foot setback above 65 feet with minimum 15 foot street level setbacks along the other campus perimeters. .

1/15/15

he would like to see consideration of having an independent external auditor to look at the whether conditions are met as part of the annual design compliance report.

Comments from Vicky Schianterelli: Ms Schianterelli noted that other institutions use ratios closer to 60% patients and 40% employees when calculating the amount of parking provided. Here the ratio is 80% employees. This calls into questions how much of this campus is actually devoted to patient care. This campus should be oriented to patient care, not other uses.

Comments from Ken Torp: Mr. Torp commented that his relationship with Swedish is not always adversarial. What has been presented from DPD is from the dark side. There was nothing in the draft report about height, bulk, scale and it has been consistent testimonies from the neighbors about balancing the needs of the institution and the neighborhood. The CAC has the responsibility to respond and to comment to this report. He asked that the CAC stand up for the neighbors, for the Squire Park Community Council, for the SEIU, etc. He noted that his major issue is not the detailed mitigation but the bulk, height and scale. The CAC should not get lost in the details of the Traffic Management Plan and that this plan is still too big.

Comments from Jerry Matsui: Mr. Matsui agreed with Mr. Torp's comments. Two years has been devoted to discussing this issues, and the plan is now at the point where it should have started. Negotiations should have started with this proposal and then been negotiated won farther. We have wasted two years. This feels too familiar; promises are made and not kept and the neighborhood is not respected. The institution has not mitigated anything in the plan or reduced possible adverse impacts. The projected use of the campus is not focused on hospital use but medical office and related services.

Comments from Ellen Sollod: Ms. Sollod stated that Ms. Haines's DPD presentation is unacceptable. This report lays the groundwork for appeal to the Hearing Examiner. The Hearing Examiner and the City ensures that the process is authentic and meaningful, and not a sham. The recommendation presented from DPD does not reflect the CAC recommendations nor the neighborhood's. It is insulting.

There appears to be no intention to balance the needs and vitality of the neighborhood. DPD has gone toward the institution. It essentially grants the institution everything it wants and ignores both the neighborhood and CAC. The CAC should not to give up. The CAC's recommendations are independent and can stand alone. The Hearing Examiner should pay attention to the CAC. The DPD's recommendations are unresponsive. The CAC should declare the DPD report to be inadequate and unresponsive.

Comments from Xochitl Maykovich: Ms. Maykovich stated that she was with Washington Can and that she would focus on the results of the Squire Park Community Council meeting on this process. One of the discussion is about community benefits. Swedish has failed in this area regarding charity care. Swedish should do some racial and equity impact studies due to the expansion that concerns height, bulk, and scale. She mentioned that Swedish should meet their obligation to equally serve the community and consider their needs throughout this expansion process.

Comments from Murray Anderson: Mr. Anderson agreed with all of the previous comments. He agree that enforcement mechanisms are lacking. Swedish is going to get a pass. There is nothing written that states "you shall" or "you must". The CAC must put forth a strong recommendation to reflect what the neighborhood is saying all along. Also, he mentioned about hearing the sound of construction and demolition traffic, and is discouraged about how this will be the future of his neighborhood.

1/19/15

Comments from Troy Meyer: Mr. Meyer mentioned he wanted to make the Committee to be aware Sabey/Swedish is attempting to harass the neighborhood, and requested to a meeting with Sabey/Swedish/Providence in order to iron out any disagreements regarding this expansion and its impacts to the neighborhood.

Comments from Ellen Sollod: Ms. Sollod stated the setback discussion is very disturbing. It is no laughing matter. She provided photos of Sabey developments elsewhere. She stated she opposes a two-story skybridge. She also described how Swedish/Sabey/Providence requested certain exceptions to the square footage is very out of scale from the neighborhood. Setbacks should be greatly increased. Along 15th Avenue an upper-level setback of 80 feet above a certain level should be considered.

Comments from Larry Knopp: Mr. Knopp the only time he had spoken about this issue was about a year and a half ago and has been asking the same questions. What is the compelling rationale for the proposed shape of the MIO boundary. No answers were ever given regarding this. He had similar concerns regarding heights and setbacks. He questioned the recommendations from the Director's draft report and would like to find more information regarding the rationale for the proposed MIMP and how it benefits the larger community in report..

Comments from Murray Anderson: Mr. Anderson expressed his frustration about the whole process. The Committee does not seem to listen to the neighborhood. All he hears is what Swedish wants and how to make them happy. Who is making the neighborhood happy? Neighbors have consistently stated their opposition to this proposal;. The CAC seems to ignore these comments. The Committee needs to acknowledge this opposition to the height, scale and setbacks. Without doing so the Committee is failing to fulfill its purpose.

Comments from Vicki Schiantarelli: Ms. Schiantarelli noted in the recent past the Hearing Examiner had overturned Sabey's proposal for development along 18th Avenue. Sabey then proceeded to file appeals with the superior court and listed some of the neighbors who had opposed them as parties to this appeal. This was disconcerting to neighbors.

The Transportation Management Plan and creates hostile relationship among the neighborhood. She mentioned how Swedish/Sabey talked about patient parking ratio and questioned why about 85% is devoted to employees and non-patient care. This calls into question the use of the MIO for hospital

use. She informed the Committee she finds it very difficult to get on to Cherry during rush hour. Backed ups occur all the way to 23rd Avenue and she has had to use alternate routes. The situation is bad now. It will only get worse with this proposal.

Comments from Colleen Pike: Ms. Pike stated she is from Seattle University and Seattle University's supports the Swedish proposals with some specific conditions. Ms. Pike mentioned Seattle University would ask for proper mitigation on future developments and its adverse impacts as well as the design and noise impacts among the residents of the campus. Ms. Pike also commented the University recognizes building heights around campus and concerns regarding traffic impacts and safety around campus.

2/12/15

Comments of Ross Tillman – Mr. Tillman stated that he would discuss the nature of successful Transportation Management Plans. He stated that the first requirement is that the plan be endorsed and fully embraced by the senior management of the institution from the CEO down. It is also important that there be aggressive goals. There should be full-time staff devoted to this effort by the institution.

He noted that the Cherry Hill Campus should be able to compete well with other nearby institutions. Most are at 40% or less SOV use. Not all are well served by transit so that Cherry Hill should be able to meet more rigorous goals. A long-range goal to match other similar institutions would seem justified.

Good data and frequent re-evaluation is critical. In-house surveys that go beyond the minimum required by codes are critical. As part of those process efforts to engage employees to determine, what would actually get them out of SOV's is critical.

Comments of Ken Torp – Mr. Torp stated that neighbors had requested that there be additional information provided from Swedish regarding their needs. No information has been provided and that should be done immediately. He also noted that he had asked that the CAC request commitments from Swedish that any computer servers will serve only the medial needs of the institution and be located underground. He also asked that the CAC report clearly state that they do not agree with DCD's endorsement of the Swedish Proposal. He presented a letter from the 12th Avenue Stewards ejecting to the present plan Virginia Mason is already achieving an SOV goal of 29% and Swedish goal needs to be much lower than presently proposed.

Comments of Greg Harmon – Mr. Harmon noted that the setbacks are important as transitions to the neighborhood. He urged the Committee to further break-up the 18th Avenue Half-block.

Comments of Julie Popper – Ms. Popper stated that she and her neighbors have asked for more information on needs calculation. None has been provided at this point.

2/26/15

Comments of Murray Anderson - Mr. Anderson stated that the heights initially presented were unrealistic. No one expected them to be implemented. He urged the CAC to continue to work to reach a compromise. He also noted that the community has consistently requested information that has not been provided. This includes: 1) detail on needs calculations; and 2) What is housed in James Tower that is specifically Swedish versus other agencies. Swedish should be considering recapturing some of this leased space. He noted that the neighborhood has consistently asked for less total development. Traffic is also a major concern that needs to be dealt with. Neighbors need to feel comfortable and safe in the area. Greater Traffic compromises this.

Comments of Ken Torp – Mr Torp expressed concerns about Sabey. He formally requested that Swedish Medical center provide information that identifies what percent of the proposed expansion is attributed to Sabey Development. He stated that he was not sure that the Land Use Code anticipated this situation where a private for-profit developer received major benefit from the Code. In addition he

stated that there be a reconsideration of the setbacks. The CAC has reduced setbacks in some locations.

Comments of Ellen Sollod – Ms. Sollod requested that the CAC revisit its setback recommendations for 15th Avenue. She briefly went over the CAC's recommendation and stated that that was worse. She suggested a 30 foot setback at 30 feet Thus creating a podium. This is being done elsewhere. She also asked that the Committee reconsider all zero foot setbacks. These are not acceptable. She also noted that Design guidelines should be both aspirational and measurable. Design guidelines should include the concept of design excellence and address sustainability in this era of climate change\ We should be looking for the best examples.

Xochitl Maykovich – Ms. Maykovich noted that she was from WashingtonCan and stated that the Committee may review and comment on mission of the institution the need for the expansion, public benefits, and the way the proposal will serve the public purpose mission of the major institutions. Swedish has failed to provide access to affordable health care. The Swedish response to public benefit goals is all fluff. There is one brief meeting of charity care. However many community members are in crushing medical debt even though Swedish/Providence is required to provide charity care. Swedish has not made the availability of Charity care well known to its patients. She stated that Swedish needs to do a much better job of this. The plan addresses height, bulk and scale issues extensively but gives little attention to humans' services issues. She asked that Swedish sit down with WashingtonCan to address these concerns.

Comments of Troy Meyers – Mr. Meyers stated that while he does not consider the Cherry Hill Campus to be part of Downtown, still there was a recent survey by the Downtown Seattle Association that indicated that the SOV use rate for that area was 31.1%. In addition, Virginia Mason has done a good job meeting their goals in their transportation management Plan. Their 2011 update and updated to 2013 indicated that their rates now only 23%. It unreasonable that Swedish start at a 23% rate. Still, the 50% rate seems high and a more aggressive approach needs to be taken. He suggested that occupancy be tied to meeting reasonable goals. Transportation and congestion are major issued that arise from neighbors. He further stated that the partnership with Sabey argued against giving extra benefit. The benefits given through the major institutions process should accrue to the hospital and not to private for-profit companies.

Comments of Jack Hason – Mr. Hanson thanked the Committee for its efforts. He noted that he and his neighbors remain concerned with the size of the expansions. They continue to be skeptical that an expansion of this size is justified by needs calculations., He and the Community have asked Swedish for information concerning how these calculations were developed. We believe that this information must really be available. The summary information both in the final plan and presented in January 2014 in its presentation by its consultant to the CAC is insufficient. For example there is no discussion of matters such as what population growth forecasts were actually used, what inpatient and outpatient mixes were anticipated, or how benchmarks for timing growth were determine and why these were chosen rather than others. This type of information is necessary to understand the rationale for this expansion. The CAC should be able to review it. He stated that he reiterated his previous formal request for this information. If this information does not exist he requested that Swedish simply state that. Otherwise, this information should be forwarded to the Committee. He provided a letter to this effect.

Comments of Joy Jacobsen – Ms. Jacobson asked that the CAC re-visit its setback decisions and sections be provided to the Committee that show the setbacks in proper scale relationship to adjacent development.

3/5/15

Comments of Chris Genese – Mr. Genese stated that he was with WashingtonCan and that they have repeatedly asked that more attention be paid to the public benefit provided by Swedish/Providence. It

is his organization's position that the public benefits provided do not justify the level of development proposed. Human development goals 4 and 4.5 call on the institution to invest in education. There are public schools in the area that receive no support from Swedish/Providence. He noted that he had polled parents of children at these schools and that they understandably supported increase investment by Swedish/Providence. He urged the CAC to reject the Master Plan for many reason until it adequately addresses the needs of the community and invests in our children.

Comments of Jack Hanson – Mr. Hanson stated that in addition to being a resident of Squire Park. He stated that for the last 12 years he has worked as a health care industry analyst in Washington State and Illinois. In that capacity he has worked with facility planning, health care resource allocation, and hospital bed need forecasts. He noted many appointments within this stated to deal with these issues including developing the stated health care forecast methodology. He noted that he has expertise in health care needs forecast. Providence/Swedish has failed to provide adequate information to justify an expansion at the level identified. Information provided to date may demonstrate Swedish desires but not actual need for growth over the next twenty-five years. He stated that he has reviewed all of the information provided to the Committee, in the plan and in the consultant report. That information is meager and incomplete. It is insufficient. He and may neighborhood have requested additional information, but the corporation has failed to provide that information.

He noted that he had no competing projection as he lacks access to proprietary corporation information. The burden of proof should be with Providence/Swedish and not with the neighborhood. He urged the Committee to keep in mind that the institution has not provided the information requested.

He noted the University of Washington is the facility that handles the most complicated Neuro cases. It is expanding and could accommodate much of the growth projected at Sherry Hill. He also questioned the selection of start points for the data presented by the institution tonight.

Comments of Aleeta Van Petten – M.s Van Petten stated the she agreed with the comments of Mr. Hanson. She noted that she had expertise in medical services too. The data presented is both incomplete and inadequate. The calculations of beds to the square feet per bed presented only account for a little over 1,000,000 square feet, not the 3,000,000 requested. She offered the opinion that the need does not exist for this expansion.

Comments of Jerome Mueller – Mr. Mueller stated that he has opposed this MIMP from the start. This is a very nice neighborhood. This proposal will create long shadows over the neighborhood.

Comments of Abil Bradshaw – Ms. Bradshaw stated that neighbors continue to see a major impact. She asked the Committee to see that there are thousands beyond the immediate area who will be negatively impacted by this proposal. Traffic impacts will be major and the neighbors will have address this. There are many people that are not aware of this. She asked if Swedish/Sabey can break ground on their first building as they are now, and have been for decades, out of compliance with the TMP goals.

Comments of Murray Anderson – Mr. Anderson stated that he appreciates the difficulty of projecting far into the futures. However, the Committee's job is to find balance between what is reasonable in the neighborhood versus what Swedish sees as their needs. It may be that not all projected uses can be accommodated on this campus. Some uses may need to go elsewhere. It will be up to Swedish to determine what uses might have to be relocated elsewhere.

He noted that there have been some good discussion of the transportation issues. However 40% of 5,000 trips might be greater than say 50% 4000 trips. He also noted that cut through traffic remains a problem.

Comments of Karen Wasserman – Ms. Wassermann stated that she appreciated many of the comments and questions raised. She suggested that greater attention be given to parking on the 18th

Avenue half-block (Editor's Note: Ms. Wasserman's was very soft spoken and her comments were difficult to capture.)

Comments of Cindy Thelen – Ms. Thelen stated that the purpose of the MIMP was to balance the expansion of the neighborhood with the preservation of the neighborhood. It is clear that this proposal does not “preserve the Neighborhood. She supported previous comments and the position of the Squire Park Community Council.

Sabey owns much of the land on the campus. The objective is balance with the major institution and not a private developer. She noted that minutes have been delayed.

Comments of Bill Zosel – Mr. Zosel stated that the groups on campus that are participating on the Integrated Transportation Board are all working in a good direction. However, the Committee is looking at the future and that goals need to be aggressive. The institution should not get credit for being less well served by transit than some other agencies.

3/12/15

Comments of Murray Anderson - - Mr. Anderson stated that parking is peripheral to traffic. He asked for clarification concerning who did and did not qualify for parking and what the pricing structure would be. He noted that it is the gross number of trips and not the percentage. You need to establish goals that actually reduce the number of trips. Seattle manages traffic by creating congestion. Streets are being reduced in lanes. This is not being proposed for 23rd Avenue. Where will this traffic go to. He noted that he sees signs all over campus and that they are credited to Sabey not Swedish Medical Center.

3/18/15

Comments of Ken Torp – Mr. Torp noted that this is his third request for information concerning the percent of increase in the proposed square footage that is attributable to Sabey Corporation. This information has not been provided. Concerning setbacks along 15th, there is no reason why the setbacks on the Swedish side of that street should be different than along the Seattle University side. The issue of canopies is a bit of a Trojan horse and a distraction from the real issue.

Comments of Jack Hanson - Mr. Hanson endorsed ten foot minimum ground-level setbacks along all peripheral streets.

Comments of Murray Anderson – Mr. Anderson also endorsed the 10 foot setbacks. He also noted that when the street-level setback is increased, the upper-level setbacks should be increased proportionately.

Comments of Ellen Sollod – Ms. Sollod reminded the Committee that Swedish is proposing a two story skybridge. The City discourages skybridges. The rationale for the two story skybridge is to separate staff and patients from visitors. However there is no such separation elsewhere in the hospital. She endorsed the greater setbacks for section KK as proposed by Dylan. The rationale for canopies seems weak outside of downtown. 15th Avenue is a boundary and not internal to the institution and it should have similar setbacks to other peripheral streets.

Comments of Abil Bradshaw – Ms. Bradshaw expressed continued opposition to the single building along the 18th Avenue half block.

Comments of Troy Meyers – Mr. Meyers endorsed the minimum ten foot setbacks along the peripheral Streets. He stated opposition to the inclusion of a skybridge.

Comments of Claire Lane - Ms. Lane stated that the street-level setbacks are important. The challenge is both transparency and safety. There are many opportunities to work with this and achieve street activation. There is a need to engage the street and interact with the neighborhood.

3/17/15

Comments of Jack Hanson - Mr. Hanson stated that one of the considerations that is in the back of the CAC members minds is whether the institution can achieve its space and bed needs. He cautioned against this. He stated that he has reviewed all of the needs information that Swedish has provided and that the evidence is not sufficient to justify what is being requested.

Comments of Robert Schwartz - Mr. Schwartz read a pre-prepared statement. He stated that he was representing Seattle University and that he wanted to take this opportunity to emphasize Seattle University's previous comments to the CAC and urge the CAC to adopt the DPD recommendations and its previous comments for their final report. We will not review the technical comments contained in our prior memos, however, we would like to review our general comments for consideration as follows:

1. MIO Building Heights: Seattle University recognizes that lower building heights should be maintained near residential borders and in return is willing to accept the higher building heights proposed near the Seattle University's MIO boundary along 15th Avenue.

a. We note that the draft DPD report reduces the current approved development rights for the half-block along 18th Avenue. The current zoning allows for a MIO 37. The draft report recommends MIO 37 conditioned down to 15 feet in locations with a 25 foot setback along the rear property line.

b. Seattle University supports the conditioning down and setbacks along 18th

Avenue as a way to balance impact of the height increases along 15th.

2. Traffic Mitigation: We are concerned about potential traffic impacts as the campus grows. Mitigating the impact of changing traffic patterns on adjacent institutions and residences is of critical importance.

3. Pedestrian Safety: Seattle University supports the proposed pedestrian safety improvements.

Seattle University understands that the MIMP process is designed to balance the needs of institutions with the needs of neighborhoods. Having completed our own MIMP process in the last two years, we can appreciate the difficulty of achieving a reasonable balance. The DPD draft report as conditioned represents a reasonable balance. We would urge the Citizens Advisory Committee to adopt this balanced approach in drafting their report.

Comments of Allea Van Petten - Ms. Van Petten stated that Swedish has not justified its need for space. It is trying to capture added market share. They may want this development but do not need it. A smaller volume of development is needed.

Comments of Joy Jacobson - Ms. Jacobson stated that she supported the greater setbacks being proposed at this meeting. She noted that the 66 foot right-of-way is not extraordinary.

Comments of Sonja Richter - Ms. Richter noted that the process is reaching its end and that it appears that the Committee is working hard to meeting the asserted needs of the Swedish. But the project is still too big. She urged the Committee to further reduce the size and provided written comments for the record.

Comments of Murray Anderson - Mr. Anderson stated that this has been an overly arduous and adversarial process. First there has been a lack of good faith on the part of Swedish in doggedly insisting that they get everything that they want, second the community has been consistent in their assertion that the development is simply too massive, and third that the Committee has been bogged down in details and sometime misses the overall problem. The CAC's job is not to accommodate Swedish but to achieve a balance. How much is reasonable. When you quibble about details the default position seems to be to give Swedish what they want. There seems to be little acknowledgement of the neighborhood position. When you allow 100 plus foot buildings you cannot avoid a canyon effect. He endorsed greater setbacks.

Comments of Ken Torp - Mr. Torp stated that he was providing his forth letter requestion specific data on meeds. The letters have asked multiplert imes for information concerning how much of the space within the MIO is either owned or leased by Sabey Corporation. The issue is wheterh or not the partnership between Swedish and Sabey meets either the spirit or letter of the land use code. Thisis the fourth time that thishas bee requested and asked that the Committee insist this be done. There has been no transparency regarding documentin the needs proposed. He noted that the MIMP authorizes no new beds. On 15th Avenue the adjacent MIO in Seattle Univeriosty is MIO 65 with a twenty foot setback. Swedish proposals are out of propostion and that there should be at least a 15 foot setback at that location and height at 65 feet.

Comments of Bill Zosel - Mr Zosel stated that the setbacks at the Swedish Fisrt Hill campus are greater around the peripheral street abutting that campus. The setbacks being discussed at this location are consdiderably less than elsewhere.

4/2/15

Comments of Greg Harmon – Mr. Harmon thanked the Committee for its long service. Non-the-less this proposal should be rejected in total. The proposal is not an adequate compromise between positons.

Comment of Troy Meyers – Mr. Myers provided the Committee with a copy of his appeal and other information .

Comments of Abil Bradshaw – Ms. Bradshaw noted that this was her last opportunity to present her positions. She noted that she often appears angry at these meetings, but is not typically and angry person. This proposal is the cause of this anger. She stated that there needed to be more discussion of issues other than height bulk and scale. Particularly, underground garages should not be included in the 18th Avenue half-block. She noted that others in her block have the same position.

Comments of Cindy Thelen – Ms. Thelen asked for more information of the Hearing Examiner Hearing. A brief re-iteration of information presented earlier occurred.

Comments of Jerry Matsui – Mr. Matsui noted that he had lived in the neighborhood since 1946. He expressed dissatisfaction with the conduct of the Committee. He noted that members knew what their roles were but have not discharged this .duty in terms of mitigating the impacts of this institution. He faulted both the Committee and the City Agencies. Too many were pre-disposed to favor the institution and ignored the neighborhood. He noted that the City has race and social justice goals and expressed the position that this was not taken into account for this proposal. There needed to be more neighbors from the 19th Avenue area and who were more aligned with the neighborhood positons.

Comments of Vicky Schianterelli – Ms. Schianterelli noted that this is one of the few CAC's that has been unable to reach a consensus with its neighbors and the institution. This is also the only institution in the City where the majority of the land within the MIO is not owned by the institution. The majority of land in the MIO is owned by Sabey. Fifty seven percent of this campus is owned by Sabey. The intent of the Code was to allow owners of land within an MIO to remain. It was never anticipated that the institution would sell-off their land with the increased development authority under the Major Institutions Code. But this is what occurred here. The Code needs to be changes.

Part B - RECEIVED BY LETTER OR E-MAIL

Introductory Statements

The following are substantive letters and e-mails received. Often they are amplifications of comments made at the various Community Advisory Committee meetings. Font size has been reduced to condense the comments. Comments that were related to meeting dates and formats are not included.

Public participation and comment on this process was overwhelming. Many people commented
Comments were received in a wide variety of formats and conversion for reproduction often resulted in major formatting difficulties. These have been dealt with to the extent possible but some still remain.
In some cases commenters provided a variety of versions of the same or very similar, comments.
Where the comets appeared to be early versions that were latter revise , the latter are included here.
Comments are in approximate chronological order.

Comments

To the Citizen's Advisory Committee:

Sent: Monday, February 18, 2013 9:30 PM

To: Steve Sheppard

Cc: Ken Torp; Ann Schuessler; Mary Pat DiLeva; Nic & Blair Fillingham; John Oliver Perry; Bill Zosel; Daniel Milhalyo

Subject: Swedish/Sabey MIMP proposal

I do not have the name or contact information for the chair of the Swedish/Sabey CAC. Please forward this email to him and to all of the members of the committee. I will be out of town on Thursday, Feb 21 and will be unable to attend the meeting to make a public comment.

I have just become aware of the proposal through the Central District News.

I am deeply alarmed by both schemes. The "dispersal" concept extends the institution too deeply into this single family and low-rise residential neighborhood. The "concentrated" scheme requests street vacations that will undermine the street grid. Both schemes request substantial height increases far in excess of current height allowances and at a scale inappropriate to the surrounding neighborhood. Neither scheme articulates a public benefit package that mitigates this substantial neighborhood impact.

I am also very concerned about the proposed increase in structured parking, more than doubling overall parking capacity. While I appreciate the attempt to encourage staff, patients and visitors to park on campus rather than in the neighborhood, I believe we should be encouraging carpooling and increased use of public transportation over increased single occupancy vehicles. The substantial parking capacity, without proper incentives, will not necessarily result in reduced street parking in the neighborhood, putting an increased burden on local residents.

Further, I am disturbed by the entire Swedish MIMP process as Sabey, a private developer, is working under the guise of a nonprofit institution to achieve great advantages that would not be available to it as a commercial developer. This abrogation of the entire philosophy of the MIMP process is especially disturbing. If it does not violate the letter of the law, it certainly violates the spirit and intention of allowing NONPROFIT educational and health care facilities to circumvent the underlying zoning because these nonprofits appreciably provide some benefit to the city. Sabey operating as Swedish is benefiting Sabey's bottom line.

The MIMP process and implementation post MIMP is troubling for the surrounding neighborhood since the institution is exempt from design review for buildings resulting from this process. The vagueness that is allowed in the MIMP about the institution's intended uses for the buildings and the lack of specificity in the MIMP other than height, bulk and scale, gives the neighborhood no true indication of the true nature or aesthetic quality of future development. While the CAC may include design guidelines in the MIMP, it is difficult for the CAC to anticipate the level of detailed design guidelines necessary. This makes the surrounding neighborhood vulnerable to the consequences of poor urban design and mediocre architecture since neither the Design Review Board nor the Seattle Design Commission are in a position to hold the developer to a standard for quality architecture, urban design or public benefit mitigation. What assurances can Swedish provide that these issues will be adequately addressed during buildout?

Finally, I am requesting, by way of this email, to receive a list of the CAC membership, including their professional affiliations, any formal or informal associations with Swedish or Sabey, and an indication of which members are residents and/or property owners of the Cherry Hill neighborhood.

Thank you.

Ellen Sollod

Resident, business owner and property owner



February 21, 2013

SMC Cherry Hill Citizen Advisory Committee
c/o Steve Sheppard
700 5th Avenue
PO Box 94649
Seattle WA 98104-1863

re: Swedish Medical Center Concept Plan
Cherry Hill Campus

Please consider this letter comments that I ask to be included in the formal record of the MIMP process.

For a process billed as "public participation," what I have seen so far of the Major Institution Master Plan process for Swedish Medical Center – Cherry Hill is, at best, window dressing. Receiving a detailed, 33 page document less than 30 hours before the advisory committee meeting, with the agenda suggesting that committee comment could come at the meeting this week, seems to be an attempt to prevent rather than encourage thoughtful public participation in the Major Institution Master Plan process.

This document seems to have been prepared beginning long before the last committee meeting with concepts thought through without committee or community input.

From the portions of the document that I have been able to review, I have found several factual error and misleading statements.

Beginning on page 2 (4th page of the PDF), the document states that the prior plan allowed "development of up to 564,000 square feet of net new construction." Not entirely true. The plan allowed specific projects in specific locations under the prior version of the MIMP code. The square footage was not movable under the plan except through the amendment process.

There were no "development rights" for square footage that "remained at the expiration" of the prior MIMP. There were specific projects that Swedish / Sabey had no interest in building.

The narrative on page 4 (6th page of the PDF) mentions the renovation of James Tower in 2003, but omits that this was done in violation of the previous MIMP because there was no standing committee to comment as required by law. The city allowed this to go forward anyway (although complaints led to forming a new advisory committee).

www.evergreenpublic.com info@evergreenpublic.com Phone: 206-568-0471

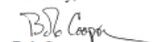
A passage on page 7 talks about expansion of Medicaid. That is not assured, although my work includes efforts to make that reality. IF Medicaid is expanded under the Affordable Care Act in Washington, it requires adoption of legislation that has not yet occurred.

And the committee should be aware that three candidates that city staff rated highly and recommended for membership of the committee – candidates that were rejected by Swedish / Sabey – live within the potential expansion boundaries shown in figure 7. (I was one of those candidates.)

It is my hope that, in the future, documents can be shared with both the committee and the community with substantially more notice so comments can be more informed than what can be provided in the time frame allowed for this meeting. In fact, you might want to consider an amendment to the bylaws to require distribution of documents a week or 10 days in advance of meetings so both committee members and community members can give them deeper consideration.

Thank you for the opportunity to comment.

Sincerely,


Bob Cooper

2/22/13

Dear Steve,

Thank you for putting me on the email list. I do have few comments about last night's meeting. Please remind the presenters to treat the neighborhood with respect. Marcia's presentation was a disaster. She wasted our time with antidotal stories that were not relevant to the problem. Some folks survived Swedish's advanced medical care. Great! That does not give them the right to expand into our neighborhood. We are educated, busy people and expect to be treated as such.

Of course, people will need time to vent, but I also expect your presenters will be better prepared next month. I felt like Swedish doesn't know what the traffic and parking problems are now; how can they plan for the future? Where did they get their future square footage needs? It seems to be pulled from thin air. Are they even ready to begin this process?

Given Sabey/Swedish's past behavior, I don't have a lot of trust. They are only going through this because they were spanked by a hearings officer in 2010. I would like to see them reach out to the neighborhood to resolve some of the current problems with parking and traffic. Until that happens, color me skeptical.

In the interest of full disclosure, I spent 25 years working in operating rooms, and dealing with hospital administrators as an anesthesiologist. I also live in the middle of the "North Block Opportunities" area. Both Alternate 2, and Alternate 3 will have a major negative effect on me and my neighbors.

Kenneth Stangland, MD

Comments on EIS Scoping for Swedish Medical Center – Cherry Hill Campus

Submitted by Bob Cooper – March 2013

I regret that I am unable to participate in the EIS Scoping meeting due to my work that takes me out of town regularly during the first quarter of the year. In the alternative, I am submitting my comments and a bit of historical background in writing.

I was the vice-chair of the Swedish Medical Center Cherry Hill Major Institution Master Plan Standing Advisory Committee from the time it was re-formed in 2005 until it was dissolved following the filing of the application that has commenced the current MIMP process. During that time I learned a great deal about both the history of the institution and the history of its relationship with the neighborhood. (I am happy to make myself available and provide whatever information I can as the process moves forward).

I moved into my home (100 feet south of East Jefferson St.) in 1987 as the Jefferson Tower was being constructed. As such, I was and am well aware that I live near a hospital. However, I am also aware that there was a previous attempt by the previous owners of the property – the Sisters of Providence – to expand to the south and east. That proposed expansion was constrained by the previous Major Institution Master Plan, and mitigated by the building of low income housing along the west side of 19th Avenue.

The now-expired MIMP stated: "In an effort to contain development within its major institution boundary, Providence has turned back to the community 13 residential parcels at prices substantially below market value. Most recently, four lots on 19th Avenue were sold far below market value to the Central Area Public Development Authority for construction of low income housing. The last remaining parcel outside Providence's major institution boundary (Providence Regina House) was sold in September 1991."

There is no explanation in the previous plan or ordinance further elucidating on why these sales were made, but conversations with Squire Park Community Council Members and 19th Avenue neighbors over the last several years lead to the conclusion that this was a negotiated settlement to mitigate impact on the residential neighborhood.

Comments on EIS Scoping for Swedish Medical Center – Cherry Hill Campus

Submitted by Bob Cooper – March 2013

As you consider the scoping of the Environmental Impact Statement (EIS) in the process to consider a Major Institution Master Plan (MIMP) for Swedish Medical Center – Cherry Hill Campus, please include consideration of the short history related above; the background, accuracy of predictions, and other elements of the now-expired MIMP; and the following:

Background and Objectives

The applicant is, apparently, Swedish Medical Center (SMC), but the process so far has included their development partner, Sabey Corp. This is not a partnership that is contemplated in the code.

Their joint interests and objectives are apparently to expand the footprint of the institution beyond the natural boundaries now constraining it to the north, west, and south, under the Major Institution Master Plan ordinance of the City of Seattle. While the ordinance would apparently only cover SMC, hopefully the EIS can and will cover their joint and several work.

The long, drawn-out process of formally forming the Advisory Committee included staff recommendations that three near-neighbor homeowners in what is now proposed as expansion area for the MIMP footprint were top recommendations for membership. The only interested party in the expansion area represented with committee membership is an investor-owner of a multi-family building. As such, I ask that the EIS scope include a survey of all of those owners and residents in and adjacent to the proposed expansion area so that their interests are fully represented.

Existing Situation

Currently, the SMC / Sabey partnership occupies land constrained by East Jefferson Street on the south, 15th Avenue on the west, East Cherry Street on the north, and the middle of the block between 18th and 19th avenues on the east. 16th and 18th are currently regular streets used by vehicles and pedestrians.

Sabey Corp. also owns several properties adjacent to the periphery of the formal campus – something that SMC is prohibited from owning under the terms of the former MIMP.

The former MIMP recognized that vehicles would likely park on neighborhood streets. As such, it prompted creation of the city's second Residential Parking Zone (RPZ) and required SMC to pay for the residents' permits. The EIS process should include serious consideration of continuing this mitigation strategy.

Cherry and Jefferson are major arterials and should form a natural constraint for the campus. The western border abuts Seattle University's MIMP, seeming to prevent expansion to the west. And the eastern border prevents major encroachment into a single-family neighborhood. The former MIMP recognized the half-block east of 18th as a natural transition to the single-family neighborhood.

The Sabey/SMC partnership has, since at least 2005, regularly ignored and/or failed to comply with laws and regulations governing the current MIMP property, including, but not limited to:

- Building/renovating James Tower without a standing advisory committee to provide formal comment required by law, and encouraging attendees to its grand opening to park in the residential neighborhood in violation of its transportation management plan;

Comments on EIS Scoping for Swedish Medical Center – Cherry Hill Campus

Submitted by Bob Cooper – March 2013

- Consistent failure to submit the annual compliance report for its required Transportation Management Plan under the Commute Trip Reduction Act, and failure to take steps necessary to comply with the TMP goals; and
- Application for continued use of its sky bridge between the hospital and Sabey's parking garage across 16th Avenue (approved by the city council in apparent violation of city ordinances due to lack of a current MIMP).

Proposal and Alternatives

The concept plan dated Feb. 7, 2013, shows proposed expansion into the residential neighborhoods:

- south of East Jefferson Street,
- east from the current eastern boundary to mid-street on 19th ave., and
- north of East Cherry Street

The concept plan also identifies a "1994 Approved MIMP Envelope" even though no such "envelope" has ever existed. The 1994 plan approved specific projects in specific locations under the then-existing ordinance. The EIS should not consider the "un-used square footage" referred to in the scoping document, as none existed.

The plan also speculates on the need for future growth. However, that need is speculative, and should be evaluated more scientifically as part of the assessment of need. It references the Affordable Care Act, the effects of which are purely speculative at this point. And current trends actually show a slowdown in hospital building both locally and around the country (See the attached March 1, 2013, article from the Puget Sound Business Journal).

The MIMP process is rooted in a trade off height, bulk and scale in order to prevent spread of institutions into the surrounding neighborhoods – especially residential neighborhoods. As such, the EIS should recognize and fully consider concentrating growth upward within

Comments on EIS Scoping for Swedish Medical Center – Cherry Hill Campus

Submitted by Bob Cooper – March 2013

the current boundaries and into higher density as a viable alternative to encroachment into the single-family neighborhoods to the east and south. This should be a preferred alternative, even if it would require replacement of current buildings that may be inadequate. This alternative would be reasonable to meet the partnership's objectives because it would align with the concept of constraint in the MIMP ordinance and minimize negative impacts on the adjacent middle and lower income residential neighborhoods.

Environmental Impacts

A hospital is a 24 hour / day, 7 day / week enterprise – an overriding fact that needs to be factored into the EIS analysis of the operational impacts of the proposed expansion.

Expansion of the MIMP footprint would adversely affect the surrounding properties in a number of ways. Mixing the medical / commercial nature of the SMC/Sabey partnership with residential properties immediately across residential avenues would likely:

- Endanger the safety of residents from increased traffic on already clogged residential streets;
- Increase foot traffic, adversely affecting the privacy of the residential neighborhood if the footprint is expanded beyond its current boundaries;
- Increase pedestrian traffic across major arterials, creating additional safety hazards;
- Increase bulk in the expansion areas, blocking natural sunlight to adjacent residential properties;
- Increased impervious surface , area adversely affecting runoff and increasing non-point source pollution;
- further encroach into the residential neighborhoods, likely:
 - devaluing the residential properties; and
 - promoting the creep of additional expansion, to the further detriment of the residential character of the surrounding residential area (something Swedish would likely be constrained from doing but Sabey would be free to pursue).

Comments on EIS Scoping for Swedish Medical Center – Cherry Hill Campus

Submitted by Bob Cooper – March 2013

As many of the above points illustrate, the proposed expansion area is very much at odds with the small-scale, residential nature of the blocks into which it is proposed to expand the MIMP footprint. The drastic change would likely negatively change the nature of both 16th and 18th Avenues south of Jefferson, as well as the east side of 19th avenue between Cherry and Jefferson, which should be considered throughout the EIS process.

There is also the probability of groundwater under the block bounded by East Cherry street, East Jefferson street, 18th and 19th Avenues. This should be fully analyzed to assure any change in the groundwater patterns do not adversely affect the stability of the soils both immediately adjacent to the campus and as far as necessary to make sure it does not adversely affect other properties further out.

The concept plan talks about the facility having “reached its capacity.” However, any environmental analysis should not consider the SMC/Sabey partnership at the Cherry Hill Campus in isolation. The environmental impacts of SMC’s needs and development options should be assessed across its multiple campuses and facilities, and its business partnership with Providence Health Systems should be included in the analysis.

There needs to be a full analysis of transportation – both vehicular and pedestrian – to, from and through the site, including:

- impacts on traffic flow if proposals in the concept plan to vacate streets were to be implemented;
- impacts on pedestrian traffic if the concept plan to vacate streets were to be implemented (I currently walk my dog regularly on both 16th and 18th);
- impacts of traffic on the surrounding residential neighborhoods;
- adequacy of public transportation to and from the site – with incorporation of data from Metro’s long-term transit development plans;
- historical compliance with the Commute Trip Reduction Act and the existing Transportation Management Plan; and

Comments on EIS Scoping for Swedish Medical Center – Cherry Hill Campus

Submitted by Bob Cooper – March 2013

- hazards, noise, exhaust and particulate pollution potential from placing facilities into residential neighborhoods.

Noise and light pollution needs to be assessed – both the potential during the construction phase, and the potential for ongoing noise pollution in the operational phase (noise has been an ongoing problem since the partnership was formed between SMC and Sabey – mostly from Sabey operation of the buildings they purchased from SMC).

Finally, natural light and shading must also be addressed across all alternatives, and the analysis should – at a minimum – include the impacts in this area in each of the four seasons.

Thank you for the opportunity to comment in this process, and I am available to assist in the EIS analysis should you so desire.

Submitted by:
Bob Cooper
349 – 16th Ave
Seattle, WA

3/1/13

To Steve Sheppard and et al:

I question the validity of the Swedish Medical Center Citizen's Advisory Committee. The reason I question the validity is because nobody on the Citizen's Advisory Committee lives on 19th Avenue, between E. Cherry and E. Jefferson, nor do they own property in the area that will be directly impacted by the Master Plan. It appears that our city officials allowed Swedish/Sabey to handpick the committee. Most of the members are architects, developers, companies involved in healthcare. These are people with "special interest" who can benefit from the master plan. From the 12 member committee there are only 2- 3 people on the committee who are not architects, real estate developers and people with medical interests. And of these 2-3 people- none live on 19th between E. Cherry and E. Jefferson and one actually works for Swedish. NONE will be directly impacted by the Master Plan. I feel the city has slighted the community by allowing Swedish/Sabey to handpick the Advisory Committee to favor their interest . I feel this is a sham citizen advisory committee which allows Swedish/Sabey to manufacture an artificial citizen's consensus.

I live directly behind the Swedish's parking lot on 19th Avenue and nobody informed me of the last couple meetings. This is how much the Advisory Committee cares about the community members directly impacted by the master plan. I object to the social economic inequality of this advisory board.

Also, I object to having a 4,500 parking stall facility directly behind my house. Swedish already has a parking facility on 16th Avenue, which always looks half empty. I believe the reason it looks half empty most of the time is because Swedish/Sabey charges too much for parking. This causes their employees to constantly take breaks to drive around our block every two hours! I see this constantly and I've heard Swedish employees complain about the high cost of parking. This currently brings too much traffic and air pollution on 19th Avenue. I would like our street to have parking for our friends & family. 19th avenue is a bike route and there are many students and families walking to school, to the Boys & Girls Club, to DSHS, and to the neighborhood park across the street from the master plan. My main concern is for the health and safety of our community who has to contend with all the extra vehicles racing around the block and who has to breathe the car exhaust. According to the New York Times, Research Health, Exhaust from cars and trucks exacerbates asthma, and causes other respiratory illnesses and heart problems resulting in death. It found "evidence of causal relationship" between pollution from vehicles and impaired lung function and accelerated hardening of arteries.

Those of you who are involved in the planning should consider the community needs and compare your street with our street. My bedroom window is facing the master plan. How would you like car exhaust coming into your bedroom? How would you like a 9 story building taking up the whole block overshadowing your backyard? How would you like the sun being blocked from your garden? How would you like to hear the noise and have bright lights shining into your windows at night? How would you like your privacy invaded? How would you like to risk the health of yourself and your children?

This parking garage will only benefit Swedish/Sabey and their hand selected special interest group, because it will drum up business at the expense of the community. The City will benefit because the city will generate revenue- from people who refuse to pay for the parking stalls. A 4,500 parking garage doesn't benefit our community at all. Our community needs jobs, not more cars and pollution.

3/3/13

Dear Mr. Sheppard, City of Seattle Department of Neighborhoods, and Cherry Hill Campus Citizens Advisory Committee,

As a 19th Avenue homeowner I am opposed to extending the boundaries and heights of Swedish's Cherry Hill campus.

The following cause me concern:

- Deterioration of residential communities immediately surrounding the hospital.
- Boundary expansions into residential spaces between 18th & 19th Aves.
- Boundary expansions into residential areas between 16th & 18th Aves south of Jefferson.
- Height expansions on residential borders in the immediate (and above-mentioned) areas.
- General height expansions, which will impose on sightlines and sunshine for residents in all directions.
- Street vacations on 16th & 18th Avenues.
- Vacation of houses on 19th, 18th & 16th Aves during the construction schedule and the safety impact thereof.
- Safety impact of temporary residences, medical-support buildings and/or outpatient treatment buildings interspersed in residential areas.
- The likely deconstruction and/or sightline-obstruction of the historical landmark Providence Hospital building and bell tower.
- The proposal that fourfold expansion of 18th Ave structural plans (and tenfold expansion of parking plans) specified by the previous MIMP be considered a minor amendment to that agreement. The proposed 18th Ave structure should be considered a major amendment.
- Lack of consideration of impact on public transit and parking.
- The implicit or explicit blaming of local residents for future care deficits.
- The acquisitions of local properties at 525 19th & 553 19th by the 17th & James LLC. The potential bullying of area residents to sell their property.
- Sabey real estate and investment corporation's usage of Swedish's non-profit status to circumvent city zoning and aesthetics reviews.

Please consider my concerns and include my objections in your record of public commentary on these proposals.

Thank you,

Kevin Keeker

March 12, 2013

Ms. Najwa Alshiekh

Citizens Advisory Committee for Swedish Medical Center C/O Steve Sheppard

Dept. of Neighborhoods P.O.
Box 94649

Seattle, WA 98124-4649

Dear Ms. Alshiekh:

We are neighbors of the Swedish Medical Center and Sabey Corporation campus in the Central District and make the following requests of the Citizens Advisory Committee as it goes forwards in the process of developing the Swedish Medical Center Major Institution Master Plan (MIMP).

Purpose of Major Institution Master Plan

The purpose of the MIMP provisions of the Seattle Land Use Code is stated in SMC 23.69.002 A. through

M. In brief, the Code expects that the Major Institutions' Master Plans will be designed to "balance the institution's ability to change with the "need to protect the livability and vitality of adjacent neighborhoods."

The Land Use Code allows hospitals and universities to establish uses and develop buildings that are incompatible with the uses and development standards of the residential neighborhoods in which they exist. Because of the value of these institutions to society at large this is appropriate. However, the Land Use Code also intends that the CAC, and ultimately the City Council, exercise extraordinary vigilance and care in limiting the impact of the institutions on neighborhoods.

Your committee already has received a professional presentation of the perceived need of Swedish Medical Center to expand to a size that appears to be as much as three times its current size when measured by number of employees. As the process continues you will continue to receive information and presentations from paid consultants on behalf of Swedish and Sabey. We ask that you give equal consideration to the need to protect the livability and vitality of adjacent neighborhoods.

Future expansion of Major Institution Overlay Boundaries

The concept plan presented by Swedish indicates the possibility of boundary expansions. The Land Use Code strongly disfavors boundary expansions. The purpose of the Land Use Code, according to SMC

23.69.002 C., includes the "(encouraging) the concentration of Major Institution development on existing campuses, or alternatively, the decentralization of such uses to locations more than two

thousand five hundred (2,500) feet from campus boundaries; ^{/1} and E. "(discouraging) the expansion of established major institution boundaries."

While boundary expansion is disfavored, of course it's possible for an institution to demonstrate a compelling need that will justify expansion. This, we believe is more than a showing that the institution expects a future demand for increased services. The issue is whether or not there is a compelling need to expand boundaries.

In the case of the Swedish Medical Center MIMP, an important factor in the issue of its need to expand is the fact that approximately half of its existing campus is occupied by tenants of the Sabey Corporation. Simply, an issue to be resolved is this: To what extent can the needs of the institution, Swedish, be satisfied by expanding its uses within the current boundaries including, but not limited to, space that is presently occupied by Sabey and its tenants and transferees (Lab Corp, Northwest Kidney Center may be the largest ones).

Environmental Impact Statement

The scope of the Environmental Impact Statement (EIS) is very important. The EIS is supposed to be the investigation into alternatives that presents in an unbiased manner options for future development.

Since the consultant that prepares the EIS will be paid by the institution and future employment by the consultant depends on the opinion of other institutions about the consultant's work, there is a natural tendency for the EIS to be less than unbiased. We ask the CAC and the Department of Planning and Development to be especially vigilant in demanding a complete and unbiased EIS.

The scope of the EIS should include an unbiased examination of development alternatives that include Swedish Medical Center occupying in the future on-campus space that at present is occupied by other users, such as the Northwest Kidney Center, LabCorp, and other parties secured by the Sabey Corporation.

The scope of the EIS should include an unbiased examination of the impact of boundary expansion, including the impact of boundary expansions with and without specific plans for development. For example, one of the conceptual proposals presented by the institution contemplates boundary expansion to the east to include 19th Avenue. This does not mean the institution will ever develop in that location. Impacts on the livability of that area will exist because of the uncertainty of future uses — single family residential, or much more intense institutional uses. This impact should be considered along with the impacts that go along with actual development.

Transportation Management Plan

We are glad to read that one of the guiding principals of the proposed MIMP is to "reduce car dependence and promote transportation choices." On the other hand, it is concerning that the concept suggests a tripling of the parking spaces on campus. We are asking the CAC to request that the City of Seattle provide the Committee the services of a transportation planner who will answer questions on behalf of and be answerable to the CAC and DPD.

The DPD Director's Rule 10-2012 sets forth a lengthy list of strategies that can be used to reduce dependence on cars and promote transportation choices. Some of those strategies are contrary to the financial interest of the institution's owners. As just one example, DPD recommends the consideration of unbundling parking from building leases as a tool. This strategy might be a particularly effective tool in the case of Swedish/Sabey, but in order for it to work it must be part of the early decision-making regarding the size of future parking garages. A transportation expert whose role is to act on behalf of the CAC and who can expand the information and analysis beyond that provided by the Swedish/Sabey transportation expert can be of great importance to furthering the public's interest.

While the MIMP and the future Transportation Management Plan will not be completed for a couple of years, we also ask the CAC to be aware of the current transportation management plan for the institution. While Swedish Medical Center has put in place many strategies to encourage public transportation uses, as required in the 1992 MIMP for Providence Medical Center, it has never attained the requirement of reducing its Single Occupancy Vehicle commute rate to something less than 50%.

The Sabey Corporation, even though it acquired half of the institution campus ten years ago, has, until quite recently, resisted reporting to the City its efforts, if any, to reduce SOV commuter traffic.

We ask the CAC to urge Swedish, Sabey, and DPD to adopt new strategies that reduce SOV traffic by commuters to the campus vicinity. We are especially interested in strategies that increase the public transportation options for all residents and visitors to the neighborhood.

Street Vacations

The proposed MIMP suggests the possibility of future vacation of 16th Avenue and 18th Avenue. This could have a significant impact on neighborhood connectivity as well as on the traffic volumes on other neighborhood streets.

17¹ Avenue is, of course, already vacated between Cherry and Jefferson.

Permeability of the campus and integrating the campus with the neighborhood are important goals which could be adversely affected by additional street vacations.

Designated Historic Buildings

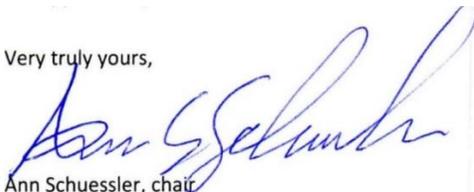
Another specific purpose of the Land Use Code provisions regarding MIMPs is to "encourage the preservation, restoration and reuse of designated historic buildings." The Swedish Providence campus includes the landmark-designated Carmack House on E. Jefferson as well as the original Providence Hospital and steam plant and chimney. We ask that the CAC give special attention to see that these historic resources are preserved.

Development Standards

One of the unfortunate elements of the Land Use Code is that, while developments with smaller impacts are appropriately expected to participate in the City's Design Review process, major institutions are not. We believe that it's possible for the vitality of Swedish Medical Center and the neighborhood to be enhanced while the medical center grows. Development standards for future buildings are very important in this regard. We realize that you will spend a good part of your time over the next couple of years working on development standards and they will be of great interest to all of us in the neighborhood.

Thanks very much for taking on the demanding job of representing the neighborhood in this process. We appreciate your effort and look forward to future conversations with you.

Very truly yours,



Ann Schuessler, chair

For the 12th Avenue Stewards

Aleeta Van Petten

March 31, 2013

Dear Ms. Haines,

I object strenuously to both proposals advanced by Swedish Hospital for its' new major institution master plan on Cherry Hill.

After reviewing the plans, I see only disadvantages to me as a property owner and resident of the neighborhood. The disadvantages that I see are increased shadowing, blocked views, increased traffic, increased noise, increased pollution, increased parking difficulties, not only during the day, but during the evening, increased impermeable surfaces and subsequent water runoff and increased unsightliness of my neighborhood. I see no improvement, only worsening of the neighborhood esthetics. If the city values walk able and bicycle friendly neighborhoods, I see nothing in this plan to indicate that Swedish is considering either of these points.

If Seattle is attempting to create more pedestrian friendly neighborhoods and direct traffic out of the downtown core, it does not make sense to allow a development project such as this, which would only draw more traffic into Seattle neighborhoods to be allowed to advance.

I do not see that the Swedish plan attempts to benefit or blend with the neighborhood as it currently exists or is being used. The height and setbacks described are in jarring contrast to the surrounding structures. I see an obvious lack of willingness to develop a plan to provide an attractive and livable space as part of the project.

I believe that this plan with its' excessive height and minimal setbacks will undoubtedly lead to a decrease in property values and invite landowners to neglect the surrounding properties leading only to neighborhood blight.

There is a project along Columbia Street called the Pollinator Pathway which has received support from the city. The purpose of this project is to reverse the trend of urban wastelands by protecting beneficial pollinators and other wildlife and providing them with habitat in which to thrive. I see nothing in the Swedish project to promote this. All I see is barren infrastructure.

I also ask, does the Swedish plan incorporate green buildings? If the city hopes to reduce its carbon footprint, how can it allow a project of this scope to proceed without incorporating green planning.

If existing homes are removed as part of this plan, how will the existing (relatively) affordable housing be replaced?

I believe that Swedish is already over built and poorly planned. If it were not, they would not need or be asking for an expansion of their campus. The only reason I see for this expansion is corporate greed and profit at the expense of the environment and the citizens in this neighborhood who should not have to bear the financial, environmental or emotional expense.

Sincerely,

Alita Van Patten

April 2013

hi Steve, I can't attend the meeting tonight but wanted to voice concerns about traffic and my hope that a vigorous traffic study will be part of the EIS.

I spoke to SDOT a few weeks back, and 14th Ave southbound is closed PERMANENTLY at Yesler for the street car. This is already significantly impacting traffic trying to go south out of the neighborhood. The backup on 12th ave southbound in the afternoon hours stretches from yesler all the way back up to Jefferson. I'm very concerned that adding thousands of more cars AND vacating two streets (or even one, frankly) will have a significant negative impact on traffic in our neighborhood. Not only will it be harder to visit neighbors to the south if the streets are vacated, but leaving the neighborhood will become more difficult for residents AND the small side streets will be negatively impacted by all the cars (both neighborhood and Swedish employees) trying to find a workaround to the closed streets on campus and farther south at 14th and Yesler.

I think that the streets need to remain open to traffic, and I think that reopening 14th southbound at Yesler should be considered. The man I spoke with at SDOT said that he hadn't been aware of the MIMP process going on but that a traffic study should definitely be part of the process, and if it's found that the 14th/Yesler closure needs to be readdressed, it would be done as part of the Swedish MIMP EIS. In other words, they won't re-look at that closure as part of the streetcar project.

To reiterate, please include a detailed traffic analysis in the EIS, taking into consideration existing traffic patterns based on the recent closure at 14th Ave southbound at Yesler, as well as in-neighborhood driving impacts if the streets are vacated.

Thanks for your time.

Amy Bosch

15th Ave resident

From: Ben Nechanicky [<mailto:bendervish@hotmail.com>]

Sent: Monday, April 01, 2013 9:14 PM

To: Haines, Stephanie

Cc: Conlin, Richard; Burgess, Tim; O'Brien, Mike

Subject: Comments on Swedish Medical Center Concept Plan Cherry Hill Campus Major Institution Master Plan Application

Dear Stephanie Haines,

Thank you for the call for comments on the Swedish Medical Center Concept Plan for Cherry Hill Campus.

(http://www.seattle.gov/neighborhoods/mi/miac/swedish_cherry/documents/Concept_Plan_130212final.pdf?id=2030)

I am a resident and home owner in the Squire Park neighborhood. Swedish is a pretty good institutional neighbor and a great institution, but could really draw some inspiration from Seattle U. The plans presented in the Major Institution Master Plan for the Swedish Cherry Hill Campus expansion are troubling.

In the plan I prefer Alternative #1, then perhaps Alternative #2, definitely not Alternative #3. The scale proposed for Alternative #3 is simply way too much for the adjacent neighborhood to absorb. There is not existing (nor are there known plans for) capacity or services to support it and it is extremely out of scale and character with the surroundings. I emphatically do not support increasing the footprint of this institution with encroachment into and beyond Jefferson or Cherry Streets, or 16th and 18th Avenues.

In addition, there should not be any further grid disruption in the First Hill and Squire Park neighborhoods. Existing projects and institutions have severely disrupted urban patterns by placing obstacles to the grid network of streets and sidewalks. Limiting options for future traffic flow will place unfair frustration and costly inefficiency on residents, employees, and guests in the neighborhood. Once a large institution consumes a street and creates a dead end or bottleneck, it is impossible to remove. Look at the King County property between 12th and 14th Avenues. The access and flow of traffic are not restored, even after a major redesign is conducted. The adjacent residents and businesses are negatively impacted by allowing this type of urban design solution. The city of Seattle has enough challenging traffic flow problems, we shouldn't add to them piecemeal here.

I understand Cherry Hill and Swedish have very important needs that must be met. They should be met, but not at the expense of the current and future residents who share the neighborhood.

The participants need to return to the early steps in the design process and find an alternative solution that is in-scale and adds to the fabric of the neighborhood rather than what appears in the solutions presented in the current Swedish Medical Center Concept Plan. There is an incredible pool of talent and resources in the region to draw from to create additions to the institution that both Swedish, the neighborhood, and the city can admire and be proud of.

A rezone to make room for an out of scale project is not needed when good design can likely provide better solutions.

Thank you for your efforts and your service on this, have a great week!

Ben Nechanicky

April 2, 2013

Abil Bradshaw

529 19th Avenue

Seattle, WA 98122

abil.bradshaw@gmail.com

To Whom it May Concern,

My home is my world. Although, I have lived at this address for thirty-four years, I have only recently been fortunate enough, with my wife, to buy this 1903, three-story, Victorian home. If you and I knew each other better, I would invite you over for Sunday dinner.

Sunday dinner starts in the backyard garden, amidst the bursting flowers, manicured lawn and gorgeous leafy greens in the vegetable patch. As the sun warms our faces, a tiny dog barks in the neighbor's yard a couple of houses down, the chickens cluck some sort of triumph from a neighbor's yard in the other direction, and the low-tones of a car's stereo rumble by on the street. After the first stiff, cool, breeze we head inside where my lovely wife is preparing our dinner in a kitchen you only see in vintage advertisements. It's big, it's fully-equipped, and it is a pleasure to cook in.

We relax in the parlor with a glass of wine, or, better yet, a malty, complex, Belgian Tripel beer, while letting the conversation move from topic to topic. The parlor is a magical place where people feel the worries of the day drift away, lifted by the aromas wafting from a well-used kitchen. We happily move to the formal dining room to enjoy a home-cooked meal, beautiful by candle-light.

After dinner, we take our drinks to the front porch for a chat in the night air, and to see who wanders by. It might be the neighbors at the end of the block, who are just building an addition onto their home. It might be a member of the four-generation-family a few homes down, taking their 97-year-old, great grandmother for a walk. It might be the Japanese-American man two houses down, whose parents built that home before being forced from it, during WWII, and relocated in Washington's internment camp, which is now the Puyallup Fair grounds. They unjustly lost their home, but he bought it back. It might be the teenage son of the family at the other end of the block walking their darling, spotted Dachshunds. It might be the talkative, young grandsons of the woman, who, physically, built her home as part of an incentive-to-buy, in the early 1980's, on the corner of 19th and Jefferson. They ride their bikes up and down, up and down this street. They make me laugh.

This block of 19th Avenue is being considered for destruction. This is the west side of 19th Avenue, between Cherry and Jefferson. If Option-3 is approved, these houses will be torn down. End of story.

Option's 1 and 2 are no better. They will dramatically alter the livability of this neighborhood. What I am trying to get into the narrative of this proposal to build a for-profit doctor's office-facility is that, this is not just a house and this neighborhood is not just a collection of people who need to move aside, or shoulder far worse living conditions for a building to be built.

From 18th to 23rd Avenues, from Cherry to Union, and from Jefferson to Yesler, there are old, young, African-American, Hispanic, White, and Asian folks living important lives. Many of us own, or are in the process of owning these homes, which help us elevate our financial lives and become part of the elusive Middle-Class. Without these homes we are in far worse situations. Without these neighbors, without these friends, without these particular traffic patterns that we live with every day, without these known variables, we are cast into uncertain futures.

This medical complex is not worth the upheaval of so many lives. Please understand this. Please recommend to the Seattle City Council that Sabey/Swedish/Providence abandon this plan and, if they must, build in a more suitable location.

Sincerely,

Abil Bradshaw

April 2, 2013

Stephanie Haines, Senior Land Use Planner
Department of Planning and Development
700 5th Ave, Suite 2000
PO Box 34019
Seattle, Washington 98124-4019
stephanie.haines@seattle.gov

Dear Ms. Haines:

We submit to you and the Swedish Cherry Hill Campus CAC our written comments. Each signatory agrees with all the remarks below. Section I. contains our comments on what we have determined must be considered in the EIS. Our comments in Sections A – H are provided for context. The bullets contain the specific elements that need to be considered for the EIS. Section II. contains our ideas about additional options. Section III. contains additional comments.

I. The following elements of SMC 25.05 must be considered as part of the EIS scoping for Swedish Medical Center – Cheery Hill Campus (Campus):

A. 18th Avenue sits on the top of the hill. The Campus cascades down the west side of the hill while the neighborhood to the east cascades down the east side of the hill. The south side of the Campus slopes down the hill towards Jefferson. James disappears between Cherry and Jefferson on the blocks between 13th Ave and 21st Ave. The Campus and neighborhood blocks between Cherry and Jefferson are actually two-City-blocks (hereafter referred to as ‘blocks’).

- The geology and soils within and surrounding the campus need to be analyzed to determine impacts of the proposed options on flooding, surface water flows and runoff impacts. The 19th Ave homes sit on blue clay while the homes on Jefferson sit on sandy soils found in river beds.
- Topography and unique physical features (the Campus sits in a drainage basin adjacent to a dried-up creek/river) of the Campus and the surrounding neighborhood to determine flooding, surface water flows and runoff impacts;
- The impacts of the proposed options on erosion of the hillside (soils being washed from the Campus down the hill to the homes on 19th Ave with surface waters and runoff).

B. Although air quality is identified as part of the Natural Environment portion of the EIS scoping document, it also has Built Environment impacts. For the purpose of convenience and brevity, we are addressing our concerns for both here. Historically, this is a neighborhood that housed many substantial Section 8 housing and other subsidized housing. There is also a higher number of first-time home owners than in most neighborhoods. Housing stock in the Central Area has been used historically to place individuals with

compromised health or significant health risks (i.e., children, elderly, persons with disabilities), as well as individuals facing great hardships (i.e., half-way houses, assisted living homes, homeless shelters, families dependant on social services). These vulnerable populations are at increased risk of respiratory problems and face shorter life spans than neighborhoods in Laurelhurst and Capital Hill (both have hospital campuses), making construction air quality impacts *AND* long-term air quality impacts from traffic pollution and toxic chemicals/hazardous materials particularly important to consider.

Since a significant portion of the Campus does not operate as a hospital, but rather various laboratory and biotech services; and the history of the Campus was to burn and dump hazardous and biological materials, we are concerned about the effects of these materials getting in the air we breathe, into our homes, the chickens we raise in the backyard, and soil we grow our fruits and vegetables through surface water and runoff.

- Air quality and odors during construction; chemicals used and disposed via incineration or wind release on the Campus; and long-term land use effects on the neighborhood from proposed increased traffic pollution.
 - The impacts of the proposed options concerning disposal of chemicals in surface water and runoff entering our basements and crawl spaces as well as air and soil contamination in the surrounding neighborhood.
 - Impacts of climate change.
- Flooding is a significant problem for west side 19th Ave neighbors as well as the east side 19th Ave neighbors whose homes are in the middle of the blocks. Flooding increased after Sabey paved the street level parking lots on 18th Ave. Flooding also increased after the construction of the New Hope Center, now being leased by Sabey for other purposes. After this structure was built, surface water and runoff that mostly flowed towards 18th Ave and Jefferson was diverted towards the homes on 19th Ave. To avoid repeated property damage, these homes had to install massive cisterns or sump pump systems. The added surface water and runoff now causes routine flooding on 19th Ave and Jefferson after heavy storms in winter. Regardless of the options reviewed (included “No Option”) the EIS must evaluate what Swedish and Sabey must do to prevent surface water and runoff from the Campus to the neighborhood.
- The impacts of the proposed options on surface water movement/quantity/ quality; runoff/absorption; residential basement and crawl space flooding; and groundwater movement/quantity/quality on the surrounding neighborhood.
- Currently, two single residential properties on the west side of 19th Ave adjacent to the Campus are designated as Urban Wildlife Sanctuaries. The neighborhood serves as a migratory path for hummingbirds and various species of song birds. The neighborhood also has resident hawks and a variety of bees, including honey bees.
- The impacts of the proposed options on urban wildlife habitat; the number and diversity of species of wildlife; and bird migration routes.

- i. Due to the current configuration of buildings and topography, the 19th Ave neighbors can hear all the outside activities at all hours carried out on 18th Ave portion of the Campus. Sounds echo and are amplified against the buildings along the west side of 18th Ave. There is traffic noise throughout the day and night during the Campus shift changes. The delivery trucks operate at all hours of the night and early morning (before 7 am); sometimes waking us up and in violation of the City's noise code (we have had to call the police on occasion). The amplified sounds of parking cars and Campus workers walking can be heard from our back porches and back bedrooms. We anticipate this will only get worst during construction.

We are particularly concerned about how this will be evaluated by DPD and URS, the consultant. During the minor amendment appeal before the Hearing Examiner, Swedish and Sabey's consultant evaluated each noise impact individually. However, no **cumulative** noise analysis was conducted. We do not live with each individual noise impact one at a time like a lab rat. We are impacted by each noise impact **cumulatively**. Therefore, to accurately address noise impacts, they must be analyzed in real world circumstances as **cumulative** noise, not in a laboratory environment.

- The construction noise impacts of the proposed options;
 - The long-term **cumulative** impacts of increased traffic noise and echo and sound from the buildings themselves.
 - Depending on the actual siting of non-hospital services, including medical and biotech research, the risk of explosion from flammable or unstable chemicals.
 - The impacts of releases or potential releases to the environment affecting public health, such as toxic or hazardous materials used on the Campus.
- i. The current neighborhood land use zoning reflects the City's current Urban Village/Growth Management Plan for the Central Area. The south and east areas of the neighborhood are zoned single-family SF-5000. Housing stock that does not conform to this zone was grandfathered in decades ago or was built to provide subsidized housing stock for social service providers located in the area with City Council approval. The 1927 building on the east side of 19th Ave was converted to Section 8 housing (like the duplex on the same side of the street). During the housing bubble prior to 2007, the apartment building was converted to condominiums. Residents who couldn't buy their newly converted apartment had to move.

The west side of the Campus is part of the Seattle University Campus. The north side of the Campus is zoned L-3 (multi-family low-rise) along Cherry, a major arterial. Further north the neighborhood zoning transitions to L-1 (multi-family low-rise, triplex maximum) until it approaches Union where it increases density to L-3.

The "No Option" proposal without mitigation of development bulk, scale, and intensity; modulation; and setbacks would result in the west side 19th Ave homes to be in shadow all day throughout winter. The residents along 16th Ave experience the effects of increased winds due to the wind tunnel-effects from the Campus buildings at current heights (what happens downtown on a slightly smaller scale).

Vacating 16th and 18th Aves would create significant land use impacts affecting traffic, parking, recreational and athletic pursuits. The EIS must address all the options' long-term land use impacts. When DPD has failed to do so, it has had its determinations overturned by the Hearing Examiner.

- The relationship between the proposed options to existing land use plans and to the estimated neighborhood population;
 - The loss of good quality single-family housing stock from the proposed options.
 - The impacts of the proposed options on wind, shadow, light, and glare on the surrounding neighborhood.
 - The aesthetics impacts the proposed options would have on the surrounding neighborhood, including bulk, scale, density, intensity, and modulation.
 - The impacts the vacating of 16th and 18th Avenues would have on recreation and athletic pursuits, such as bicycling, walking, running, and other physical activities.
 - Although the housing stock may not meet the formal historic and cultural preservation requirements, the historic and cultural preservation of one of the oldest Seattle neighborhood and its place in Seattle history is at risk.
3. We are deeply concerned about the Transportation Management Plan. Due to the lack of cooperation by Sabey and its tenants and DPD's lack of enforcement, the Campus is currently in non-compliance with its Transportation Management Plan. DPD's lack of enforcement does not give us any confidence of DPD's unbiased role with the MIMP.

We are also concerned with the selection of the consultant, Transpo. This is the same firm that conducted Swedish/Sabey's wholly inadequate transportation study to justify Sabey's Minor Amendment request for its building on 18th Ave. The study only included 16th Ave and 18th Ave traffic flows between Cherry and Jefferson. Parking was not evaluated. The study was conducted in December when traffic flows diminish due to the holidays, when Seattle University and surrounding schools' students and faculty are on winter break, and when medical and nursing students are on vacation (Swedish participates in the teaching school network). Only the PM rush hour was evaluated. This time period is only useful to study impacts on Cherry and Jefferson for folks who exit the I-5 James Street. Driving patterns from commuters home bound is to take side streets if the traffic along I-5 into the City is heavy. Using the PM time period misses Campus visitors and patients who travel throughout the day using these arterials; Campus workers do not have standard shifts; and evening commuters avoiding the I-5 crawl, and morning commuters leaving the City via I-5.

With the changes made on both Jefferson and Cherry by adding bicycle lanes, restricting traffic on Cherry from two lanes to one lane, and eliminating south bound traffic on 14th Ave from Yesler to Rainier, traffic patterns have significantly changed for the worst. The City has not made any street improvements. Traffic back-ups from 18th Ave to 23rd west bound are routine during morning rush hour as commuters from Leschi, Madrona, and the Central Area try to get to the freeway. This back-up is sometimes so bad that we backtrack south to Jefferson to go north. The expansion of the Seattle University campus has also increased the number of students who drive and park in the neighborhood. With inattentive drivers making illegal u-turns along Jefferson and Cherry intersections; street parking affecting visibility at

the intersections; and speeding along Cherry, there has been an increase of vehicle accidents along Cherry and Jefferson. As referenced before, flooding on the northwest corner of 19th and Jefferson happens routinely after heavy rains and storms. This is particularly dangerous for pedestrians and bicyclists. The Metro buses park along Jefferson between 18th and 19th. This has been especially dangerous for vehicles trying to cross Jefferson south bound, as well as bicyclists and pedestrians trying to cross the street.

Campus visitor and staff parking in the neighborhood continue to be a problem. Parking enforcement is sporadic. Neighbors must contact parking enforcement on a regular basis to ensure some level of enforcement.

Although some of the traffic improvements (curb bulbs) had not been completed under the prior MIMP, the significant changes the City has made without a neighborhood-wide study, compounded with the flooding, may be inappropriate and/or dangerous.

Although the City has conducted a long-term transportation plan and analysis of the First Hill neighborhood, it has not done so for the Central Area. One of the recommendations from the First Hill plan, which is home to Swedish, Harborview and Virginia Mason, includes replacing the 2-hour RPZ zone to a neighborhood resident only RPZ zone. This should be considered.

Another recommendation is to require Swedish to adopt the Children's Hospital model of issuing enforceable parking tickets of its Campus staff caught parking in the residential neighborhood. Swedish currently relies on the City's Parking Enforcement.

Another recommendation is to charge the same parking fees that Group Health Co-Op does of its patients and Campus staff.

- The impacts of the proposed options on Transportation systems;
- The impacts of the proposed options on Vehicular traffic;
- The impacts of the proposed options with the 12th Ave street car construction and operations will have on the neighborhood;
- The impacts of the proposed options on Campus and neighborhood parking;
- The impacts of the proposed options on movement/circulation of people or goods, including ambulances and trucks;
- The impacts of the proposed options on traffic hazards along Cherry, Jefferson and 19th Ave.

H. The proposed options (including the "No Option") will create impacts on the City's infrastructure and services. The proposed vacated streets; increase traffic volumes throughout the day from patients driving in and out of the neighborhood; Campus users driving throughout the neighborhood in search of free parking; morning and afternoon rush hour traffic passing through the neighborhood; and Campus staff shift changes threaten the response times for fire and police services where minutes count. School children waiting for school buses, pedestrians, and bicyclists are at risk of being hit from inattentive drivers looking for a cheaper alternative to Campus parking. Denser infrastructure taxes the

overloaded combined sewer and storm water system, exasperating the routine CSO flooding on 19th and Jefferson and 22nd and Jefferson. Higher heights on the Campus will have impacts of cell phone and other electronic equipment reception.

- The impacts of the proposed options on fire and police services, including parking enforcement;
- The impacts of the proposed options on children and school buses;
- Parks or other recreational facilities;
- The impacts of the proposed options on street maintenance;
- The impacts of the proposed options on communications from increased height interfering with cellular tower reception;
- The impacts of the proposed options on water/storm water and sewer/solid waste;

II. We do not support Options #2 and #3.

We do not consider Option #1 a viable option without mitigating for the significant impact of “increased development bulk, scale and intensity” along 18th Ave. Parking and traffic circulation would need to be contained within the central and west portions of the Campus. Although the “No Option” allows for a 37’ height; due to the steep hill side, the 37’ height appears more like over 60’ while standing on the sidewalk of 19th Ave. This “No Option”, if built as a three-story contiguous building with over 350 parking stalls (Sabey’s originally proposed building), has such a significant impact by “increased development bulk, scale and intensity”, that the Hearing Examiner determined this option along the east side of 18th Ave to be a major amendment and not transitional with the neighborhood. (See MUPS-01-010, 10-011, 10-012 (S, W.) ...And that is why we are here today.

We would consider two different options. First, the heights of central part of the Campus are increased without expansion of the MIO boundaries. The Spencer Technologies be relocated within existing MIO boundaries and its current site is returned to L-3 use. There is no reason to vacate 16th Ave and 18th Ave. Connections must be underground (like Group Health Co-op). The NW Kidney Center site would be relocated. Campus parking is concentrated towards the west and central portions of the Campus. Change 15th Ave into an entrance. 18th Ave development is transitional between the Campus and the neighborhood. Sabey sells all properties it owns within 2,500’ of the MIO Boundary. Only Swedish needs (something it still can’t articulate) should be considered; not what Sabey wants. An additional option is moving part of the Campus to the South Lake Union development, which is more than 2,500’ from the MIO Boundary and where the uses are compatible with the South Lake Union development.

III. Although not specific to the EIS, we want to provide you with additional comments.

The question that must be raised is how and when the Major Institution was allowed to expand outside its boundaries within the 2,500’ no expansion zone (see Spencer Technologies site currently medical office space owned by Sabey, DPD #3012953, page 15) into the L-3 multi-family residential zone. The apparent strategy is for Sabey to buy properties surrounding the MIO boundary – Sabey also bought two single-family properties on the west side of 19th Ave. Sabey has not maintained these properties; the tenants must fix the properties themselves to keep

them livable. Sabey is using the MIMP process to expand the MIO boundary. This is MIO boundary creep and is in conflict with SMC 23.25. We must insist that we have full disclosure as to the identification of all Sabey (and affiliates) properties, leased and owned, within 2,500' of the MIO Boundary.

Discussion of changing the underlying zone on 19th Ave has been brought up by one or two neighborhood residents, CAC members and the DPD staff person. The Seattle Municipal code only authorizes the CAC and DPD to consider MIO zoning within the MIO Boundary (see SMC 23.25.028). Changes to the boundaries of the MIO District or to a MIO District height limit shall require a rezone in addition to adoption of a master plan or major amendment. Changes to the underlying zone within or outside the MIO Boundary require a separate rezone with City Council approval. The focus on only considering MIO zoning within the MIO Boundary is to ensure the CAC and DPD minimize the adverse impacts associated with development and geographic expansion within the single-family neighborhood, not change the single-family neighborhood to accommodate Sabey. Individuals who wish to rezone their property can do so at their own expense and time. However, we want to make this very clear, we do not want or need our properties along the west side of 19th Ave to be rezoned to provide Sabey with its transition between 18th Ave and the east side of 19th Ave. We see any further discussion or activity to change our SF-5000 zoning without our consent as a threat to our homes. We see any attempt by Sabey to seek rezoning on the west side of 19th Ave as a threat to our homes as well.

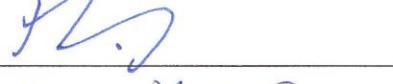
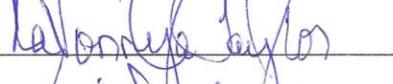
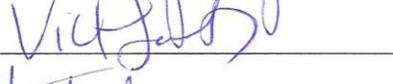
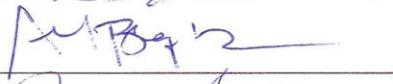
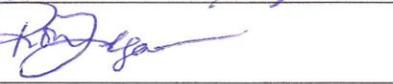
And of course, DPD needs to do its job. Years of broken promises to enforce the Transportation Management Plan does not give it a pass. In light of the City's Race and Social Justice Initiative, DPD's lack of enforcement smacks of disparity in its treatment of our neighborhood.

Sincerely,

19th Ave Blockwatch/Squire Park Neighbors

cc: Steve Sheppard, Department of Neighborhoods
CAC members
19th Ave Blockwatch/Squire Park Neighbors

~~David Smith, Member Office~~

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April 4, 2013
 Melissa Flynn
 Dear Ms. Haines,

My home is located in the center of the block on the west-side of 19th Ave. between Cherry and Jefferson. It is a handsome, three-story, 1903 Victorian home with six bedrooms which are occupied by me, my wife Abil Bradshaw, and currently three diverse women who rent bedrooms and help us pay the large mortgage. This home has been a shared co-operative style house since the 1970's and prior to that we know it was occupied by a Jewish family who had eight children. We have learned from some of the family members of that clan, known as the Kutoff family, that during the Second World War there were five families who shared the space. It is a sturdy, historic structure that has stood the test of time. In the front yard there is a four-story cedar tree that looks in scale with house. Both balance each other in an aesthetic way. Behind our home is an outbuilding which was originally the butcher shop that Mr. Kutoff used for his business. It was converted into a garage at some point and then we finished it into an art studio for me and my costume collection. My wife lovingly tends to the year-round, back yard greens-garden that she planted decades ago and we additionally harvest apples, plums, berries and other veggies and fruits on an annual basis. Our lifestyle is modest but it suits us, all five of us, and we manage. I cannot comprehend how Swedish Hospital and Sabey Corporation believe building a nine story—that is more than twice the height of our cedar tree—behind our home will not negatively impact us in every way. Life as we know it would change forever. Other neighbors have mentioned the wildlife that also resides on our block. It is true. There are raccoons, possums, many kinds of birds, squirrels and occasionally raptors that we notice. Some live in our cedar tree—we lovingly refer to it as a wildlife condo! The animals would suffer, our pets would suffer and we would suffer from noise, pollution, increased traffic, shade, and more. We are suffering now psychologically from this extreme proposal.

When we originally closed on our home in 2006 the MIMP was for three distinct buildings to be erected on the adjoining lots on 18th Ave. behind our home. One was a day care, one was a Ronald McDonald House and the last was a community gym. All very much in keeping with mitigating the space between hospital and neighborhood and also very people friendly services for all concerned. We purchased our property with that in mind. To our shock the developers tried to use that MIMP to build a monolithic structure the length of the block from Jefferson to Cherry—which is actually the length of two blocks—which would have been three stories high and three stories below ground. They failed. So now that has become the option #1 that they refer to as “do nothing”. The second option is a nine story building dwarfing our entire block, and the third option is leveling our homes on the west-side of 19th to build a three story building and still building a nine story structure on 18th. Any reasonable person can see this is not mitigating the hospital and the single family dwellings in our neighborhood. This is a power and land grab by a partnership that will use every means necessary to get their way. When I bought our home it was the hardest thing I have ever had to do in my adult life. I now know there is something bigger and harder to do: fight developers who have deep pockets, big building plans and a shell in the form of a “partnership” with the hospital. I have heard Sabey has been buying homes surrounding the hospital for decades. They own the home next to us. I beg the CAC and DPD to listen to our worries and consider our plight. This request for growth is obviously for monetary gain. The developers will gain and the neighborhood will lose. And when does it stop? Will they not continue to want to grow beyond the MIMP they request now? Our neighbors on the eastside from us on 19th will not want to look at more hospital and more buildings. Sadly, they will probably sell, Sabey will buy and lay in wait for the next MIMP and it will begin again. This historic neighborhood deserves better stewardship. We deserve to continue our lives in the neighborhood we chose and in the home we love. The footprint of the hospital is huge. Can they not grow up where they are? Must they creep and spread like a disease into our homes and lives? Swedish has plenty of other locations which may be able to grow and accept the spacial needs this campus claims to need. Sabey owns a bevy of single family homes ringing the hospital, but they could sell those back to the community and improve their public relations. Clearly, buying property has its' risks. Please think of us when you decide whether this request merits the enormous blow to the neighborhood it clearly lays out in neat boxes on an aerial map.

Sincerely,

Melissa M. Flynn

7/14/13

To: The Swedish Medical Center Cherry Hill Campus MIMP CAC

From: Wimsey Cherrington, near neighbor (17th & Cherry - Manhattan Plaza Condos)

First and foremost, I am very relieved that Proposal 3 has been removed from consideration. There were many reasons to oppose that proposal, not the least of which is that it would have uprooted me and 26 other families from our homes at 701 17th Ave + uprooted many more families in the adjacent condos and apartments.

Thank you, Nicholas Richter, for your comments at the June meeting expressing dismay at the thought of EIS funds being spent on this proposal, since no one - from any direction - liked it.

Thank you to Swedish for the recent signage at the entrance to the 17thAve. throughway. I also appreciate the bench installed just off the sidewalk at the entry to the throughway, and the removal of the gate. All of these changes are very positive.

BTW: I do go to Starbucks fairly regularly, and also occasionally eat at the cafeteria.

I am hoping that the throughway will be redesigned so it is accessible 24 hrs/day: so pedestrians may get from Cherry to

Jefferson all hours, but the hospital is inaccessible during off hours.

This is a safety issue for all of us that use the bus and live on the north side of campus.

The plazas below grade are wonderful - but not useable. They seem to mainly serve to provide light into the cafeteria and whatever is in the western building below grade.

If something of this sort was at street level, I would definitely use it. And it could help mitigate the "fortress" feel of the back side of the campus.

Adding retail to the new development will be tricky. The examples at the July meeting of retail at Group Health on 15th Ave. and on 12th Ave. aren't exactly comparing apples and apples. Both of those examples are situated within a business district which generates foot traffic.

Finding retail partners that can generate their own traffic and utilize foot traffic from the medical offices - and thrive - may be difficult.

Even though I would prefer businesses I would personally find useful, it does make most sense to consider primarily medically-related retail.

Thank you, Dylan, for taking the time to create your presentation. It was a great way to get the conversation started on the finer points of the design. And while height and bulk are currently more critical issues, I am glad everyone is starting to think about the smaller pieces now. I look forward to the Design Workshop at the end of summer.

The Group Health green space and throughway examples were very familiar to me as I lived less than two blocks from GH before moving to 17th & Cherry. I used those green spaces and the throughway a lot, and still do, since my office is just a block north.

They are well-designed, useful, and excellent models.

The multi-faceted glass cones rising from the grass provide light to the below-ground offices. This could be easily be employed at Swedish with the new design.

I really love the idea of roof access for views to the east and to the west and south.

A set-back to preserve our 18th Ave. neighbors' privacy seems do-able. I agree that anything on the roof needs to be made obvious and accessible to pedestrians.

Creating green space with pedestrian access between the new building on 18th Ave. and the homes facing 19th Ave. is a wonderful idea.

Creating this green space as part of the larger 18th Ave. greenway would be fantastic.

My most serious concern is with the 200' height at the north and west edges of the proposed campus.

A 200' building taking up the entire two blocks from 18th to 16th Avenues would **significantly** impact our homes.

All of the units on the south end of the building (101, 102, 201, 202, 301, 302, 401, 401) will be most significantly impacted, but it would affect every unit in the building.

It also could impact the garden, particularly on the southern end of our building. The reduction in light, especially in winter, could affect our plants and trees.

The highest buildings must be centered on the campus, with step-downs to the edges.

The Spencer Technology building should be removed from the proposed campus boundaries. It is a separate entity, the only connection is that it is owned by Sabey, and it is already an intrusion into a residential block.

If Spencer Technology building is allowed to build higher, the reduction in light would also hugely impact our homes and gardens facing to the west.

Perhaps Swedish/Providence is thinking too ambitiously for this location.

If the neurosciences department is driving the expansion, move the cardiology, MS, and psychiatry departments elsewhere and make the existing campus a neurosciences campus that can effectively serve the five-state Providence system region for decades to come.

This would still require tweaking the existing campus to enlarge operating rooms, etc. - but certainly wouldn't require the 3.2 million sq ft currently requested.

I hope Swedish will release the proposals as SketchUp files, allowing interested folks to explore more options on our own.

Sent: Sunday, July 21, 2013 11:57 AM
To: Sheppard, Steve; Haines, Stephanie; Sherry.Williams@swedish.org; Natalie Price; marcia.peterson@swedish.org; VanValkenburgh, Cristina
Subject: questions re: Swedish Cherry Hill MIMP

Hello,

Thanks again to Sherry and Natalie for connecting me with this process. I attended the July 18 CAC meeting and am pleased that these opportunities for community input and observation of the process exist.

Following the meeting, three questions came to mind. Each is perhaps most appropriately directed to a different individual, but I would appreciate it if the questions (and answers, if possible) were shared with the full CAC. My questions are as follows:

1) With respect to the proposed vacation of 16th Ave., it was explained during the meeting (in response to a question I asked) that there would still be access for private vehicles, *via 16th Ave.* to the existing parking structure there. Given this, I am curious as to what "vacating" 16th Ave. actually means, and what benefit(s) would accrue from a vacation that still involves traffic on the street going to and from the existing parking structure.

2) With respect to proposed building height limits, where is 0' deemed to begin for sites that are on a hillside (as many in the neighborhood are)? In particular, the current Spencer Technologies building at 16th & Cherry has one story that begins at the level of the alley between 15th & 16th and another that begins at grade level on 16th. Would the proposed limits of 50', 65', or 105' be measured from the current ground floor (alley) level or the 16th Ave. level? And how is this determination made? Is there a role for the City department involved in the relevant zoning/rezoning?

3) I understand that options involving development of the current DSHS site on 17th Ave. have been taken off the table. Could someone please explain the process and reasoning whereby that decision was taken? More generally, what is the process whereby different options are proposed and eliminated, who has the authority to make such decisions, and from where does that authority come? Are these decisions the sole prerogative of Swedish, as the institution petitioning for a new master plan? Are they the prerogative of the CAC? The City? Some combination of these? I am just trying to understand the process here.

Many thanks in advance for your consideration.

Please note that I will be out of town for the August 15 meeting, but that I would very much like to be kept in the loop on this process and will make every effort to attend other future meetings.

Cheers,

Larry Knopp



July 22, 2013

SMC/Cherry Hill Citizen Advisory Committee
c/o Steve Sheppard,
Seattle Department of Neighborhoods
700 5th Avenue, Suite 1700
Seattle, WA 98124-4649

Committee Members:

This letter is to follow up and flesh out some of the comments made last evening at the CAC meeting.

Boundaries:

First, I want to acknowledge that SMC is responding, in part, to concerns voiced in this process by pulling back the alternatives that would have extended the MIMP boundaries east and south. However, I agree with several of the comments that continue to question the remaining option to expand the campus to include the Spencer Technologies building and adjacent residential property – an expansion that is apparently still included only because the property is owned by SMC's development partner, Sabey Corp.

If there is any northern expansion included, the only property that it makes sense to include is the already commercial property currently rented by the state Department of Social and Health Services. And if there is a fear that loss of the DSHS office would be a loss to the neighborhood, some stipulation can and should be made that if a hospital-related building is built on the property that space be offered at competitive market rates to bring the office back once that building is completed.

The remaining alternatives under consideration include heights up to 90 feet along 18th Avenue. This is contrary to the intent, as I understand it, of how the edges of a major institution should relate to the surrounding neighborhood and should be opposed.

Height, bulk and scale:

First and foremost, I want to reiterate that, despite the declaration in the Concept Plan (dated Feb. 7, 2013), the former MIMP did not allow a development "envelope" in the same way the current ordinance provides. You will, in fact, vote on such "development envelopes" in the current process, but the former plan developed under a previous Major Institutions ordinance, approved specific buildings for specific sites and not a development envelope. Please do not base your

decisions in this planning process on the false assertion that some sort of envelope existed previously. It did not.

It is also not necessary to assume existing structures will continue to occupy the property throughout the life of the plan. It may, in fact, be necessary to relocate uses and replace structures in order to more appropriately fit the functional uses of the property into the neighborhood while addressing SMC's needs. Your charge is to facilitate the allowable development in a way that best fits the neighborhood, not to save SMC or its development partner(s) money by assuming they are constrained by current uses of any particular structure. As such, declarations that 16th avenue needs to be vacated to accommodate the emergency room entrance or 18th should be vacated to facilitate the use of the loading dock are based on assumptions the ER and loading dock will continue to be in their current locations. You are not bound by such assumptions.

And while the MIMP ordinance does not allow the committee to question the highly-questionable assumptions put forth by the institution on the need for additional space, you were given clear direction that it is fully appropriate for you to question the height, bulk and scale of the proposed development envelopes based on compatibility with the neighborhood. I encourage you to continue doing so.

The 1994 plan set a 37' maximum on the half-block east of 18th to more closely mimic the heights of homes along the western side of 19th as a mechanism to transition back to the neighborhood. That concept was valid then and is valid now. Alternatives that would allow building up to 90' on this portion of the campus are completely incompatible with the neighbors to the north.

I encourage the committee to support 37' or lower as the maximum height for this part of the property.

Overall, the height and bulk to accommodate SMC's needs should, in fact, be concentrated in the center of the campus and toward the west end where it butts up against the essentially blank wall of Seattle University athletic facilities. The edges of the campus need to be much lower so they relate to the residential neighborhood on the north, east and south sides of the campus.

Transitions:

As part of last week's discussion, the subject of small and relatable retail was broached. This is a good idea (it had been explored as part of the Standing Advisory Committee overseeing the now expired plan but not pursued).

Street-level retail would help relate the campus to the neighborhood. It could also serve the projected increased employee population on the campus, reducing or eliminating the need to draw outside customers who would exacerbate the neighborhood parking problems.

In order to keep any retail neighborhood and campus centered, restrictions can and should be written into the plan that would restrict hours and make the retail space available to businesses that are at or below the federal definitions of "small business" (one that is independently owned

and operated, is organized for profit, and is not dominant in its field¹). Concurrently, parking restrictions tighter than those currently in place would help prevent destination shoppers from clogging up the neighborhood.

Street vacations:

The various alternatives propose vacating 16th and / or 18th avenues. I want to address each of these separately.

16th – rationale put forth for the vacating of 16th has included caveats that vehicle access to the existing parking garage will continue, access to the rehabilitation facility will continue, and the emergency room entrance will continue even if the street is vacated. What that means is that SMC-related vehicles will continue to be permitted to use the vast majority of the block but the rest of us would not. This makes it very unclear as to what their need is to exclude others from the street.

18th – It is also not clear what would be accomplished by vacating 18th avenue. However, should this be approved it would be an appropriate trade-off to require an equal or nearly equal greenbelt or buffer strip between the campus and the residential properties on the west side of 19th avenue in exchange. This would help maintain some pedestrian access through the campus, albeit about 100 feet east of the existing street.

Without a functional pedestrian path through the former 17th avenue between Cherry and Jefferson (see below), the perimeter of the campus is already one-half mile. Vacating either 16th or 18th would only make the campus more monolithic and off-putting, so I hope the committee recommends against vacating streets.

Pedestrian access:

While discussing pedestrian access through the property is somewhat premature at this point, since it was raised in last week's discussions I want to address my concerns on the issue.

As I stated verbally, I have lived in this neighborhood for more than 25 years, and it was only recently I found signs showing what is supposed to be a pedestrian pathway through the vacated portion of 17th avenue. But it is not really pedestrian access, since I know I would be asked to leave if I tried to walk my dog through the building(s), and I doubt someone walking their bicycle through would be any more welcome.

The nearby Seattle University campus is a fine example of welcoming pedestrian access, and it would be good to emulate. Such features as a building connection that forms an arch to their central fountain court; welcoming entrances; and inviting landscaping and plazas are friendly and inviting – unlike the current SMC/Cherry Hill campus that is fortress-like and foreboding.

In conversations following last week's meeting, even the hospital's medical director admitted that what was thought cutting-edge 25 years ago looks ridiculous now. He was specifically referring

¹ <http://www.sba.gov/content/what-sbas-definition-small-business-concern>

to a sunken plaza off Cherry street that is rarely used and that I find scary looking in the dark of winter. As one committee member opined last week, this and other features at the edges need to be brought to street level and made more inviting and useful. Otherwise, what is purported to be a neighborhood amenity is just wasted space.

Uses and functions:

I am hoping the committee can keep Ms. Marcia Peterson to her promise to provide clarity on what constitutes "related" functions for SMC. Ideally, she can provide an enumeration of all of the uses currently in place on the campus as well as the specific projections for expansion of those uses on which the current proposals are based.

She and others from SMC have repeatedly focused on neuroscience and cardiovascular care as the primary functions that need to be accommodated. However, previous presentations have mentioned the active recruitment of pediatricians, general practitioners and obstetricians / gynecologists. There's been talk of long-term care facilities as well. I am unclear how these relate to the cardiovascular and neuroscience components that are the poster children of this process and hope the committee can pursue some clarity on this.

And I will again reiterate what I have said in previous communications to the committee: That the SMC/Cherry Hill campus does not exist in isolation. SMC has numerous other campuses and a myriad of clinics. And they have sold portions of their former holdings to Sabey Corporation that are now devoted to non-hospital uses (i.e., NW Kidney Center, which has another facility 6 blocks to the west).

Parking:

While not addressed directly last week, parking was alluded to in the discussion of retail and what impact that might have in the surrounding neighborhood.

That is one of my least concerns. More concerning is the continuing use of neighborhood streets by employees and vendors (drug company representatives are among the largest offenders). While the institution is supposed to be complying with the commute trip reduction (CTR) act and its own transportation management plan (TMP), there is no evidence it is complying with either.

The former Standing Advisory Committee never received a report showing compliance, and in recent years received no reports at all (in apparent violation of the law).

Those blocks marked for zone 2 parking only should be expanded in scope, and the zone either reserved for permit holders only (as is the case to the west near SU's Campion Hall) or the time allowed for non-permit holders greatly reduced.

Additionally, there should be some penalty included in the final MIMP for non-compliance with the CTR and/or TMP.

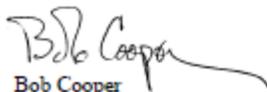
In conclusion, I urge the committee, to the best of its ability, to push for:

- Restricting development on the SMC/Cherry Hill campus to its present boundaries
- Concentrating the greatest height and bulk of future development to the center of the campus and the west edge
- Keeping a meaningful transition to the residential neighborhood -- especially the homes along the western edge of the campus
- Incorporating street-level, small retail space into the plan
- No vacating of streets
- Promoting pedestrian-friendly design of the campus
- Keeping SMC to its promises to reduce traffic and associated parking problems in the surrounding neighborhoods, and
- Achieving some clarity in the institution's plan for what they intend to locate within their campus.

As you go forward, please remember that you do not need to assume buildings and uses now in place will continue to exist -- your job is to accommodate the needs of the hospital (and not those of their development partner) as harmoniously as possible within the existing residential neighborhood.

Thank you for your consideration of these comments and thank you for your service on the committee.

Sincerely,



Bob Cooper

To: The Swedish Medical Center Cherry Hill Campus MIMP CAC

From: Wimsey Cherrington, near neighbor (17th & Cherry - Manhattan Plaza Condos)

First and foremost, I am very relieved that Proposal 3 has been removed from consideration. There were many reasons to oppose that proposal, not the least of which is that it would have uprooted me and 26 other families from our homes at 701 17th Ave + uprooted many more families in the adjacent condos and apartments.

Thank you, Nicholas Richter, for your comments at the June meeting expressing dismay at the thought of EIS funds being spent on this proposal, since no one - from any direction - liked it.

Thank you to Swedish for the recent signage at the entrance to the 17th Ave. throughway. I also appreciate the bench installed just off the sidewalk at the entry to the throughway, and the removal of the gate. All of these changes are very positive.

BTW: I do go to Starbucks fairly regularly, and also occasionally eat at the cafeteria.

I am hoping that the throughway will be redesigned so it is accessible 24 hrs/day: so pedestrians may get from Cherry to Jefferson all hours, but the hospital is inaccessible during off hours.

This is a safety issue for all of us that use the bus and live on the north side of campus.

The plazas below grade are wonderful - but not useable. They seem to mainly serve to provide light into the cafeteria and whatever is in the western building below grade.

If something of this sort was at street level, I would definitely use it. And it could help mitigate the "fortress" feel of the back side of the campus.

Adding retail to the new development will be tricky. The examples at the July meeting of retail at Group Health on 15th Ave.

and on 12th Ave. aren't exactly comparing apples and apples. Both of those examples are situated within a business district which generates foot traffic.

Finding retail partners that can generate their own traffic and utilize foot traffic from the medical offices - and thrive - may be difficult.

Even though I would prefer businesses I would personally find useful, it does make most sense to consider primarily medically-related retail.

Thank you, Dylan, for taking the time to create your presentation. It was a great way to get the conversation started on the finer points of the design. And while height and bulk are currently more critical issues, I am glad everyone is starting to think about the smaller pieces now. I look forward to the Design Workshop at the end of summer.

The Group Health green space and throughway examples were very familiar to me as I lived less than two blocks from GH before moving to 17th & Cherry. I used those green spaces and the throughway a lot, and still do, since my office is just a block north.

They are well-designed, useful, and excellent models.

The multi-faceted glass cones rising from the grass provide light to the below-ground offices. This could be easily be employed at Swedish with the new design.

I really love the idea of roof access for views to the east and to the west and south.

A set-back to preserve our 18th Ave. neighbors' privacy seems do-able. I agree that anything on the roof needs to be made obvious and accessible to pedestrians.

Creating green space with pedestrian access between the new building on 18th Ave. and the homes facing 19th Ave. is a wonderful idea.

Creating this green space as part of the larger 18th Ave. greenway would be fantastic.

My most serious concern is with the 200' height at the north and west edges of the proposed campus.

A 200' building taking up the entire two blocks from 18th to 16th Avenues would **significantly** impact our homes.

All of the units on the south end of the building (101, 102, 201, 202, 301, 302, 401, 401) will be most significantly impacted, but it would affect every unit in the building.

It also could impact the garden, particularly on the southern end of our building. The reduction in light, especially in winter, could affect our plants and trees.

The highest buildings must be centered on the campus, with step-downs to the edges.

The Spencer Technology building should be removed from the proposed campus boundaries. It is a separate entity, the only connection is that it is owned by Sabey, and it is already an intrusion into a residential block.

If Spencer Technology building is allowed to build higher, the reduction in light would also hugely impact our homes and gardens facing to the west.

Perhaps Swedish/Providence is thinking too ambitiously for this location.

If the neurosciences department is driving the expansion, move the cardiology, MS, and psychiatry departments elsewhere and make the existing

campus a neurosciences campus that can effectively serve the five-state Providence system region for decades to come.

This would still require tweaking the existing campus to enlarge operating rooms, etc. - but certainly wouldn't require the 3.2 million sq ft currently requested.

I hope Swedish will release the proposals as SketchUp files, allowing interested folks to explore more options on out.

July 31, 2013

To the Swedish Cherry Hill MIMP Citizens Advisory Council:

I am writing to elaborate on my comments to the CAC during the meeting on July 18,2013. Please include this letter as part of the public record and distribute it to all members of the Council. I am writing this letter as a neighbor and a former member of the Seattle U CAC, on which I served for four years.

I recently had the opportunity to read the letter sent to by the CAC to Stephanie Haines on April 4, 2013. I applaud the CAC for requesting that additional alternatives be studied in the EIS, including alternatives that eliminate boundary expansion north of Cherry and accommodating the full expansion within the current boundaries (Alternative 2b), an alternative that does not include any street vacations (Alternative 2c), an alternative that masses development on land that Swedish currently owned and steps down in MIO heights with appropriate transitions to the surrounding residential neighborhood.

At the recent meeting there was no acknowledgement of these Alternatives by the Swedish representative on the CAC. In fact, when asked by a CAC member to include a no street vacation alternative”, the Swedish representative said that it would not be studied. I encourage the CAC to continue to pursue the analysis you requested and to demand that the EIS include these as well as the in depth land use and transportation analyses that you included in your letter. The CAC has the ability to instruct the EIS to consider these alternatives and it is not within Swedish’s purview to define and limit the alternatives to be evaluated.

That said, I want to reinforce that the Land Use Code discourages Major Institution expansion and encourages concentration within existing boundaries. It also supports community connectivity and vitality as part of the MIMP process. This letter details from my perspective my concerns about the process thus far.

There are many pressing issues for the CAC to evaluate as it goes through the process of reviewing the proposed MIMP and formulating its recommendations. I was concerned at the last meeting in that it appeared that the CAC perceives its role as one of being subservient to Swedish rather than asserting itself as an empowered entity with a significant role to play in making recommendations to the Department of Planning and Development with respect to the Swedish Cherry Hill MIMP proposal. Simply because Swedish claims that they “need” something does not mean that the CAC is obligated to accommodate that need in its recommendations. The CAC not only provides recommendations to DPD but it also forwards its own set of recommendations to the City’s Hearing Examiner. If not satisfied with the outcome, the CAC can ultimately appeal the Hearing Examiner’s decision to the City Council, which makes the final decision. The CAC also provides input on the transportation management plan and reviews and comments on the EIS.

CAC’s recommendations could include support for none, part, or all of the MIMP proposal. Its recommendations should be formulated following a thorough analysis of all aspects of the MIMP. The CAC’s role is not to be a cheerleader for the applicant but to strive to arrive at a proposal that recognizes that the institution is located IN a neighborhood.

Below are a series of comments and recommendations concerning the current Swedish proposal.

Boundary Expansion

The current options all include expanding the boundary north of Cherry on 16th Avenue to capture a quarter block on the west side that Sabey Development Corporation has purchased and wants to develop. The location is zoned L3 and includes a single family house and Spencer Technologies, a one-story office building with a surface parking lot, which is a non-conforming use. The remainder of the block and adjacent blocks on the east and west are zoned L1 or L3. 30’ is the maximum height of both zones.

This expansion is not contiguous with any part of the current campus boundaries. Swedish proposes to expand the boundary to include this and increase the height to a minimum of 50’ or a maximum of 105’, effectively towering over the adjacent residential uses. There are no uses specified for this property, as the MIMP no longer requires designation of use. There is no clear rationale other than increased capacity of the campus for this boundary expansion. Swedish has not made a compelling case for why it would make sense to cross the Cherry Street arterial and how that would contribute to the campus since it does not appear to have any essential relation to the rest of the property. After considerable neighborhood fervor, Swedish has agreed to remove all other boundary expansion proposed except this. Swedish should consolidate development on the current campus, leaving the residential neighborhood undisturbed by the intrusion of medical office uses within the residential zone.

Furthermore, **if Swedish wished to demonstrate that it were both a good neighbor and a good employer, it would encourage its development partner, Sabey, to return the Spencer Technology site to residential use.** Sabey could either sell the property or partner, perhaps with a non-profit housing developer such as Capitol Hill Housing, to develop this property as work-force housing for families who perhaps would work at Swedish. This would have the added benefits of both increasing affordable housing in the area and contribute to commute trip reduction by allowing Swedish employees to walk to work. Currently, only 5.35% of Swedish Cherry Hill employees live in the 98122 zip code area.

Street Vacation Proposals

All proposals include either one or two street vacations. In all schemes, 16th Avenue is proposed for vacation. Swedish has not articulated why it needs the street vacations other than for its convenience or it implies building on the street right of way. A street vacation is the permanent removal of a street from public ownership. The City generally takes a dim view of such vacations as they permanently impact connectivity and function. The urban design merit of such a change must be carefully weighed and the entity seeking such a vacation has to provide the City significant public benefit since the property is transferred permanently from public to private ownership.

The vacation of 16th Avenue is particularly confusing since Swedish says that it would maintain the use of the street for emergency room access AND for access to the existing garage on the west side of the street. The garage has two points of access, one on the north end of the street for visitors entering and exiting and one on the south end of the street for entering and exiting by staff. **Effectively, Swedish wishes only to prohibit non-Swedish related vehicles from this street.** Swedish, in this location, has a very limited number of actual hospital beds and does not propose to increase this use. Most emergency room visits are likely to be to full service hospitals such as Swedish First Hill, Harborview or Virginia Mason. None of these institutions has vacated a street to accommodate their emergency room access. Why would such a low-use emergency room require a street vacation?

Traffic counts on this street appear to be low and would not impede access to the Emergency Room. At the same time, the street provides essential connectivity in the neighborhood, can accommodate other emergency vehicles such as police and fire, and functions as an important neighborhood connector for commercial, service and residential traffic. The street vacation on 18th Avenue raises similar concerns about neighborhood connectivity. Before any consideration of a street vacation, a thorough analysis by an independent transportation consultant should be undertaken to assess impacts and spill over transportation effects, among other things. The CAC should demand such an analysis as part of its own evaluation of this proposal.

Height, Bulk and Scale

Swedish proposes to increase the square footage of development from 2.1 million square feet to up to 3.2 million square feet, a 50% increase. It proposes to do this by maximizing height and density on the property and appears to eliminate completely open space on the campus to accomplish this. In addition, **it proposes to increase the height along its northern border at Cherry Street between 16th and 18th to as much as 240'. This edge condition would be directly across the street from the residential zone with a maximum height of 30'.** Swedish should be evaluating how it can concentrate uses in the center of the campus, stepping down to the neighborhood on all sides. Swedish has stated that its highest priority is to be "world class" neurosciences and heart centers and it needs this space increase to achieve this. If these are Swedish's priorities, **it should vacate tangential and unrelated uses such as the Northwest Kidney Center and repurpose this building for its core mission.** Likewise, the panoply of loosely related medical offices housed in James Tower that include such professionals as licensed massage therapists, naturopaths, MSWs and the like, should be replaced with core functions. Combined, these buildings would provide additional square footage for Swedish.

Another alternative is for Swedish to seek to establish a campus elsewhere where excess square footage could be located. Swedish has not made a case for why the heart center and the neurosciences center have to be co-located. It appears that the MIMP is over ambitious in terms of the carrying capacity of the property.

The CAC should encourage Swedish to evaluate all alternatives possible to achieve height, bulk and scale that are compatible with a residential neighborhood.

The CAC should also require that Swedish to conduct shadow studies on the effect of this development on the surrounding neighborhood. The shadows caused by these large buildings will have a detrimental affect on the light and air of neighboring properties.

The Swedish proposal appears to be more about "want" rather than "need". If this were an actual *hospital* expansion, Swedish would be required by the State of Washington to complete what is known as a Certificate of Need. The State would determine whether the expansion uses are justified relative to other hospital services available in the area. But this is not a hospital expansion. No additional in-patient beds are being added. (The expansion proposal seems to be driven more by the need of the Sabey Corporation to achieve a certain level of return on investment and for the Swedish CEO to achieve certain profitability matrices that are used to calculate his compensation package. Of all hospital CEOs in the area, Swedish's CEO compensation is more heavily weighted toward "incentive" pay as a result of increased net income rather than improved health outcomes).

The idea that the CAC cannot challenge or require a more thorough analysis and explanation seems ludicrous since there is nothing that requires the City Council to grant the expansion they propose. If the MIMP is approved, Swedish gets a special dispensation as a major institution to overlay its uses on top of the underlying zoning but approval is not automatic.

Sustainability

The proposed level of development presents serious issues with respect to infrastructure demands and energy requirements. It also raises questions about the “carrying capacity” of development of such scale in a neighborhood of decades old houses and century old sewer pipes. Beyond that, the size of the floor plates and uses will require that all spaces are “conditioned” and that access to natural light and air will be exceedingly limited. How is Swedish going to handle the increase in storm water run-off resulting from the creation of even more impermeable surfaces?

The CAC should demand that Swedish demonstrate how it will respond to issues of energy use, water re-use on site and wastewater. **How will Swedish be a good citizen with respect to environmental sustainability?** Sustainability goes beyond energy use and includes life cycle impacts of development. Will Swedish commit to using products that are formaldehyde-free, for example. Will it commit to LEED Platinum standards for all construction? Better yet, will it adopt the Living Building Challenge for construction

and operation? Will Swedish participate in the 2030 Challenge that many have signed on to in the metropolitan area? What is Swedish’s commitment with respect to climate change initiatives?

Open Space

The expansion schemes do not appear to identify any open spaces within or along the perimeter of the Swedish property. The quality of the experience of the user and the neighbor and access to natural air and light is an important part of the urban environment.

The CAC should require that the campus include publicly accessible open space that may be clearly understood as public. A way to get this started would be to do an analysis of current edge conditions on all streets both along the perimeter and internally and evaluate what currently works and doesn’t. This can provide a basis from which to discuss how this might change as the campus is developed.

Construction Impacts

The proposed expansion will have enormous impacts on the adjacent neighborhood as construction occurs over a long period. The CAC must set guidelines for how this construction can be staged and how impacts can be mitigated.

Design Guidelines

Because under the current ordinance, Swedish will be exempt from design review by both the Neighborhood Design Review Board and the Seattle Design Commission, it will have freedom to design and develop as it wishes. Consequently, the CAC must create robust design guidelines that will be binding upon the institution. This includes description of edge conditions, building modulation, open space and other matters. These guidelines should be as detailed as possible and should anticipate as many conditions as possible. Unlike an institution like Seattle University which prides itself on design excellence and believes that having a truly beautiful campus is central to its mission and to attracting students, faculty and staff, Swedish, on this campus does not appear to have the kind of commitment to design excellence that it has demonstrated in parts of its First Hill campus. I say this based on the buildings that it has developed since it joined with the Sabey Corporation in this venture. Without clear and enforceable design guidelines, Swedish will be free to develop buildings as it wishes and the neighborhood will be poorer for it.

Over the course of a number of years, Seattle University has developed a commitment to opening its campus to welcome the community. Swedish needs to revise its approach to architecture to remove monolithic walls from the edge of the campus.

The Land Use Code Can Be Your Friend

The CAC needs to review very carefully the land use code as it pertains to Major Institution Master Plans and to keep it in the forefront as it review proposals for expansion. It clearly states that institutions are strongly encouraged to develop within their boundaries, that it step down heights relative to neighboring uses, etc. If you refer to the Land Use Code on this project, you will find language that supports the ideal of achieving an institutional/neighborhood relationship that is constructive and productive.

In closing, the CAC needs a clearly defined long term plan for a series of meeting agendas that delve systematically into these and other issues. Its time should be well spent on substantive and pertinent discussions. Through these discussions, the CAC will arrive at its own series of recommendations to the City with respect to the Swedish MIMP proposal. The neighborhood is depending upon you to undertake a vigorous and thorough evaluation of all the issues.

Sincerely,

T. Ellen Sollod

c.c. Steve Sheppard, Department of Neighborhoods
Diane Sigamura, DPD
Stephanie Haines, DPD
Karen Gordon, Department of Neighborhoods
Anne Schuessler, 12th Avenue Stewards
Squire Park

August 2013

I am a 35 year resident of Squire Park. I am writing to voice my strong objections to the proposed expansion of Swedish in my neighborhood. I live a block from 14th Ave and a block from E Cherry. Seattle U was able to change zoning to allow increased building heights along 14th which will dramatically change the character of my neighborhood. Now Swedish is proposing even more dramatic changes. I strongly object to the proposal for the expansion to cross E. Cherry St. This will totally change this residential block and adversely affect the value of people's homes as well as negatively affect their daily experience of their homes. In the long term it can have the adverse effect of changing the neighborhood from owner-occupied to one of rentals. Also, I live in the area that could potentially be in shadow part of the year according to the shadow studies in the preliminary draft of the environmental impact study. This is not acceptable to me. Lastly, thinking of my daily walks through my neighborhood, should this expansion go through, I will be assaulted by even more walls of buildings, more obstructed vistas, more streets closures. This neighborhood has had enough.

Jane Sherman

8/11/13

As the committee reviews the bulk, height, and scale issues related to the Sabey/Swedish project, I hope you recognize how out of scale it is to the surrounding residential neighborhoods.

According to SMC 23.69.032: *The Director's analysis and recommendation on the proposed master plan's development standard's component shall be based on the following:*

- a. *The extent to which buffers such as topological features, freeways or large open spaces are present or transitional height limits are proposed to mitigate the difference between the height and scale of existing or proposed Major Institution development and that of adjoining areas...*

There are other ways to meet this standard. But in all cases the project needs to blend or transition into the surrounding neighborhoods. None of the remaining proposals meet that standard.

At the June 18th committee meeting it was pointed out that the present 105' building along Cherry Street gives the campus a Fortress Swedish appearance. Raising the building heights to 200' will only make this problem worse. In addition, raising the building height from 30' to 50-105' on the Sabey owned Spencer Technology lot compounds the problem. The height of these buildings adjacent to 30' residential height limits is not a reasonable transition. The 70-75 families living in the so called North Block Opportunity Area would be walled in on two sides: 200' on the south, and up to 105' on the west. It is an understatement to say this would not be welcome.

Because of campus development that has occurred during the last five years, the only logical place for growth to occur is on the campus periphery. Please question that logic! None of the proposals have the center of the campus being developed with a step-down in heights to the neighborhood as the SMC requires.

If Sabey/Swedish wants to undertake such a massive expansion they need to be willing to develop the center of their campus and transition to the periphery. The surrounding residential neighborhoods should not be made to pay the price for Sabey/Swedish's poor planning.

Sincerely,

Kenneth J. Stangland, M.D.

August 12, 2013

SMC/Cherry Hill Citizen Advisory Committee c/o Steve Sheppard

Seattle Department of Neighborhoods 700 5th
Avenue, Suite 1700
Seattle, WA 98124-4649 Committee

Members:

This letter is to follow up and expand on some of the comments made at the last CAC meeting, as well as comment on the most recent developments. Please include this letter as part of the public record and distribute it to all CAC members. This letter does not address all the issues of concern, but focuses on what was discussed at the July CAC meeting. I am writing this letter as a near neighbor, representative of the 19th Ave Blockwatch/squire Park Neighbors, and a former member of the CAC for the Providence Medical Center (now Swedish Medical Center) 1994 MIMP.

Boundaries

First, I want to acknowledge Swedish Medical Center (SMC) pulling back the alternatives that would have extended the MIMP boundaries north and south, including street vacations. I also want to acknowledge the work that the CAC has done so far and its thoughtfulness to help SMC move away from some of the alternatives now off the table.

I also agree with several of the comments that continue to question the remaining options to increase heights up to 90' along 18th Ave. This edge would be directly along the fence line of the homes with a maximum height of 30'. And remember, on the east side of the campus, 18th Ave is the top of the hill, so height there is even more impacting. Under the 1994 MIMP, all options proposing anything higher than 37' along the 18th Ave edge were immediately unsupported by both the previous CAC and the City (DPD and others that reviewed and commented on the EIS). With the exception of Option I, these remaining alternatives are contrary to the intent of how the edges of a major institution should relate to the surrounding neighborhood and should be opposed.

No options have been proposed or considered by SMC or DPD that would consider a 37' height along 18th Ave edge as either a flat height or staggered/stepped height, with any setbacks.

Option 1 does not reflect the 1994 MIMP, the baseline (See Height, Bulk, Scale, and Intensity below). The CAC has the ability to instruct the EIS to consider this alternative and it is not within SMC's purview to define and limit the alternatives to be evaluated.

Height, Bulk, Scale, and Intensity

I agree with Bob Cooper's statements concerning the declaration in the Concept Plan (dated February 7, 2013) that the former MIMP allowed a "development envelope" in the same way the current ordinance provides. You will vote on such "development envelopes" in the current process. Under the 1994 MIMP developed under the prior Major Institutions ordinance, that CAC approved specific buildings for specific sites and uses, not "development envelopes". So Option 1 is not an accurate display of what was allowed under the 1994 MIMP. In fact, Option 1 was proposed as a minor amendment of the 1994 MIMP. The City Hearing Examiner determined that DPD was in error to determine Option 1 was a minor amendment under the *current* Major Institutions ordinance. The City Hearing Examiner determined it was a major amendment, not a minor amendment, which is why SMC initiated a new MIMP process and you are on the CAC now. Please do not base your decisions in this planning process on the false assertion that some sort of "envelope" already exists. If it did, Sabey would have already built it. I submit that Option 1 is actually a viable option to represent growth along 18th Ave and is different than the 1994 MIMP. The 1994 MIMP set a 37' maximum on the half-block east of 18th Ave with a series of separate, smaller buildings to:

1. more closely mimic the heights of homes along the western side of 19th as a transitional mechanism for the neighborhood and
2. compensate for some green space that was lost on other parts of the SMC campus.

Also, do not assume existing structures will continue to occupy the property throughout the life cycle of the plan in its current configuration. It may be necessary to relocate uses and replace structures in order to more appropriately fit the functional uses of SMC into the neighborhood while addressing SMC's needs for neurosciences and heart centers. It can vacate the Northwest Kidney Center since another is located within walking distance. The Towers can replace the licensed massage therapists, naturopaths, MSWs, and the gym for neurosciences and heart services. Combined, these buildings would provide additional square footage for Swedish without major or new construction. SMC could seek to establish a campus elsewhere where excess square footage could be located. SMC has not made a case for why the heart center and the neurosciences center have to be co-located. Your purpose and responsibility is to facilitate SMC's

allowable development in a way that best fits the neighborhood, not to save SMC or Sabey money or by assuming they are constrained by current uses for any particular structure. Those concerns and considerations are beyond your scope and responsibility on the CAC.

This is not an actual hospital expansion. No additional in-patient beds are being added. SMC would be required by the State of Washington to complete a Certificate of Need for hospital expansion. The State would determine whether the expansion uses are justified relative to other hospital services available in the area. I agree with T. Ellen Sollod's comments based in part on several recent Seattle Times articles about area hospitals and their bottom line:

"The expansion proposal seems to be driven more by the need of the Sabey Corporation to achieve a certain level of return on investment and for the Swedish CEO to achieve certain profitability matrices that are used to calculate his compensation package. Of all hospital CEOs in the area, Swedish's CEO compensation is more heavily weighted toward "incentive" pay as a result of increased net income rather than improved health outcomes)."

While the MIMP ordinance does not allow the CAC to question the ever-changing assumptions put forth by SMC on the need for additional space, the CAC has been given clear direction that its charge and responsibility is to question the height, bulk, scale, and intensity of the proposed "development envelopes" based on compatibility with the neighborhood. Alternatives that would allow a massive building up to 90' (or 65' or 50') on top of a steep hill along 18th Ave are completely incompatible with the neighbors to the east at a lower altitude. The height, bulk, scale, and intensity to accommodate SMC's needs should be concentrated in the center of the campus and toward the west-end where it butts up against the Seattle University athletic facilities wall. The edges of the campus need to be much lower so they relate to the residential neighborhood on the north, east and south sides of the campus. I encourage the committee to support 37' or lower as the maximum height along 18th Ave.

Transitional Uses

As part of last month's discussion, the subject of retail was discussed. Street-level retail could help relate the campus to the neighborhood if done appropriately. It should serve the neighbors and the projected increased employee population on the campus, reducing or eliminating the need to draw outside customers who would exacerbate the neighborhood parking problems. In order to keep any retail neighborhood and campus centered, restrictions can and should be written into the plan that would restrict hours and make the retail space available to small businesses with tighter parking restrictions than currently in place to minimize destination shoppers. In any case, all of these businesses on campus must be available and open to the

neighborhood residents as documented in writing, unlike the gym currently located in the Towers on 18th Ave. The neighborhood had a verbal commitment with PMC, which SMC and Sabey have refused to honor. Otherwise, I would oppose any retail.

Transportation and Parking

Currently, the SMC commute trip reduction (CTR) and transportation management plans (TMP) are in non-compliance and only 5.35% of SMC campus employees live in the 98122 zip code area, which means:

- campus employees who live in the neighborhood are an anomaly
- the neighborhood has parking and transportation problems

The impact of retail parking that might happen in the surrounding neighborhood is one of my least concerns. I am more concerned with the continuing use of our neighborhood streets by employees and vendors. Within the past week, we have witnessed employees (dressed in scrubs) returning to their cars parked on RPZ zoned streets in pairs every two hours so they can switch parking places to avoid paying for parking or getting parking tickets. In other cases, they park their cars while their cheap burglar alarms go off for hours, requiring us to contact the police for noise ordinance violations.

The former Standing Advisory Committee never received a report showing compliance, and in recent years received no reports at all (in apparent violation of the law). DPD has been unable or unwilling to provide the requested report information to the Squire Park Community Council. I ask that the CAC request the reports as part of its analyses.

I ask for CAC consideration that those blocks currently marked for RPZ 2 parking should be expanded in scope to the RPZ restricted for permit holders only (e.g., west near SU's Campion Hall) or the time allowed for non-permit holders reduced to one hour. Finally, there should be some penalty included in the final MIMP for non-compliance with the CTR and/or TMP. A financial penalty would pay for neighborhood mitigation.

I also have concerns about the current data collection for parking and transportation to be part of the EIS. Sampling so far has only been conducted during the peak vacation time. Also, I ask whether campus employees knew when the transportation and parking data was being collected so far. We saw a significant drop in parking violations and abuses, as well as less traffic around the campus during the data collection period on 19th Ave between Cherry St and

Jefferson St.
Flooding, Shadow and Light

The proposed levels of development raises serious concerns and questions about infrastructure demands and current "carrying capacity" in a neighborhood of century old houses with century old sewer and drainage pipes. Jefferson St and 22nd Ave is a stormwater overflow zone that floods the street during heavy rains from top-of-the-hill run-off and overflows of the drainage system at the current capacity. According to King County maps, the SMC campus sits squarely on a drainage basin. Also, some properties along Jefferson St between 18th and 19th Ave have had soil samples that show there was once a creek bed along the south side of Jefferson. Under the 1994 MIMP, the proposed structures in all of the alternatives and Option 1 required the hospital to install an underground holding tank about the size of half the 18th Ave block to prevent flooding into the stormwater system and into the homes along 19th Ave. The CAC should demand that SMC demonstrate how it will respond to issues of water re-use on site and wastewater as part of the EIS.

The shadow and light studies by SMC and Sabey that were done for the minor amendment request (37' building along 18th Ave) showed that the building would not cast any shadow only during the summer months on the residents along 19th Ave. Currently the shadows from the Towers casts only partial shadows, even during winter. One consideration to mitigate shadows would be to use a formula to allow for height in exchange for set-backs to have no net loss of shadows/daylight exposures. For example, the 37' building(s) would have set-back requirements and/or terracing along the eastside of the properties to maintain the current level of shadow and sunlight on 19 Ave. Along these east property lines, 50' building(s) would have greater set-backs, 65' building(s) even more, and 90' building(s) more still, mitigating the impacts on the neighborhood. The 37' building would be the deepest (between the entrance on 18th Ave and rear on the east property line) while the 90' building would be the skinniest. To ensure that promises are kept and prevent a history of broken promises from repeating itself, easements to prevent construction outside these perimeters by anyone could be executed.

Design Guidelines

SMC will be exempt from design review by both the Neighborhood Design Review Board and the Seattle Design Commission. SMC has the freedom to design and develop as it wishes.

Therefore, the CAC must create robust design guidelines that will be binding upon the SMC. This includes description of edge conditions, building modulation, open space, bulk, scale, intensity, materials impacts, sightlines and views, and other matters. These guidelines should be as detailed as possible and should anticipate as many conditions as possible. The CAC has the opportunity to help SMC transform into an institution that prides itself on design excellence and believes that having a beautiful campus is central to its mission. Such a campus attract clients, staff, and programs, and with that, dollars. SMC does not appear to have this kind of commitment to design excellence based on its First Hill campus since it joined with the Sabey Corporation. SMC needs to revise its approach to architecture to remove monolithic walls from the edge of the campus.

I urge the CAC to push for:

- Restricting development on the SMC/Cherry Hill campus to its present boundaries
- Concentrating the greatest height and bulk of future development to the center and west portions of the campus
- Keeping a meaningful transition to the surrounding residential neighborhood – especially the homes along the eastern edge of the campus
- Adding a new Alternative for EIS consideration with 37' height along the 18th Ave boundary
- Incorporating small retail space only on street-level that must be accessible to the neighborhood into the plan
- Keeping SMC to its promises to reduce traffic and associated parking problems in the surrounding neighborhoods with financial consequences to pay for neighborhood mitigation
- Ensuring enforceable mitigation from flooding, shadow and light
- Achieving some clarity in SMC's plan for what they intend to locate within their campus with clear and concise design and mitigation requirements

Please remember that you do not need to assume buildings and uses now in place will continue to exist -- your job is to accommodate the needs of SMC (and not those of Sabey) as harmoniously as possible within the *existing* residential neighborhood. The Major Institution ordinance discourages Major Institution expansion and encourages concentration within existing boundaries. It also supports community connectivity and vitality as part of the MIMP process. You need to review very carefully the land use code as it pertains to Major Institution Master Plans and to keep it in the forefront as you review proposals for expansion. It clearly states that institutions are strongly encouraged to develop within their

boundaries and to step down heights relative to neighboring uses, etc. If you refer to the Land Use Code on this project, you will find language that supports the ideal of achieving an institutional/neighborhood relationship that is constructive and productive.

Thank you for your consideration and for your service

Vicky Schianterelli

8/16/13

Greetings CAC:

My name is Pierre Bradette. I live directly across from Swedish on Cherry at 701 17th Ave #305. My home will be significantly impacted with whatever plan that is finally approved. My primary goal in my email below is obviously to minimize that impact on my home. I am also interested in the overall impact that the proposed plans would have on the neighborhood.

I attended the Swedish/Cherry Hill CAC meeting on July 18th. I found the meeting very helpful and informative. The range of issues that you are tackling is enormous. And I appreciate the diligence and creativity you are approaching this task with. I greatly appreciate what you are doing for the city, for Swedish and for the community.

I had two major concerns with the remaining proposals that I'd like to call to your attention.

First Concern

The first concern has to do with the 200' height on the north and west edges of the potential new building. The proposed height on the northern edge is truly massive in scale. Sunlight would obviously be reduced, especially in the winter months. Same goes for moonlight at night. These on their own would create such a different feel for our corner of the neighborhood. At night especially, such massive height would create a very dark valley. I am imagining that it would be compensated for with street lamps. But that seems such a sad compensation for the loss of overall natural lighting. In addition, while walking home one evening, I realized that a 200' building would block the view of the tower at the center of campus. That to me would be a huge loss of a unique element of character to this neighborhood. I strongly urge the CAC to look for alternatives. It was suggested at the meeting that the height could be concentrated in the center of campus. I'm not sure that is a completely adequate solution. Please explore additional possibilities to meet Swedish's stated need of the 3.2 million additional square feet.

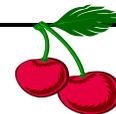
Second Concern

My second concern has to do with the Spencer Technology building. Under the latest proposals, the proposed height extensions would completely block my view of the city. While that is definitely a consideration, the more important consideration is that it would completely block all of the afternoon and evening sun for my building. I find this completely unacceptable. The committee should not allow building to rise above its current height restrictions. I can't help but imagine that if the CAC allows this building to rise about 100' in combination with having a 200' building to the south of me, my condo building as well as the town homes and houses that surround it would be in a valley of darkness and shade. We would get direct sunlight (and by extension moonlight) only from mid morning to mid afternoon. I would urge the CAC to find this unacceptable for this corner of our neighborhood. I look forward to attending the next CAC meeting in August to see how my concerns have been addressed.

Thank you.

Pierre Bradette

Cherry Hill Community Council
We don't meet; we do!



September 26, 2013

Swedish/Sabey Citizen's Advisory Committee

C/O Steve Sheppard

Dear CAC Members:

The members of the Cherry Hill community are concerned that the Swedish/Sabey EIS has been delayed and current plans are to distribute it to you around November 21st. Even at this preliminary stage in the review process it is imperative that the CAC and neighbors have an opportunity for thorough review of the EIS. We are all volunteers and to expect us to give up our holiday traditions and celebrations with family and friends is totally unreasonable. We request that you ask Swedish/Sabey to revise the schedule so that the EIS is distributed after the holidays, allowing us all to have the time to adequately review it and to give it the careful consideration it needs.

Thank you in advance for your consideration.

Cherry Hill Community Council

September 2013

Hi Steve,

My name is Jose Guevara and I live at 700 16th Ave, Seattle WA. I was not aware of the proposed Swedish/Sabey Cherry Hill expansion until we moved in at the end of 2013. I was shocked when I learned about it and it is unacceptable from Swedish/Sabey. I object this 100%.

I have read the proposal and I want to highlight three of the major issues that will affect our neighborhood and will make it completely unlivable in the daily basis:

1. Expansion Boundaries - As an example, Spencer Technology property is not owned by the institution and should stay as residential zone.

2. Height Expansion - This will have a significant impact for continuous shadowing and shading of residential property. The view and look of the residential neighborhood will be affected tremendously.

3. Traffic - It will have a greater impact in the neighborhood

I am really concerned about this situation and after reviewing the information, another alternative needs to be done. I will appreciate if you can pass my comments to the right people so all of them will be aware of the huge problem that will cause to our neighborhood.

Regards,

Jose Guevara

November 2013

I have been unable to attend the CAC meetings, but wanted to give some feedback.

By and large, the scale of some the the buildings under the proposed design alternatives for the Swedish Providence campus are pretty frightening and very much out of character with the rest of the neighborhood. We have a residence at 17th and Cherry that currently is part of a very pleasant residential neighborhood. The height and massive scale of the proposed development would seem appropriate on First Hill where there are already several towers and overall height limits are higher, but on Cherry Hill we have not been rezoned for that type of development. The main campus, push the 100' tower across Cherry right in front of our building would put us in a veritable cave. I implore you to come up with an alternative that is less disruptive to the character of the neighborhood and favors smaller structures to blend in with the neighborhood, keeping the large structures only in the center of the campus.

Chris Cole

November 5, 2013

To: SMC Cherry Hill CAC

From: Ellen Sollod

Re: Draft EIS review

In April 2013, the CAC sent a letter to DPD requesting that the EIS evaluate alternatives that eliminated the boundary expansion north of Cherry and that **both** eliminated the boundary expansion north of Cherry **and** the requested street vacations of 16th and 18th Avenue. It is my understanding that neither of these alternatives were included in the preliminary draft EIS documents that you will begin to review on November 7, 2013. I am writing to request that you reassert your request

that these alternatives be evaluated and that Swedish be strongly encouraged to either accommodate their needs within the existing boundaries or through development elsewhere.

Seattle Land Use Code 2334.124 B states that the selection of boundaries should be natural edges such as streets. Expanding north of Cherry does not respect the arterial or the residential neighborhood and puts pedestrians at risk. According to the Land Use Code, Swedish's intention to build, or Sabey's prior real estate acquisitions, should not be the basis of the district boundary. The urban design framework set out by the City is not based on the institution's desire to build but upon the goal of arriving at a mutually beneficial relationship between the institution and its neighbors.

I encourage the CAC to ask that the EIS consider all property within the existing MIO as potential development sites including the re-hab building on 16th, facilities occupied by Lab Corps, the Kidney Center and miscellaneous medical and other offices in Jefferson Tower. I would also encourage that part of this evaluation include putting parking underground rather than expanding parking or using valuable real estate for the single purpose of parking. By extension, this means evaluating building upon the current parking lot sites and placing the parking underground.

While SMC is not required to disclose uses in the MIMP process, some disclosure of use or intent seems essential for an adequate EIS. For example, traffic impacts of laboratories or research facilities that basically have a set staff but few visitors are distinctly different from clinics with patients visiting hourly throughout the day. Sabey has extensive holdings in data centers around the country. It would be easy to speculate that Sabey would put a data center on its property with the rationale that it is holding medical records. Data centers have very significant environmental impacts as their energy demands are high and constant. How will the EIS evaluate this possibility if Sabey does not disclose this potential use? Urban design impacts of data centers are likewise significant in that these buildings have no windows or fenestration. How can that be mitigated relative to the community character?

I ask that the CAC request that these matters be included in the draft EIS that it will receive in early 2014.

Thank you.

10-13

Karen Rodriquez [karenrae.rodriquez@yahoo.com]

To Steve Sheppard and et al:

I question the validity of the Swedish Medical Center Citizen's Advisory Committee. The reason I question the validity is because nobody on the Citizen's Advisory Committee lives on 19th Avenue, between E. Cherry and E. Jefferson, nor do they own property in the area that will be directly impacted by the Master Plan. It appears that our city officials allowed Swedish/Sabey to handpick the committee. Most of the members are architects, developers, companies involved in healthcare. These are people with "special interest" who can benefit from the master plan. From the 12 member committee there are only 2- 3 people on the committee who are not architects, real estate developers and people with medical interests. And of these 2-3 people- none live on 19th between E. Cherry and E. Jefferson and one actually works for Swedish. NONE will be directly impacted by the Master Plan. I feel the city has slighted the community by allowing Swedish/Sabey to handpick the Advisory Committee to favor their interest . I feel this is a sham citizen advisory committee which allows Swedish/Sabey to manufacture an artificial citizen's consensus.

I live directly behind the Swedish's parking lot on 19th Avenue and nobody informed me of the last couple meetings. This is how much the Advisory Committee cares about the community members directly impacted by the master plan. I object to the social economic inequality of this advisory board.

Also, I object to having a 4,500 parking stall facility directly behind my house. Swedish already has a parking facility on 16th Avenue, which always looks half empty. I believe the reason it looks half empty most of the time is because Swedish/Sabey charges too much for parking. This causes their employees to constantly take breaks to drive around our block every two hours! I see this constantly and I've heard Swedish employees complain about the high cost of parking. This currently brings too much traffic and air pollution on 19th Avenue. I would like our street to have parking for our friends & family. 19th avenue is a bike route and there are many students and families walking to school, to the Boys & Girls Club, to DSHS, and to the neighborhood park across the street from the master plan. My main concern is for the health and safety of our community who has to contend with all the extra vehicles racing around the block and who has to breathe the car exhaust. According to the New York Times, Research Health, Exhaust from cars and trucks exacerbates asthma, and causes other respiratory illnesses and heart problems resulting in death. It found "evidence of causal relationship" between pollution from vehicles and impaired lung function and accelerated hardening of arteries.

Those of you who are involved in the planning should consider the community needs and compare your street with our street. My bedroom window is facing the master plan. How would you like car exhaust coming into your bedroom? How would you like a 9 story building taking up the whole block overshadowing your backyard? How would you like the sun being blocked from your garden? How would you like to hear the noise and have bright lights shining into your widows at night? How would you like your privacy invaded? How would you like to risk the health of yourself and your children?

This parking garage will only benefit Swedish/Sabey and their hand selected special interest group, because it will drum up business at the expense of the community. The City will benefit because the city will generate revenue- from people who refuse to pay for the parking stalls. A 4,500 parking garage doesn't benefit our community at all. Our community needs jobs, not more cars and pollution.

10-13

Pierre Bradette

I would like to submit for consideration and for matter of public record my feedback to be used in establishing the scope of the Environmental Impact Statement (EIS) to be developed by the DPD for the Swedish Cherry Hill proposed Major Institution Master Plan revision submitted by Swedish Cherry Hill and Sabey Corporation on 2/12/2013.

I live at the corner of 17th and E Cherry, north of the existing campus.

I would request that the DPD prioritize the following in scoping the EIS:

1. Economic disruption on the Market Value impact on properties surrounding Swedish Cherry Hill
2. Land Use
3. Height Bulk and Scale
4. Aesthetics/Shadow
5. Housing
6. Transportation
7. Noise

Impact of the Proposal on me:

I would be impacted by each alternative identified in the proposal submitted by Swedish/Sabey (Swedish Medical Center Concept Plan, published on 2/12/2013). The greatest impact on me would be Alternative #3 of the proposal as described under MIO-50 of the Alternative 3 site plan. MIO-50 indicates that Swedish/Sabey wishes to expand its boundaries to include the land under which my condo building sits. While the proposal indicates that the land would not be subject to imminent domain and that Swedish/Sabey would only purchase the property when it became available, I fear that once a master plan is approved and if that plan does not reflect the City of Seattle's core values of a healthy, sustainable, integrated communities, that the potential economic impact as well as liveability impact on my property would be negative.

Please bear in mind that I am interested in seeing Swedish and Sabey succeed. I support intelligent, healthy growth that fits within and is supported by the community. Below are more expansive descriptions of my concerns beyond the numbered list above. My hope is that the DPD will carefully consider the proposal and all its proposed alternatives with the following feedback in mind:

- **Fitting in within the surrounding community context:** The MIMP should fit within the character of the community dynamic that has been emerging in this part of the central area over the past 9 years that I have lived here. I would like to see the proposal revised to require much more integration of the campus with its surrounding community and neighborhoods. As it stands the proposal describes a "walled off" complex that is inaccessible on most of its sides. That would create many dead zones around the campus that would not encourage a vibrant, growing, interacting community. It would cut the hospital and the community off from each other. (Scope Elements: Land Use, Height Bulk and Scale, Housing, Economic impact to existing home owners)
- **Minimize transportation/traffic impact** - DPD should carefully examine the impact to transportation and traffic in and around the campus as well as in the surrounding neighborhoods. In the 9 years I've lived across from Swedish, the traffic and congestion have only increased during that time. The number of accidents seems to have risen steadily in that time and there has been hardly any upgrade to public transportation options during that time. It is hard for me to imagine how the existing transportation infrastructure could accommodate a significantly larger campus and the implied traffic load that that would bring. Additionally, wiser use of land should emphasize more sustainable transportation usage and rely less on parking structures (Scope Elements: Transportation, Economic impact to existing home owners)
- **Minimize height growth** - I am particularly concerned about the shadow effects on all sides. I'm concerned about losing my view of the south part of the city because of the proposed new height limits. (Scope Elements: Aesthetics/Shadow, Economic impact to existing home owners)
- **Minimize the loss of housing stock** - It would be a great blow to the community if it were to lose housing stock to accommodate campus boundary expansion. One of the things that I love about my neighborhood is that it is predominately residential. I can imagine balanced approaches that would not sacrifice housing while still allowing Swedish to increase its anticipated capacity needs. (Scope Elements: Housing, Economic Impact to existing home owners)

- **Impact of noise from construction and normal campus operation** - Given that I live next to the campus, I am keenly aware of all the normal day to day activities of operating the campus. Additionally, I would be directly impacted by construction once the plan is approved. (Scope Element: Noise)

I appreciate the opportunity that DPD has provided to hear my feedback and the community's feedback in establishing the scope of the EIS. I would be happy to answer any questions that my feedback may prompt.

Thank you,

Pierre Bradette

November 20, 2013

TO: SMC Cherry Hill MIMP Citizen Advisory Committee

FROM: Ellen Sollod, neighbor & former member of SU CAC and Ken Torp, neighbor CC. Stephanie Haines, DPD, Steve Sheppard, DON, Karen Gordon, DON, Richard Conlin, City Council

RE: Preliminary Draft EIS

The following are my observations and comments after an initial review of the Preliminary DEIS. I know that public comment is not included at this stage in an official manner but hope that you, as committee members, will review and include these comments and observations as well as to use them to help formulate your requests for additional analysis prior to the publication of the DEIS.

We want to thank the CAC for their letter during scoping which requested additional alternates be evaluated and other measures. It was deeply disappointing to see that the Swedish was completely unresponsive to this request and hope that you will re-iterate the need for real alternatives to be evaluated rather than three renditions of rearranging square footage on basically the same footprint.

Please consider my comments as additional to those that are being provided by Bob Cooper. In the interest of time and space, I have tried not to duplicate his comments but to add ones. One can only conclude, when taken together, that the PDEIS is riddled with factual inaccuracies accompanied by farcical interpretations of the Land Use Code leading to Orwellian conclusions.

For example, the document states that rather than being located in the Squire Park residential neighborhood, SMC Cherry Hill (hereinafter SMCCH) is located in "Downtown Seattle": that the nonconforming uses north of the campus rather than being limited to a few parcels predominates over the existing single family homes that are

within an LR1 and LR3 zone rather than the other way around, that the boundary expansion north of Cherry on 16th Avenue increasing density by a factor of more then 10 plus 281 parking spaces accessed from a residential alley on a non-conforming use that is zoned L3 will have no impact on the neighborhood; that the vacation of a street has no

impact on neighborhood connectivity, that space on the roof of multiple story buildings constitutes open space; that the addition of nearly 2 million square feet and parking have little impact on the traffic of the neighborhood, that it includes blanks referencing setbacks as X with next sentence being boiler plate that says these are adequate, making the assumption that whatever SMCCH states will be acceptable, etc. These statements can lead only one to the conclusion that the PDEIS is lacking in integrity, independent analysis and is biased toward the applicant, SMCCH, who is paying for the EIS to be conducted. One can only conclude that the document **does not balance** a "Major Institution's ability to change and the public benefit derived from change with the need to PROTECT THE LIVABILITY AND VITALITY OF THE ADJACENT NEIGHBORHOOD (emphasis added).

Below are the highpoints of my review listed by page.

INTRODUCTION

" It is not anticipated that there would be significant impacts on earth/geology, energy

...and these elements are eliminated from further detailed study".

Energy impacts of 1.8 million square feet of medical use far exceed energy used by residential or office use. Medical uses considerable amounts of hot water, heat, and other energy requirements. The sheer addition of 1.8 million square feet of development puts a significant demand on the energy grid. Energy impacts should be evaluated in terms of both source and availability. The energy impacts are long term and continuous.

Adverse impacts of significantly increased demands on sewer/storm water infrastructure should also be evaluated. Again, medical uses require considerable more sewer services and the increased impermeable surfaces of this significant expansion

will place a greater burden on the neighborhood storm water infrastructure.

Section 1.2 Site and Site Vicinity

References north of the campus as multifamily and offices. All of the area north of the campus is zoned either LR1 or LR3. Office uses are non-conforming uses and are the minority of land use coverage in the area. The non-conforming use of these facilities should be noted here.

1.3 Description of alternatives

An alternative which was not evaluated that conforms to existing boundaries and locates uses more than 2500' away from the campus should be added. This should be an authentic alternative evaluated, not a throw-away like the "no build alternative". An alternative that does this could conform to the Land Use Code unlike all the other alternatives that provide for a boundary expansion that is expressly discouraged in the Code.

1.5 Significant areas of controversy

Street vacation that disrupts neighborhood vehicular transportation patterns should be added as a major controversy.

2.3.1 Consolidation of Services

-references Swedish in Downtown Seattle. Is it referencing the First Hill Campus here (which also is NOT downtown) SMCCH is located in the Squire Park Neighborhood of the Central District. Further this paragraph which discusses the "consolidation of services" talks about efficiencies that would lead one to believe in a reduction of growth would be in order, not an expansion.

2.5.1 Zoning (pag2-7)

This statement about the underlying zoning of the Spencer Technology (hereinafter ST) site not changing by the Council's approval of a MIO is completely bogus. While it is true that the underlying zoning will remain L3 and L1, making it part of the MIO ensures that this property will never be returned to its proper function as residential housing. It is conceivable that if the ST site were not included in the MIO, it could be sold and it would be developed as multifamily housing, adding to the availability of housing in the area and adding to neighborhood cohesion. Expanding the boundary to include the ST site maximizes the impact of the MIO on the adjacent neighborhood. The fact that the underlying zoning would remain the same is irrelevant once it is part of the MIO.

Table 2-1

Owned space outside the MIO

While SMC 23.69.008 Permitted uses allows that the Major Institution may include ones in the MIO that are not owned by the institution, for purposes of the EIS, the ST site is outside the expired MIO and represents a boundary expansion. Property not owned by the institution outside the MIO is not part of the equation. Sabey purchased the ST site with the intention, no doubt of expanding the MIO. However, the Sabey purchase of this property does not infer or confer it any status different from its existing non-conforming use. Under current zoning, Sabey could only develop this property as residential if it is not part of the MIO. To state in this table that this is owned by Sabey and implying that it is part of the existing MIO is misleading at best and a flagrant misrepresentation in actuality. Since no MIO currently exists, it is completely perplexing why this is noted as "owned space" when it is owned by an outside entity (Sabey) for a non-conforming land use.

Parking locations and Access

Access states that parking under the ST site is accessed from 16th Avenue while the diagram clearly shows access from the residential alley between 15th and 16th

2.9 Disadvantages

The current hospital use is 365 beds. The statement that this precludes the addition of 170 beds is incorrect. "Deferring action to address its stated medical needs of the community". This is SMC stated needs, not needs stated by the community.

3.1.4 Mitigation measures

All mitigation measures should be changed to "should/would/will" from "could".

The mitigation measures do not address any of the impacts of the height, bulk scale or the impacts of significant and continuous shadowing of residential property.

Pg 3.3.14 paragraph 2 reference to the Spencer Technology site.

"intensifying development by displacing an existing low-rise commercial building" It should be noted that this displaces a non-conforming use facility that would actually replace and preclude development of LR3 housing on this site. It states that this building would

be used as medical offices and parking NOT hospital beds. These uses could easily be located 2500+ from the existing campus in a commercial corridor such as 12th Avenue.

3.3.13 All building alternatives

All alternatives include a boundary expansion across Cherry Street to take ¼ block that is zoned LR1 and LR3. This is not contiguous to any existing boundary, crosses a major arterial and inserts an institutional use and 218 parking spaces into a residential street. This is fundamentally incompatible with City Code that applies to Major Institutions.

3.3.16 Impacts Specific to Alternative 5-This fails to mention that the ST site is a one-story non-conforming use. The use of this would violate the residential character of the neighborhood.

3.3.17

States that the MIMP would “employ measures to promote connectivity of the campus to the rest of the community” by a variety of measures. However the MIMP is silent on how any of this will be manifest. The MIMP confines itself to matters that affect the institution and ignores its relationship to the community. Further by vacating an avenue that provides important internal neighborhood vehicular connectivity, it does not promote connectivity of the campus to the rest of the community.

3.3.19 Site Access

Fails to mention access to the proposed 218 parking places under the existing ST site that would be accessed off a residential alley that is on a hill creating a very dangerous situation for drivers entering or exiting and putting a significant traffic burden on a residential alley, in effect turning it from a service alley to a street.

The vacation of 16th Avenue would also limit vehicular circulation. It provides neighborhood circulation that is an essential part of the street grid. Since SMCCH has already vacated 17th Avenue, it has already had impacts on the neighborhood's connectivity. Vacating 16th Avenue would force traffic on to 15th Avenue, thereby increasing traffic on adjacent streets. The PDEIS fails to state that City policy discourages street vacations in general. No need or justification for the street vacation is discussed. Furthermore, SMCCH would maintain access for emergency room services, loading dock and parking garages, consequently only eliminating access to neighborhood traffic while taking care of its own.

This description of impacts of all alternatives does not address the impact of shadows and shading which are significant because of the height and density of buildings being proposed. The impact of a “walled off” campus defined by towers ranging from 160-240' in height along the north and west boundaries are not described as impacts. When aligned with 25-30' single family homes, these towers have significant impacts.

3.3.21

Skybridges and Tunnels

The PDEIS fails to state that City policy expressly discourages skybridges.

3.3.23-23

UVG28 states that the SMCCH would “continue to promote diversity of the community...actively provide services to people of all economic means” but it fails to segregate SMCCH from the rest of Swedish and does not quantify or describe what the services have been or what they will be in the future, nor does it relate how this will address specifically the Squire Park neighborhood.

UV35

The statement that the expansion on the ST site is presented as if it is appropriate and has no impact on the surrounding community. SMCCH proposes to replace a one-story building adjacent surface parking lot and a single family house with a building up to 105' tall and over 200 parking spaces. There is no set back provided for the single family houses to the north of the property and the proposal would impose significant commercial traffic on a residential service alley.

UV36 Discussion

There is very limited commercial use along Cherry Street north of the campus and what is there is a non-conforming use. The area is primarily single family houses that are within the LR1 and LR3 zone. The predominant housing form in the neighborhood continues to be single family.

UVG30 pg 3.3.25

Earlier in the document, it states there are limited transit connections. This states that SMCCH is “convenient to walking and transit connections.” Which is it?

3.3.26

The next to the last paragraph states that Swedish “has an adopted Master Plan.” It does not. It expired in 2011.

3.3.27 states that there are multi-family and commercial uses on the north. This area is zoned LR3 and LR1; however the majority of the structures are single family homes. The commercial uses are non-conforming. It is factually incorrect to characterize the area north of Cherry as commercial and multifamily. While the zoning may be multifamily the majority of the

housing stock is still single family. Have the authors of the PDEIS ever toured the neighborhood?

3.3.29 Again states that parking is off 16th Avenue when they are showing the addition of parking facilities under the ST site that can only be accessed by the residential alley.

3.3.29 Section B2 Land Us LU72

States the ST site is already a commercial use and will not displace housing. In fact, ST is a non-conforming use. Its very existence already displaces housing that would be on the site were it not there. Bringing this site into the MIO precludes it from ever being redeveloped consistent with the LR3 and LR1 zoning, thereby eliminating potential housing that would contribute to a cohesive block. This is in stark contrast to what a 105' office tower on this site would do to the neighborhood. Consequently, it would not be consistent with the Land Use Policy referenced above.

LU77

The conversion of the ST site would violate this provision of the land use code

3.3.31 states that mitigation is described when no mitigation of any type is described or offered.

LUG34-Discussion

This in no way describes how the institution is "protecting the livability and vitality of the adjacent neighborhood." It basically implies that because SMCCH exists, it protects the neighborhood. The discussion is completely silent in addressing this part of the Land Use Code.

LUG35

This discussion is a complete fabrication. The current landscaping is inadequate and does not integrate with the existing neighborhood. Properties are poorly maintained, lots are vacant or used for surface parking with no landscaping. Loading docks and service areas are not shielded or landscaped.

LU182 –page 3.3.34

Discussion

There is no existing MIMP for SMCCH. This statement that it exists is erroneous. It expired in 2011.

LU183 Discussion

The MIMP does not describe any design features or mitigation measures. It does not describe setbacks or development standards.

LU186 p. 3.3.5

Discourage boundary expansion

The boundary expansion to the ST site is inconsistent with this policy and should be stated specifically as such. It is not contiguous. It crosses an arterial. It removes multifamily-zoned property from potential residential use.

LU194 p. 3.3.39 relating to setbacks

This entire section should be written at the time that set backs are proposed. This is obviously a case where the author of the EIS is simply using boiler plate language and demonstrates no intention of evaluating any aspect of these statements. They will basically fill in the blanks with what ever SMCCH says and call it good.

LU199 p. 3.3.41 Prohibit demolition of residential uses.

The ST site is zoned LR3 and is a non-conforming use. Replacing it with a medical office building will prohibit it from every reaching its residential potential. To say that no residences will be demolished is factually correct but exceedingly misleading since if it is not in the MIO, it has the potential to be returned to its appropriate designated use.

Furthermore, demolishing the single family house north of the site would violate this policy. LU201

The MIMP does not include any development standards.

3.4.1.4 Shadows

While the policy relative to this applies primarily to public open spaces, school yards, publicly owned streetends in shoreline areas, the intent cannot be that it is acceptable to cast whole residential neighborhoods into darkness for multiple months per year. The shadow studies included in the PDEIS unequivocally demonstrate that more than four square blocks north of the proposed MIMP would be in shadow for extended periods. This will render it impossible for residents to grow plants, edibles, fruit trees and the like.

Furthermore, the shadow studies only document December and June, neither March nor October are documented. If these

months were documented, even greater impacts than are noted in the Appendix would be evident.

Needless to say, there are many additional comments that could be included in this memo. Bob Cooper has commented on the rest of the PDEIS, including the necessity for a true evaluation of shadow and shading, sewer impacts and transportation. We encourage the CAC to demand that the DEIS reflect a more balanced and nuanced approach. This document reads specifically like it was written at the direction of SMCCH with little regard for the actual impact or facts and with negligible regard for the neighborhood.

November 14, 2013

To: SMC Cherry Hill MIMP Citizen Advisory Committee

From: Bob Cooper, neighbor & former Standing Advisory Committee vice--chair re: Preliminary Draft Environmental Impact Statement

The following are my observations and comments after an initial review of the Preliminary Draft Environmental Impact Statement (PDEIS). I know that public comment is not included at this stage of the process in an official manner, but hope you, as committee members, can include some or all of these comments and observations in your feedback in order to include additional analysis in the next iteration of this process.

Keep in mind throughout your review that "Major Institution" has a legal definition ---- in this case, that definition is "hospital." It is not office, research, retail, or any of a host of other uses.

The introduction states that "It is not anticipated that there would be a significant adverse impact on earth/geology (operation impacts), energy (usages of electrical and other forms of energy), and plants and animals, and these elements are eliminated from detailed study."

This is only true if:

1. Swedish's development partner, Sabey Corp., makes a binding pledge that they will not attempt to site a data center within the footprint or within the 2,500 impact area surrounding the site. A major component of Sabey's business is building data centers, and electronic medical records are required under the affordable care act, so such siting remains a possibility and could be logically connected to the mission of the institution:and
2. vegetation can actually survive during months of no sunlight ---- a scenario illustrated in the massing examples shown in the appendices.

Checklist:

The checklist on page vi notes groundwater is not reviewed. This is a major omission, since groundwater runs under at least a portion of the eastern edge of the property, affects adjacent properties, and could be altered by construction. A full

review of groundwater ---- where it is, how it would be affected ---- should be included in the DEIS.

As noted above, energy and natural resources should be fully reviewed ---- especially energy use and source. Risk of explosion is also listed as not reviewed, but should be since the institution uses volatile gasses and such gasses are regularly delivered to the institution.

Summary

The summary states the 1994 MIMP expired after a two year extension, but since it was an ordinance adopted by the city council, it is not clear that the MIMP could be extended with only the approval of the SAC.

It further restates "it is somewhat uncertain what extent transit service will be available to serve the Cherry Hill area over time" but does not delve into what those uncertainties may mean. It also postulates that the first hill streetcar impact is uncertain, but does not detail how something that passes ---- at its closest ---- about 1,000 yards away would have an effect.

It is unclear from the description of cumulative impacts whether or not they will include analysis of the adjacent Seattle University MIMP and how the impacts will be additive. This is addressed sporadically, but needs fuller discussion throughout the document.

Section 2.3 Mission

This section states community benefits and uncompensated care included "assisting patients with their rent in times of healthcare crisis." This needs to be quantified (along with disaggregated quantification of all claims in this section).

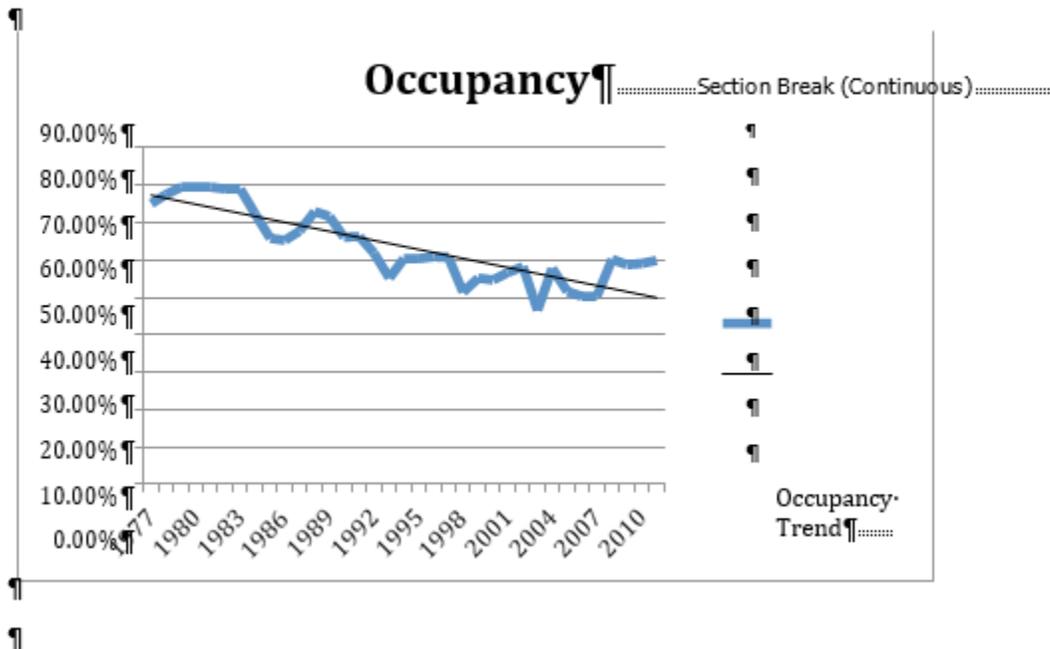
Section 2.3.1

This section claims the affordable care act (ACA) "will likely result in an increased volume of patients" but the aim of the act is to drive people away from hospital settings and toward primary care doctors. There is some evidence this is happening,

most recently in coordinated care organizations in Oregon under a Medicaid waiver experiment.

And much of the expansion of health care under the ACA will come in Medicaid expansion. But under Medicaid, Swedish has a track record of moving patients to other health care institutions instead of accepting Medicaid rates.

The discussion of meeting growth needs in this section is an assertion that also seems inaccurate when you examine historical occupancy trends filed with the state. Latest available reports are showing a current occupancy rate of 60% — a rate that has declined over time.



The campus has 385 acute care beds licensed by the state of WA, with a Medicare prospective payment system (PPS) exemption for a 36 bed rehabilitation unit and a 36 bed psychiatric unit. That is the historical low point — dropped from a total of 436 licensed beds at its peak from 1994 to 2003.

And unless it is referring to a facility I am unaware of, it seems inaccurate to describe the institution as "facilities located in Downtown Seattle"

Section 2.1

The map needs to have some sort of key to understand the color coding. The articulation of facilities needs to quantify the parking by location.

Table 2--1

It seems inaccurate to say Alt. 1 (no build) would have a use of 196 hospital beds, since the current count is 385 — which is reflected in the other alternatives. If the institution has articulated or intends a give--back of its bed count under the state's certificate of need, that should be stated.

Section 2.6.1

This needs more explanation, since no MIO currently exists. I am unclear whether existing buildings could be replaced without a new MIMP, since it would not comply with the underlying zoning. Is this describing a new MIMP under current limits?

Section 2.7

Inaccurate description of the Cherry Hill professional building — it is on the southeast corner of the 16th & cherry intersection.

Section 2.9

An additional advantage of deferring action would include more certainty regarding changes in Metro Transit service, since a 17% cut is proposed and would include routes affecting the campus.

Under disadvantages, the addition of beds is not clear, since I can't find, from examining state reports, that those beds are

now lacking.

Section 3.1.3.1

Is it accurate to say increased traffic volumes would not occur under the no-action alternative? Repurposing existing buildings could lead to increases.

The last paragraph on page 3.1--7 references EPA air quality monitoring at Beacon Hill. Will the EIS not establish a baseline air quality measurement on or near the campus? Will this not be monitored in the vicinity in the future?

Section 3.1.4.1 suggests open-bodied trucks could be alternatively wetted down to reduce dust and particulate matter. I am under the impression that WA law requires all loads to be covered on public roads.

it also suggests a telephone hotline maintained by the construction company. There also needs to be an additional line to Swedish, since it is their property and their responsibility to control adverse impacts.

Section 3.1.4.2

This section should include the option of additional traffic control (lights) or configuration (i.e., couplet) to mitigate traffic volumes.

Section 3.2.4.2

a number of mitigation measures are listed as "could be" ---- I would suggest these should be listed as "should be."

In Sec. 3.3--6, the PDEIS states "It is not the function of the DEIS to assess and apply the criteria for review and approval of master plans..." However, it IS the function of the DEIS to provide the information necessary to make such assessments. It is hoped the DEIS will provide that information.

Table 3.3--2 restates that the no-build alternative would reduce the bed count from the current 385 to 196, but no explanation is offered for how this occurs.

On page 3.3--13, the PDEIS erroneously states there were 238,023 square feet "of development rights remaining unused." This is wrong. The prior plan did not grant "development rights" ---- it approved specific structures for specific parcels. This is a fundamental difference of that plan under prior law and the current process under current law. Current law does grant "development rights" within approved envelopes.

Under the prior plan, Swedish and its predecessors chose not to build some of the specific structures in the plan (and move some functions such as a gym and inn to other buildings). But they did not have "development rights" in the same sense that the new plan will have those rights. This should be characterized accurately in the PDEIS.

On page 3.3--14, there is a mention that, during construction, some functions on the campus "may need to be temporary (sic) relocated to other Swedish Medical Center facilities and affiliates." If that is possible on a temporary basis, it should be explored why, for instance, some functions could not be moved on a permanent basis in order to keep the institution contained within current boundaries and lessen impact to the adjacent neighborhood.

In the discussion of the Spencer Technologies property, it should be noted throughout the document that the current use is non-conforming. I do not know the history of how this came to be (it should be articulated in the DEIS), but the underlying zoning makes it nonconforming.

On page 3.3--16, the PDEIS states vacating 16th avenue "would affect neighborhood circulation but would have a minor impact on neighborhood cohesion." This contradicts the very next sentence noting public comment that it is a major pedestrian and bicycle alternative to major arterials. This contradiction needs explanation.

The discussion of skybridges fails to acknowledge the city policy that tilts against skybridges, since they tend to remove pedestrian activity from the streetscape.

On page 3.3--19 is a section titled "skybridges and tunnels" but there is no mention of tunnels that have been mentioned in presentations to the committee as an alternative to the skybridges.

Discussion of the Spencer Technologies property addition (in this section and elsewhere) ignore the fact that it is beyond a natural boundary ---- Cherry St. is a major arterial ---- and seemingly contrary to development standards.

At the bottom of page 3.3--19, it is titled "alternative 7" but begins by talking about Alternative 6. Is this sloppy editing, or are they actually analyzing alternative 6?

On page 3.3--21 it clearly states no street vacations are proposed for this alternative, then goes on to say "access to parking would continue to be provided from a vacated 16th avenue." Are they just cutting--and--pasting boilerplate language? This does not seem to be a true analysis that the committee needs to make decisions.

Discussions of James Tower fail to note that it was redeveloped in a process that did not follow SMC, since no standing advisory committee was constituted to comment on the project. (It was, at least in part, the postcard they sent out telling

people there is "plenty of parking in the neighborhood" that led to complaints and the re-- formation of a standing advisory committee.)

On page 3.3--24, in the discussion of UV38, it is noted this policy would "permit limited amounts of development." Doubling square footage is then acknowledged to not be considered "limited" development, and should restrain the addition of square footage to the MIO.

The discussion of UV39 states incorrectly that the institution "has an adopted master plan, (and) that plan has expired." What this really means is that no plan currently exists. It should be stated clearly and described as the "expired" plan.

There are mentions of "mitigation" throughout the document, but rarely, if ever, is this "mitigation" articulated or analyzed.

On page 3.3--32, the PDEIS states "expansion of Swedish Cherry Hill is an issue of significant public interest" but fails to note that much of that public interest has been articulated to be in opposition to the more that doubling of square footage and soaring heights in the proposals put forth. Failure to include this level of detail should be corrected.

On pages 3.3--32 and 33, the PDEIS discusses the more than \$35 million in uncompensated care provided in 2012, but it is not clear if this is specific to the Cherry Hill facilities or system--wide. Again, they should either constrain discussion of benefits to the particular facility or discuss options to move functions to other parts of the system.

On page 3.3--33, the statement that "the perimeter is landscaped and designed in a manner to help integrate the hospital campus with the diverse edges of the surrounding areas" is clearly erroneous. The hospital's medical director has stated in a public meeting that --- especially in the design of the northern edge of the campus --- there are significant off--putting edges. I would add that the blank wall along Jefferson from 16th to the entrance on 17th is also not something that integrates the campus with the surrounding neighborhood, and thus the existing design is **not** consistent with LUG35.

Under the discussion of LU181, it again states that the campus has "adopted major institution overlay (MIO) zones. Not true, yet it is erroneously repeated throughout the document as if saying it enough times will make it true. If the prior plan is expired (it is), an overlay did, historically, exist, but currently no such overlay currently exists. It should be characterized accurately.

The discussion of LU182 notes a hearing examiner's conclusion that "The EIS is not the place for the balancing judgments that are reserved to the decision--makers". However, it IS the function of the EIS to provide information so that such decisions can be made, including a full discussion of alternatives and their potential impacts.

On page 3.3--36, it is incorrect to state that "due to the scope of Swedish Cherry Hill's proposed expansion, it is required to prepare a new master plan." The event that triggered the requirement to prepare a new master plan was the designation of a proposal for medical office buildings on the east side of 18th being ruled a "major amendment" to the prior plan.

The city Hearing Examiner determined the proposed amendment to the former plan was a major amendment on October 25, 2010. Seattle Municipal Code 23.69.026 states that a new master plan is required when *"A master plan has been in effect for at least ten (10) years and the institution proposes an amendment to the master plan that is determined to be major according to the provisions of Section 23.69.035, and the Director determines that conditions have changed significantly in the neighborhood surrounding the Major Institution since the master plan was adopted."*

This should be corrected in the DEIS.

On the bottom of page 3.3--37, the PDEIS states that "The existing and proposed setbacks in the proposed alternatives are more than those required in the underlying single--family zoning." This assumption cannot be made since setbacks have, by the institution's and PDEIS' own admissions, not been determined. This (and many other assertions throughout the document) appear to be predetermined, no matter what eventual decision is made on setbacks.

And how can it be determined (page 3.3--39) that "The x--foot setback provides an appropriate transition to the higher heights, and is consistent with this policy" when "x" has yet to be determined?

On page 3.3--40, how can the PDEIS determine that the number of proposed parking spaces is consistent with policy if the calculations are not complete? Again, as throughout the document, it seems the determinations are made and the data will be manipulated to fit the conclusions.

Discussion under LU197 contains another pre--determined conclusion without data --

-- that the institution currently meets its CTR SOV goals. It does not. To my knowledge it never has. This should be clearly stated in this discussion with a historical recitation of goals vs. achievements since the first TMP was filed.

The discussion on page 3.3--41 talks about employees being prohibited from parking on neighborhood streets, but needs to acknowledge that this happens with regularity despite the policy. There is also the impact of patients and vendors parking in the neighborhood that is not addressed.

On page 3.3--45 it is, again, unclear whether the charity care referred to is offered on the Cherry Hill campus or system--wide.

throughout the document, it is unclear whether references to work such as medical research, clinical trials, and other actions are site-specific to Cherry Hill. **All of these references needs to be site-specific and not credit Cherry Hill with actions that take place elsewhere in the system.**

For comparison, note the discussion of the Seattle U MIMP on page 3.3--51, which shows an increase of 2.145 million GSF over 20 years --- slightly more GSF than is being proposed for Cherry Hill, but over a much larger area and constituting an increase of only 4.4%. This seems much more reasonable than the doubling of square footage.

Also note the discussion of Swedish's much larger first hill campus, proposing to add less square footage than is being proposed at Cherry Hill (1.2m vs. 1.9m).

The PDEIS discussion here also fails to include explanation as to why the two campuses were not consolidated in a single MIMP (which is allowed under the code). The discussion of skybridges on page 3.3--57 fails to address point 5 above "reduction of and effect on pedestrian activity at street level" and how removal of pedestrians from street level --- even if only crossing to and from the garages --- diminishes human activity and vitality on the street.

The same is true in the discussion of the tunnel that follows, making it also inadequate.

Section 3.4.1.4 fails to fully analyze the impacts of shadows. Since portions of the new development could shadow areas and prevent direct sunlight from reaching the ground in several instances, this section needs further development.

In section 3.4.2.2 the environmental impacts of height, bulk and scale cannot be adequately determined if setbacks are to be determined later.

The statement on page 3.5--4 that the CRA has "a lower percentage of owner-occupied units than city wide or in the Central Neighborhood District" while technically correct, is misleading. The comparison is misleading. The more accurate comparison would be between the census tract and the city-wide numbers, where the difference is statistically insignificant.

Section 3.8.1.3 parks and open space.

This needs much more discussion --- especially about the spaces at the perimeter and how the institution believes it failed in previous design (especially along Cherry St.) to make them welcoming spaces to blend into the neighborhood.

This section needs discussion of potential mitigation measures (e.g., gray water use, etc.) for more than doubling demand on the water system.

Section 3.8.1.5 solid waste

This section needs more discussion -- especially under medical and hazardous waste as to what ultimately happens to the waste, and what increase in waste is anticipated under the various alternatives.

Page 3.8--11

It is stated alternatives 6 & 7 "include vacation between east Jefferson and east Cherry streets" --- but this is already vacated. It is impossible at this time to determine what is meant since the preliminary draft master plan is not available. (link broken)

Section 3.8.2.2 operation

Parks and open space --- this section asserts, with no detail to back up the assertion, that the build alternatives "are anticipated to have a positive effect" Assertions need to be backed up with facts.

Solid waste --- how can a determination be made on environmental impacts if no calculations have been made on future waste streams?

Finally, the distribution list for the draft EIS is incomplete. There is no broadcast media listed, nor is there any on-line media --- an especially important avenue to reach a younger audience that should not be ignored. (Publicola, Crosscut, Central District blog, others should be on the list).

I apologize for the length of this memo, but as you can see, there seem to be numerous omissions, errors, mischaracterizations, and misstatement of purported "facts" throughout the PDEIS.

I hope this is helpful as the committee comments on the PDEIS and that you can help fix as many of these problems as possible.

-Bob Cooper

MEMO

November 14, 2013

To: SMC Cherry Hill MIMP Citizen Advisory Committee

From: Bob Cooper, neighbor & former Standing Advisory Committee vice--chair re: Preliminary Draft Master Plan.

The following are notations of inaccuracies and mischaracterizations littered throughout the Preliminary Draft Master Plan. They are so numerous that I do not believe you can rely on any assertions made in the document without extensive documentation and evidence.

Because of this, I urge you to be very critical of the plan document. Page 2 (pdf page 8)

Background, Purpose and Process

This section erroneously infers that there was some gross allowance for square footage in the expired MIMP, instead of the former process where specific projects were designated for specific sites. There was not "unused" square footage ---- there was construction that the institution chose not to commence.

The word "entitlement" in the second paragraph is an inaccurate embellishment. The plan does not create entitlements.

Discussion of "community benefits and uncompensated care" needs to be confined to the Cherry Hill campus, unless the institution intends to spread consideration of its needs across its entire system.

page 3 (pdf page 9)

Needs

It is arguably inaccurate to say that the Affordable Care Act (ACA) will result in an increased volume of patients to the campus. The goal of the act is to reduce hospital care, and it penalizes for readmissions within 30 days.

Meanwhile, the vast majority of uninsured residents of WA who will become insured will do so under Medicaid. Swedish has, historically, provided proportionately less Medicaid care and proportionately less charity care than other hospitals in the state. So it is hard to see how this would reverse the current downward trend in occupancy at the facility.

Page 4 (pdf page 10)

Consolidation of Services

It is inaccurate to say the facility is "located in downtown Seattle." It is located, in fact, farther from downtown Seattle than the main Swedish campus on First Hill.

Neighborhood description

It is misleading to characterize institutions other than colleges or hospitals as "major institutions" as that term has a legal definition in this process. Those not "major institutions" as defined in the city code should be just called "institutions."

The history of the neighborhood is also incomplete. The minority influx into the neighborhood came as the Jewish population assimilated (after a similar assimilation of the Catholic population earlier) and moved out ---- making room for a largely African--American population that came to Seattle to work in the shipyards during WWII. The area was subsequently redlined by banks. When the African-- American population aged out and/or was priced out, and began moving primarily south, in the late 1980's is when the current influx of middle--class, predominantly Caucasian residents began. (A "Japan--town" area on the southern end of what is the Seattle University campus was assimilated by SU when many residents were sent to prison camps during WWII).

The history also needs to articulate more fully the assertion that the area is "marked by general economic prosperity, community efforts (whatever that means) and greater investment in housing and businesses in the area."

If the document is trying to illustrate an increase in density, a more detailed description of "re--platted several years ago to form smaller blocks" is necessary ---- I am unaware of what was re--platted and from what to what.

And the history section needs to acknowledge that the institution attempted to expand to 19th avenue and south across east Jefferson St. in its previous master plan process. A negotiated settlement pulled back the boundaries to where they stand today, with properties that had been acquired along 19th turned into affordable housing and at least one parcel south of Jefferson sold on the open market (it sat empty for many years).

The document states of the streets in the area "most have sidewalks on both sides of the right of way." The statement is misleading ---- I am aware of only a single block without a sidewalk.

It is implied that East Jefferson is not an arterial, although it is stated to be one later in the document (page 7 (pdf page 13)

page 6 (pdf page 12)

Building Resources

It should be noted that Cherry Hill Inn was, in the expired MIMP, designated as a separate building on the south east corner of the campus and the use was relocated to the west tower.

page 7 (pdf page 13)

The campus ownership map fails to designate ownership of properties without structures. It would be helpful for this to be corrected.

page 9 (pdf page 15)

Note that under current circulation and access they talk about E. Jefferson acting as a main circulation route for "transit transportation from first hill, downtown..." acknowledging here ---- in conflict with an earlier statement ---- that it is not downtown.

Transit access ---- it is inaccurate to say bus service is limited to routes 3 and 4. There are numerous express busses serving the campus, too.

Bike circulation ---- I believe it is inaccurate to say there are no dedicated bike lanes in the surrounding neighborhood. The city's bike master plan may designate more. this should be addressed.

B. Development Program Components.

It is inaccurate to refer to "current envelope heights." There are none. This can be referred to "heights for structures approved under the expired MIMP" or something else, but the prior process did not approve envelopes ---- it approved specific structures for specific sites.

There is an inconsistency in the needs projections ---- earlier in the document it talks about the facilities / central plant being inadequate, yet the table does not project any increased need in the category.

It is also unclear if the long term care under "existing SF" includes the rehabilitation center that is in the planning area but not owned by either Swedish or Sabey.

Alternative 6 should not include the phrase "reduced height east" since it proposes an increase in heights on the eastern edge of the campus compared to the structures approved in 1994.

page 20 (pdf page 26)

It is unclear under "qualities of the alternative" what is meant by "vacates 16th avenue to shift area from 18th ave half--block." Does this mean the half--block where they wanted to expand? Does this mean something else?

And while articulating improved internal connections it needs to note decreased external connections. (this is a failing in subsequent descriptions as well).

page 26 (pdf page 32)

The document states Swedish "requested exemptions of the following areas from the gross floor area." Has the request been granted? If not, it is more accurate to say "is requesting."

Were these areas exempt in the previous calculations? If not, exempting them now creates an apples--to--oranges comparison.

While mechanical areas are routinely exempted from calculations in other parts of the land use code, are the rest of the categories they are seeking to exempt also exempted?

page 28 (pdf page 34)

Maximum parking stalls are stated here ---- why are they not stated in the EIS? page 29 (pdf page 35)

The map fails to designate parking on the north east corner of the campus, gravel lot which may or may not be properly permitted as parking, as well as current use of land behind existing buildings as parking.

page 32 (pdf page 38)

Elsewhere in documents submitted, loading facilities are described as being in the wrong place and requiring accommodation to be moved. Yet the "future loading and service facilities" maintains current loading locations while adding a new loading facility. This requires explanation either here or in the conflicting descriptions elsewhere.

C. Development standards component

page 49 (pdf page 55)

It is inaccurate to say "the underlying zone SR--5000 has no open space regulations" if the zone only allows 35% lot

coverage. Presumably the remainder of such lots would be open space.

page 50 (pdf page 56)

The assertion that "the new MIMP provides accepted Seattle urban standards for the mitigation of building massing" needs detail. "Accepted" according to what? Is this a reference to city building / land use codes? Architectural standards? or something else?

An update on the status of the Carmack House historic designation is necessary (has anything happened since 10/21/2009?)

D. Transportation Management Plan

This is an especially crucial component of the document. To the best of my knowledge, the institution has never been in full compliance with its TMP (there were several years where plan reports were not made available to the standing advisory committee).

Assertions have been made that incentive programs and consequences for violating policies (i.e., no neighborhood parking) must be consistent across all Swedish properties. If this is so, the committee should be shown the labor agreements where these restrictions are said to exist.

Appendices

C and D will be especially important in evaluating these plans. Hopefully the institution will share drafts of these plans ahead of the draft MIMP so the committee has the opportunity to comment.

Abil Bradshaw

To Whom it May Concern,

My home is my world. Although, I have lived at this address for thirty-four years, I have only recently been fortunate enough, with my wife, to buy this 1903, three-story, Victorian home. If you and I knew each other better, I would invite you over for Sunday dinner.

Sunday dinner starts in the backyard garden, amidst the bursting flowers, manicured lawn and gorgeous leafy greens in the vegetable patch. As the sun warms our faces, a tiny dog barks in the neighbor's yard a couple of houses down, the chickens cluck some sort of triumph from a neighbor's yard in the other direction, and the low-tones of a car's stereo rumble by on the street. After the first stiff, cool, breeze we head inside where my lovely wife is preparing our dinner in a kitchen you only see in vintage advertisements. It's big, it's fully-equipped, and it is a pleasure to cook in.

We relax in the parlor with a glass of wine, or, better yet, a malty, complex, Belgian Tripel beer, while letting the conversation move from topic to topic. The parlor is a magical place where people feel the worries of the day drift away, lifted by the aromas wafting from a well-used kitchen. We happily move to the formal dining room to enjoy a home-cooked meal, beautiful by candle-light.

After dinner, we take our drinks to the front porch for a chat in the night air, and to see who wanders by. It might be the neighbors at the end of the block, who are just building an addition onto their home. It might be a member of the four-generation-family a few homes down, taking their 97-year-old, great grandmother for a walk. It might be the Japanese-American man two houses down, whose parents built that home before being forced from it, during WWII, and relocated in Washington's internment camp, which is now the Puyallup Fairgrounds. They unjustly lost their home, but he bought it back. It might be the teenage son of the family at the other end of the block walking their darling, spotted Dachshunds. It might be the talkative, young grandsons of the woman, who, physically, built her home as part of an incentive-to-buy, in the early 1980's, on the corner of 19th and Jefferson. They ride their bikes up and down, up and down this street. They make me laugh.

This block of 19th Avenue is being considered for destruction. This is the west side of 19th Avenue, between Cherry and Jefferson. If Option-3 is approved, these houses will be torn down. End of story.

Option's 1 and 2 are no better. They will dramatically alter the livability of this neighborhood. What I am trying to get into the narrative of this proposal to build a for-profit doctor's office-facility is that, this is not just a house and this neighborhood is not just a collection of people who need to move aside, or shoulder far worse living conditions for a building to be built.

From 18th to 23rd Avenues, from Cherry to Union, and from Jefferson to Yesler, there are old, young, African-American, Hispanic, White, and Asian folks living important lives. Many of us own, or are in the process of owning these homes, which help us elevate our financial lives and become part of the elusive Middle-Class. Without these homes we are in far worse situations. Without these neighbors, without these friends, without these particular traffic patterns that we live with every day, without these known variables, we are cast into uncertain futures.

This medical complex is not worth the upheaval of so many lives. Please understand this. Please recommend to the Seattle City Council that Sabey/Swedish/Providence abandon this plan and, if they must, build in a more suitable location.

Sincerely,
Abil Bradshaw

January 10, 2014

Seattle should update the Major Institution Master Plan ordinance to recognize the changing nature of the institutions covered

History:

“The intent of the Major Institution Master Plan shall be to balance the needs of the Major Institutions to develop facilities for the provision of health care or educational services with the need to minimize the impact of Major Institution development on surrounding neighborhoods.”¹

Seattle adopted a Major Institution Master Planning process more than two decades ago in response to perceptions that such institutions were spreading out, or intending to spread out, into adjacent neighborhoods.

*“Unique zoning rules are crafted for each major institution through the adoption of a Major Institution Master Plan that: 1) identifies a boundary (Major Institution Overlay District) within which the revised rules applies; and 2) identifies the specific rules that will apply to development within this boundary. **The objectives of the plan are to balance the needs of major institution development with the need to preserve adjacent neighborhoods.**”² (emphasis added)*

The “unique zoning rules” allow development above and beyond the underlying zoning standards as long as that development is functionally related to the mission of the major institution. This balancing of interests is in recognition of the necessity to accommodate the needs of the baker’s---dozen of non---profit hospitals and colleges as a trade off for the public benefits such institutions provide. Change:

Major institutions – hospitals in particular – are changing the way they operate. Notably, in this case, Swedish Medical Center hospitals are partnering with for---profit developers. In the case of Swedish Medical Center’s Cherry Hill campus in Seattle’s Central District, the institution has partnered with Sabey Corporation – a privately held real estate and investment company. (Their First Hill campus has a partnership with another developer.)

This partnership creates a conflict with the intent of the Major Institution Master Plan system.

On the one hand, we have institutions that are supposed to be providing public benefits for which they receive, in return, special consideration for their development needs.

On the other hand, we have private, for---profit organizations whose mission is profit. Making a profit is not inherently problematic. In fact, such corporations should be lauded for making profits within the confines of the market and the law.

However, the for---profit motive is not designed to provide for community benefit – the underlying philosophy, in fact, the trading currency provided to neighbors, for which institutions receive more leeway for development than would otherwise be allowed.

Current law does not recognize this dissonance.

Additionally, the entirety of the health care industry is in flux. The Affordable Care Act (ACA, also called ObamaCare) is designed to reduce the use of hospitals – especially emergency rooms – with more people connected to primary care providers who are not necessarily connected to hospitals.

But the MIMP process does not allow for consideration of need. For example: Swedish is making proposals for the Cherry Hill property in a vacuum, failing to consider:

- Swedish, through acquisitions and mergers, has additional facilities
 - five hospitals, including one nearby on First Hill
 - ER and specialty centers in Redmond, and Mill Creek
 - a network of 100 specialty clinics throughout the Puget Sound area
- There’s also the affiliation and/or merger with Providence Health Systems (the legal status is described both ways in presentations and news reports), which has:
 - 27 hospitals

- 214 clinics

As such, the MIMP ordinance should encourage an assessment of “need” across whole systems, and not in one particular location. Preliminary plans floated for future development at the Swedish Medical Center Cherry Hill campus seem driven, at least

Resolving the conflict

Seattle needs to address the changing dynamics of development related to Major Institutions – specifically as it relates to the Swedish Medical Center Cherry Hill campus and the institution’s for–profit partner, but likely as it relates to many others.

¹ SMC 23.69.025 — Ord. 115002 § 23(part), 1990

² <http://www.seattle.gov/neighborhoods/mi/miac/> (captured 7 November 2013)

in part, by the desires of its for–profit partner and not the projected future of the health care industry. Such proposals include constructing clinics that could be built anywhere, but can be squeezed under the umbrella of the Major Institution Master Plan process.

The plans floated so far also tend to shy away from re–development of properties Swedish Medical Center has sold to Sabey (parking garages, a kidney center not–central to the services SMC says are the core mission of the hospital, and undeveloped / underdeveloped land that has been proposed for a massive clinic out of scale with the goals of the MIMP ordinance).

The following pages outline problems stemming from preliminary plans announced by the institutions and its consultants and contractors.

Philosophical conflicts in current proposals:

1. Expansion proposals

The initial proposals floated in the current MIMP process included expanding the footprint of the institution to include properties owned by Sabey Corp. and properties adjacent to those properties. One of those expansions would be to capture what is known as the “Spencer Technologies” property north of the natural boundary of Cherry St., a boundary the ordinance should recognize as constraining the overlay. The property is owned by Sabey Corp.

Other properties in this proposed (and since withdrawn) northern expansion would have captured single and multi–family housing properties, while neglecting a more than half–block that is currently commercial property, housing a state office in a low–rise structure.

Another proposed expansion would have included the single–family properties on the half–block west of 19th Ave between Cherry and Jefferson streets – an area where Sabey has been purchasing residential properties – properties Swedish is not allowed to purchase for redevelopment under SMC 23.69.022. (This expansion was proposed by the Sisters of Providence, the previous owners of the hospital, 20 years ago and rejected. The land they had purchased for the expansion was returned to the community with affordable housing.)

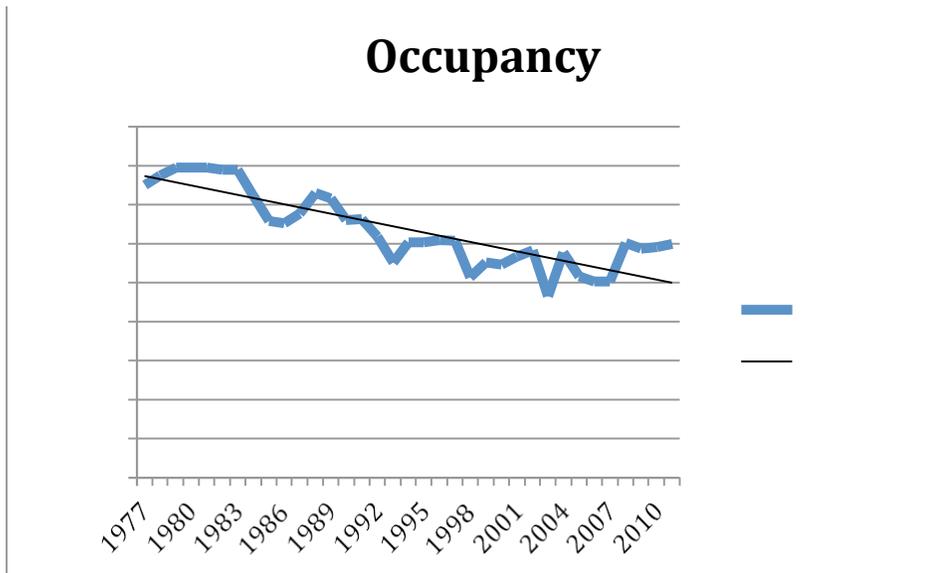
The third expansion would have crossed East Jefferson street and encompassed an area zoned SF–5000 and containing a number of single–family homes, some non–conforming multi–family properties, and a corner grocery store. Again, this crosses a natural boundary, and seems to conflict with the stated goals of containing major institutions under the ordinance.

2. Under–utilization of, or non–aligned uses of, existing properties

Having acquired a property at 15th Avenue and East Jefferson Street from Swedish, Sabey Corp. proceeded to build a parking garage permitted under the 1994 Major Institution Master Plan. It was built as a stand–alone parking structure.

Now, with Swedish articulating a need for up to 1,200,000 additional square feet for medical purposes, this appears to be a mistake. This property is bordered to the west by the blank–wall of Seattle University athletic facilities and separated from residential neighbors by the natural boundary of East Jefferson street. Instead of a stand–alone parking garage, it would seem underground parking below a hospital building would have been a prudent development – and could be a prudent replacement in the future – but it is unclear if this is under consideration.

And it appears the institution does not need actual hospital space – its occupancy has been declining for many years.



source: <http://www.doh.wa.gov/Portals/1/Documents/5300/Historical.XLS>

Sabey also built a building that houses a dialysis center on the corner of 15th and East Cherry. While this may be a medical use, it is not central to what Swedish articulates as its mission as “a specialized regional medical center focused on cardiovascular and neuroscience services.” This is another example of the non--aligned interests of the for--profit developer and the mission--driven non--profit hospital.

Sabey Corp. has previously said that it hopes to develop a biomedical research institute on the Cherry Hill campus. This was an articulated goal for their redevelopment of the James Tower property on 18th avenue, although the recession seems to have thwarted successful execution of that goal and it is far less than 100% occupied. And while biomedical research may be a valuable and laudable goal, it is unclear how it is related to the mission of “a specialized regional medical center focused on cardiovascular and neuroscience services.”

There is also fear among neighbors that Sabey may be able to squeeze one of their primary businesses – building large, energy hungry data centers – under the MIMP umbrella under the guise of a need to digitize medical records under the ACA.

3. Street Vacation

Initial concepts unveiled by Swedish called for the possible vacation of both 16th and 18th avenues between East Cherry and East Jefferson streets. But street vacation is supposed to come with some public benefit, none of which was articulated to the satisfaction of neighbors who challenged the concept in public meetings. It happens, however, that both vacation proposals about Sabey properties, and these vacations would allow Sabey more leeway in developing the properties they own.

4. Public Benefit

As mentioned earlier, the tradeoff for more intensive development under the MIMP ordinance is that there is some public benefit derived from the institution.

Under the former MIMP, one of those benefits was supposed to be a pedestrian path through the institution. Yes, it was built. But it was never publicized, and signs showing it only appeared after the current MIMP process began.

It was only after the Citizen Advisory Committee (CAC) in the current MIMP process questioned what public benefits were coming to the community that the institution suddenly announced a “community clinic” program in partnership with the non--profit Country Doctor clinic.

The CAC is currently questioning (and rightly so) the rationale of SMC touting the public benefits throughout their system but refusing to broaden the focus of their planning across the properties they operate throughout the region.

5. Current MIMP process

A preliminary draft environmental impact statement and a preliminary draft major institution master plan have been provided to the CAC for comment, and those comments were unanimous in rejecting the documents, stating that the institution both failed to consider more viable alternatives and failed to articulate environmental impacts in an accurate, data--based way. As such, the CAC asked that the work be redone. (One employee of Sabey was heard to say that they would not be doing any re--draft of the proposals, although the agenda for the CAC's next meeting includes a presentation on "new alternatives.") Review of these documents and comments would be helpful to understanding the situation, and I encourage you to do so. Documents are available through Steve Sheppard at the Department of Neighborhoods.

Conclusions:

It is clear that the changing nature of healthcare, new business models that include for--profit corporations partnering with mission--driven non--profit hospitals, and the motivations of the for--profit partners not anticipated under the current code necessitate a new look at the process.

If institutions are to receive extraordinary consideration for development and expansion, the ordinance needs to speak to those institutions' needs and public benefits. It also needs to control relationships with for--profit partners so those partners' motives do not drive the non--profits' actions.

I, and many of the neighbors of the institution, would like to work with the city to fix the Major Institution Master Plan process - hopefully in time to address the planning process now underway for the Swedish Medical Center Cherry Hill campus.

Bob Cooper, 349 - 16th Ave., Seattle 98122

Vice Chair of the former Standing Advisory Committee for SMC--Cherry Hill's MIMP

21 March 2014

To: SMC Cherry Hill MIMP Citizen Advisory Committee
From: Bob Cooper
re: New alternatives, recommendations

Thank you for the opportunity to comment at last night's meeting. However, two minutes is woefully inadequate to convey thoughts and information, so I am augmenting my comments with this memo. Please consider this formal comment and include in the official records.

- 1) The new alternative 10 is different, but not necessarily better – it rearranges the pieces but does not seem to address the concerns you have heard for months now about too much height, bulk and scale being proposed for a compact urban campus. And backing up a 50-foot building on residential zoning immediately to the east is ridiculous.

So you understand a bit of the history, many of the homes along 19th were built as affordable housing after the Sisters of Providence reached agreement that they would not attempt to expand where they had purchased property and provide a transition between the institution and the neighborhood on the ½ block behind those homes.

Remember, the previous MIMP ordinance did not approve the development envelopes you are considering in this plan. Instead, discrete projects were approved, and what was approved for this ½ block were small and transitional – a 28 foot tall day care center that “shall have a residential appearance” at the north end and a 35 foot high inn over a gym at the south end. And these facilities were supposed to be shared amenities (day care and gym) also benefiting the neighborhood. They were, of course, never built.

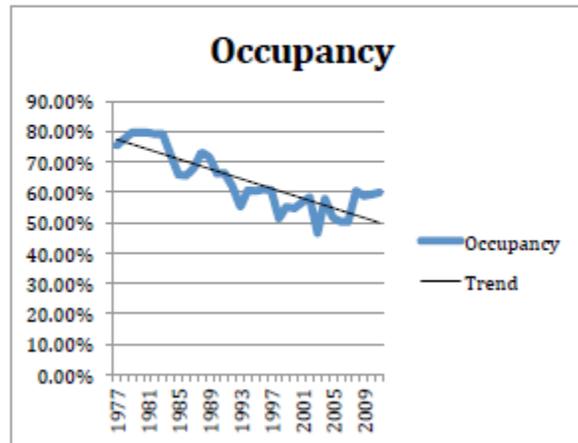
- 2) None of the “new” alternatives (8, 9, & 10) consider the northwest corner of the campus or the site of the Carmack House as open for development -- pushing new space up because of an apparent reticence to plan for re-development of a 30 foot and a 65 foot building or use of the 5,000 square feet where the Carmack House sits.

Much of the bulk and height could be accommodated by planning for these areas, even if it is not currently under hospital or Sabey ownership. Remember: the plan is for a timeline out as far as the year 2040. Alternatively, if it is not proposed to include redevelopment of these areas as possibilities, they should be excluded from the MIMP overlay.

Overall, it is the hope of many of us in the neighborhood that the heights can be contained near the maximum now on the campus -- 105 feet. More is out of

development which may or may not happen.

The bed forecast defies the trend over the last 35 years, where the bed occupancy reported to the state has declined from 80% to 60%. These numbers -- provided to the state Dept. of Health -- contradict the assertion in response to Squire Park Comments from Feb. 24, 2014, that "the campus is often running near 100 percent occupancy."



source: <http://www.doh.wa.gov/Portals/1/Documents/5300/Historical.XLS>

Please also consider the information from SEIU 1199NW that there have been recent discussions about cardiology and/or neurology relocating to other Swedish properties. While characterized by Ms Petersen, management's representative at the table, as "jumping the gun" to assume such a move will happen, this also needs to be more deeply explored to help ascertain the real needs of the institution. Note that she did not deny consideration, only denying that a decision had been reached.

And the community amenity plan presented with alternatives 8 and 9 is a distraction. That is a discussion that follows resolution of the height, bulk and scale discussion and should not be conflated with that discussion.

Thank you for your willingness to serve on the CAC and the work you are doing toward finding accommodation between the institution and the neighborhood. If I can be of any assistance, please do not hesitate to call or email.

character with the neighborhood. The almost double of that is just ridiculous

- 3) Some of the square footage needed might be accommodated underground. The former plan had 50-thousand square feet of approved development below grade. While this may not be formally counted in the legal context, it is obvious that such strategy has already been used on the campus, and that Group Health has used such a strategy to accommodate some of its needs while providing a transition to the neighborhood in which it sits.

It was mentioned that there is “significant” operational square footage underground now. This needs to be detailed for you so you can make more informed decisions – even if such square footage is not “counted” it should be considered as you look at how the institution is meeting its needs overall.

As vice-chair of the Standing Advisory Committee overseeing the 1994 plan, I can tell you there was significant trade-off of height for bulk in recent development on the campus: The garage at 15th & Jefferson was originally proposed to go higher. Setbacks were reduced to bring it closer to the sidewalk in exchange for pushing some of the structure underground. Similar tradeoffs might help reduce the height of the development envelopes being proposed in this process.

- 4) Transportation Management – the information presented to you last night refers to the goals adopted 20 years ago and, obviously, never met. One of you commented that goals without teeth don’t accomplish anything, and you were right.

I encourage the committee, when your discussion gets to that point, to push for greater reduction of single occupancy vehicle (SOV) use and more alternatives. And your recommendation to the city council can and should included the “teeth” necessary to enforce the plan (something missing in the 1994 plan). Remember: what is ultimately adopted as the MIMP is, in fact, law.

- 5) Associated issues:

The space needs analysis presented Jan. 16 and referenced in the presentation of new alternatives 8 & 9 compares average life expectancy today (80.3) to 1910 (51.5). It is a false comparison. A fairer comparison would be 1994 (the date of the last MIMP) when average life expectancy was 78.2, or slightly more than two years less than it is today¹.

The same document discusses population growth in King County -- again, a false comparison. It should discuss population trends in the city of Seattle, which is constrained on all sides and cannot grow out, limiting its growth to more dense

¹ <http://demog.berkeley.edu/~andrew/1918/figure2.html>

Note this long comment was presented in various forms including a letter titled “formal Comments...
The following appears to be the most complete versions.

Bob Cooper

SWEDISH CHERRY HILL DRAFT (MAY 22, 2014) MAJOR INSTITUTIONAL MASTER PLAN COMMENTS

As the Vice-Chair of the 1994 CAC, I would like to provide my feedback and critique of the current draft MIMP that has been released on May 22, 2014, three months behind schedule. After an extensive review of both the current MIMP and other MIMPs that have recently been enacted within the City of Seattle, the current MIMP appears to be grossly out of context with the surrounding neighborhood and unique in the disparity between the heights proposed within the campus and the prevailing heights outside of the campus. Swedish continues to exhibit a "campus only" mentality in the design and construction of the MIMP. This focus on only those activities on their own campus hinders the ability of the institution to understand the neighborhood context and deliver a plan that is successful in balancing the needs of the community and the needs of the institution. This mentality is also in conflict with the Seattle Municipal Code (SMC) itself, which requires striving for a balance with Major Institution growth and mitigating impacts on the existing neighborhood. The SMC recognizes the inherent conflict between major institution structures being out of place in bulk, scale, and intensity within residential neighborhoods.

The three remaining alternatives are significantly similar and unacceptable. If the CAC had been able to start with plans that were similar to what is currently presented, a realistic alternative may have been developed over the past year, but this was not the case. In particular, the plan appears to be based on a few faulty premises, including:

- That the campus is located in an area designated and appropriate for major institutions, and not a residential neighborhood.
- That the central plaza is considered open space and that the proposed open space is a net increase of open space since 1994.
- That the heights proposed are compatible with the residential neighborhood.
- That the transportation management plan is adequate.
- That the setbacks are adequate to mitigate the height.
- Rezoning the underlying zoning will make the structures automatically transitional.

Following extensive discussions with the Citizen Advisory Committee and months of community input, the proposed Major Institution Master Plan is still inaccurate. These issues combine to result in a plan that is unrealistic for any community and that will be detrimental to the overall neighborhood, if they were approved. Swedish should revise these alternatives and present more realistic alternatives for the CAC to review featuring lower heights, greater setbacks, and a better utilization of all parcels located within the MIO boundary:

- A final plan should be rejected unless it is substantially accurate and complete in its factual presentations, and pertains only to the medical center and not other landowners inside the footprint.
- The face of the document includes Sabey Corporation as a listed partner in the development of the MIMP application. This highlights a major failing of the MIMP ordinance in that the ordinance does not contemplate a for-profit motive be included in the process.
- Under the public policy established in the Major Institution Master Plan ordinance, the plan is supposed to be exclusively for the hospital/medical center and its mission and goals – it should not be crafted for the benefit of a for-profit developer and its profit-driven motives.
- The proposed height, bulk and scale of the plan is wildly incongruous with the neighborhood (see comments of former CAC member Nicholas Richter submitted June 2, 2014, and Bob Cooper, near neighbor, which I fully endorse and incorporate by reference).
- The proposal to change underlying zoning should be denied. It is unnecessary except to allow other development inconsistent with the MIMP by private developers.
- Any promises of neighborhood mitigation and/or amenities must be tied to development milestones.
- No accommodation should be made to allow computer server space in addition to all other development - something seeming to give Sabey Corporation a free pass to locate a key part of their business on the campus.
- And transportation management must be enforceable, given the institution's failure to comply with its previous plan over the last 20+ years.

Background, Purpose and Process

This section fails to state that a project application was deemed a "major amendment" to the 1994 plan, necessitating the initiation of a new MIMP process. This planning process is not entirely voluntary on the part of the institution – it is the result of a Hearing Examiner decision.

They call it a "master planning entitlement" but it is not. "Entitlement" indicates a right to something. This is an application for permission.

Although it does correctly note that the "MIMP (ordinance) balances the institution's ability to change and the public benefit derived from (that) change with the livability and vitality of adjacent neighborhoods." Balance, however, is completely absent in this proposal. There is no specifically articulated public benefit to the surrounding neighbors – only aggregate listings of all of the things SMC does throughout its service area.

The timeline also fails to show a date on the CAC recommendations, failing to note the decision making process and failing to note the CAC unanimous rejection of the preliminary draft master plan, to which this document is substantially similar.

Mission

In discussing community benefits under this section, the draft fails to disaggregate all community benefits to show what this particular institution provides. This is not a MIMP of the Swedish system, it is the MIMP of the Swedish Cherry Hill campus. For example, while the Swedish system is offering 48 classes and workshops to the public during the month of July 2014, none are offered on the Swedish Cherry Hill campus. Without a detailed description of benefits of this particular portion of the Swedish system, it is not possible to show any balance between the institution and the neighborhood.

The listing of services on the campus include, on its face, many which do not need to be accommodated on the campus and could locate elsewhere within the Swedish system, including:

- Seattle Science Foundation
- Telehealth Center

In addition, they fail to note the location of regional laboratory Services (LabCorp) or other tenants of Sabey Corporation and its affiliates.

The failure to fully inventory existing uses on the campus makes it difficult to impossible to understand need as it drives the request for massive development and expansion.

Regional Demand

The draft asserts a growing demand for services, while reports filed with the Washington State Department of Health show a declining use of hospital beds at the facility. They admit that beds authorized under their state certificate of need are currently going unused, and then assert they will be needed in the future. There is no evidence provided that this is true.

The assertion that the affordable Care Act will increase hospital admissions is contrary to the policy goals of the act – namely that hospital use will go down with more people being able to access primary care. At Harborview Medical Center emergency room use is falling dramatically as more people are signed up for Medicaid and referred to primary care physicians.

Research functions are prestigious but are not a necessary component of a hospital. Swedish has other property nearby that can accommodate research. In other institutions, research is an integral component of treatment, not requiring significant additional space and/or located in another location. Group Health Cooperative uses the Minor Ave Towers for its research, away from its Capitol Hill campus.

Laboratory services that serve a variety of institutions are not logically located at the smallest of those facilities and should be located at its larger campus if they are truly striving for the efficiency.

There may be other tenants with similar characteristics, but this is not possible to discern since the document lacks sufficient information on other uses located on the campus.

Programmatic Needs

While several program components are listed in the document, public discussion has revealed that the institution is simultaneously considering moving some of those functions elsewhere in its large system. As such, this section needs a more truthful explanation of need and potential variability of need.

Neighborhood Context

The description is inaccurate, since SMC First Hill and Harborview Medical Center are located more than half-mile from the campus.

This section also fails to note the sequential migration in and out of Catholic, Jewish, and then African-American populations, each moving on as discrimination lessened (either by attitude or legal action to end redlining). This illustrates an ongoing lack of understanding of the neighborhood and its evolution over time.

The assertion of re-platting to allow more intense development is unsupported by factual citations. As a longtime resident of the area, I am unaware of when this might have happened. And saying “most” blocks have sidewalks implies many do not. I am only aware of one block without a sidewalk in the surrounding neighborhoods.

The discussion of transit options fails to note pending 17% cuts in service, including elimination of one of the two regular routes serving the campus. This will make access more difficult and should prompt a reassessment of what is located on the campus that will drive customer traffic to the institution.

References to the Seattle Streetcar opening between Capitol Hill and First Hill have no bearing on the plan – it will run more than a quarter-mile (accepted walking distance) from the campus.

Modifications to Development Standards

The proposal asks for changes to the underlying zoning. Why? Development related to the institution is exempt from the underlying zoning if it is within the confines of the MIMP. It is the MIO zoning that drives the MIMP.

Allowing an MIO overlay of more than the former MIO's maximum of 105' is incongruous with the surrounding neighborhood. Additionally, higher buildings would obscure the landmark-designated 1910 tower.

Setback modification should only be allowed if tied to street-level development that enhances the pedestrian experience and adds vitality to the streetscape. In one existing example of setback modifications, the parking garage on 15th and Jefferson was allowed to come closer to the lot-lines at the southern and eastern edges in exchange for a significant lowering of its height.

Where the document discusses transition to the adjacent residential neighborhood, it fails to note that the massive façade of James Tower was developed in apparent violation of the former master plan and City Code. It was approved without input from any Standing Advisory Committee (SAC) as required by law, and as a massively larger structure than the former MIMP called for.

The 1994 plan called for addition of a “60-bed project” described as a “skilled nursing facility [that] would be two stories (28 feet) and would have approximately 24,000 square feet.” What happened instead was a vastly larger James Tower (how much larger is difficult to determine, since its square footage is not detailed in the draft MIMP). Swedish currently describes the building as “a state-of-the-art medical office building and now houses physician offices, education, and research facilities.”¹

With no SAC to make official comments during the permitting process, there was no formal process for negotiating mitigation for a project much larger than originally approved – a development that would have likely triggered this new MIMP process a decade ago². This could have also been the trigger for Swedish/Sabey to provide plans for loading berth code requirements, rather than be in non-compliance.

It was the Grand Opening of the James Tower and a notice mailed far-and-wide saying “there’s plenty of free parking in the surrounding neighborhood” that prompted the complaint that led to re-establishment of any oversight process.

It is the responsibility of this CAC to consider how this bulk and scale, much larger than anticipated in the previous plan, can be mitigated now – and that is likely through keeping development east of James Tower across 18th Ave at a transitional scale no higher than the 37 feet anticipated in the prior plan³, in smaller buildings spread along the double-block, rather than one or two block-long buildings.

The proposal for a 50’ development envelope on the east side of 18th Ave is out of scale with the adjacent single-family homes it abuts, especially considering the proposal for only a 0’ to 10’ setback from the rear property line. Any setback should at a minimum be equal to that required in the SF 5000 zone so homes on the west side of 19th Ave have the same separation from buildings behind them that exist in any residential neighborhood. And if 37’ high buildings are too tall on small lots in residential neighborhoods (City Council recently restricting such housing to 27’) a 50’ building within 10’ of the lot-line is surely too tall to be a transition to the residential neighbors.

Planned future lot coverage appears to fail to include the Kidney Center on the northwest corner of the campus, a vacant lot adjacent to the Kidney Center on 15th Ave, a rehabilitation facility at 16th and Cherry and the Camack House. While SMC apparently does not own these properties, they should nonetheless be included in plans for the campus. SMC does not own half the campus, yet plans for other area inside the boundaries. It is due in part to this failure to plan for some of the areas they do not own that heights are forced to absurd levels in areas where they do own or have some type of agreements with Sabey Corporation and its affiliates regarding future development – agreements that are not disclosed here.

And it is disingenuous at best to call “public amenities” such things as “enhanced seating areas” adjacent to the major driveway entrance to the institution. “Pocket parks” no larger than a residential deck and outdoor seating for a Starbucks location are also identified as “amenities” that should not be aggregated into something portrayed as a major contribution to the neighborhood.

Designating the major driveway entrance as “open space” is also disingenuous and should be disallowed. Just because it is occasionally closed for some event (something I’ve never seen), no more makes it open space than closing the I-5 express lanes for a running event makes the freeway “open space.”

Development Program

The discussion of “current envelope heights” is in error. There are no current envelope heights and never were. The former 1994 plan approved discrete buildings at specific locations. That plan is now expired, and the applicable zoning today is SF-5000 and LR-3. This is the first plan for the campus that is structured around development envelopes.

¹ Pg. 7.

² The former MIMP ordinance required new plans be drawn up when certain triggering events, such as an application for a major change in the existing plan, occurred.

³ The 37’ limit and scattered buildings were originally articulated in a 1988 settlement agreement between Squire Park Community Council and Providence Medical Center (PMC) that also included re-development of seven lots PMC had purchased on the west side of 19th Ave between Cherry and Jefferson. This re-development comprised of four empty lots, the corner property, and two Capitol Hill houses re-located on two empty lots for low to moderate income, single-family, first-time home owners.

Alternative 8

A 240' building is an absurd proposal for the campus. This is more than 285% of the height of the tallest building now on the property, and grossly out of scale with the surrounding area. This would cast long shadows over the neighborhood to the north, leaving many areas without direct sunlight for many months of the year. Normal things, such as planting a vegetable or flower garden, would become impossible.

Alternatives 9 & 10

A 200' building is not much better – 190% of the height of the tallest buildings. This would have a marginally reduced impact from shadow Alternative 8, but not significantly different.

Computer servers can (and usually are) located in an area remote from users. There are whole “farms” of computer servers in places such as Quincy and Wenatchee developed by Sabey Corporation, and used by Seattle businesses.

All three alternatives fail to discuss suggestions that some building could be done below grade, although that development would not count toward allowed square footage. Group Health Cooperative has placed some of its development below grade, and a similar design should be considered here. But it is unclear if they plan below grade development to locate more or more intense functions on the campus, which would then drive traffic and other impacts. There has been some verbal reference to such development in CAC meetings, but since it is not governed by a MIMP, and nothing is articulated here about it, it is impossible to know and comment on this further.

The discussion of owned, leased, and non-owned properties fail to discuss that the majority of non-owned properties are former hospital properties sold, traded, or transferred to Sabey Corporation. Property ownership needs to be clearly shown and spoken about, especially since Sabey Corporation is listed at the front of the document as a partner in developing the plan.

While the plan notes preserving the view of the historically-designated James Tower along 18th Ave, the proposal effectively allows blocking this view from the west and northwest. This should not be allowed.

And there is a notation about “opportunities” for public art that will be “studied.” This does not constitute any commitment and needs to be raised to some enforceable standard.

Many of the routes they designate as “pedestrian circulation” should more accurately be called “customer circulation”, since they are not truly public. I doubt the institution would appreciate morning and afternoon walks routing through the buildings with pets and strollers of small children or infants.

Both the draft MIMP and draft EIS mistakenly identify a city bicycle “greenway” project on 18th Ave. Although the current City’s bicycle plan has the route through 18th Ave, the project is currently proposed to run along 22nd Ave from just south of Madison to Columbia, then jog east to 25th Ave to a point past Dearborn because the current traffic through 18th Ave through the campus is considered too congested for safe bicycling.. Either the traffic along 18th Ave needs to be mitigated to meet the bicycle safety standards of the bike plan or it is not integral to the MIMP. I want the greenway to run through 18th Ave.

It is this type of inaccuracy that calls into question a whole host of underlying “facts” asserted in the document – “facts” on which the CAC is supposed to rely in making decisions.

Consistency with Purpose and Scope of Seattle Land Use Code

While numbers appear to be accurate, the scale of the proposal is lost in this section. The 3.1 million square feet described throughout the document represents 258% of the existing square footage – a massive increase in height, bulk, scale, density, and intensity bordering mostly single-family neighborhoods to the east and south, and a mix of single-family and low rise multi-family residences to the north.

The claim is made that adverse effects are minimized, but the plans fail to push development into areas either recently under-developed by Sabey Corporation and its affiliates, or not currently under Swedish or Sabey ownership. SMC should be planning in a more holistic way for its own need, not those of its development for-profit partner, and look to acquire properties not currently owned within the long-range time frame of the plan.

The assertion that the MIMP “protects the livability and vitality of adjacent neighborhoods” is untrue and is presented without factual basis. The so-called “open space” that includes or is adjacent to major driveways does nothing. In 1994, the open space constituted 14% of the campus. The 1994 MIMP (a City ordinance) allowed this open space to be reduced to 10% in exchange for transitional building and uses along 18th Ave. The current campus open space is a little over 5%, in non-compliance with the law. The largest of these is across from a convenience store and others are so small or inaccessible that they add nothing to the neighborhood. They assert “discussions include” a community retail store, but includes no enforceable commitment.

There is discussion about “upgrading” sidewalks that really refers to actually repairing existing sidewalks damaged in the 2001 Nisqually earthquake, or by inappropriate trees’ roots heaving the sidewalk into pieces, to comply with the law.

It is inaccurate to say “Swedish has encouraged significant community involvement by meeting with the citizen advisory committee...” The meetings are a requirement of the law, and are not necessarily voluntary on the part of Swedish. Besides, Swedish and Sabey handpicked the CAC members. I expect they would meet with individuals they selected.

As for taking the recommendations of the CAC, the City should require that each formal recommendation provided by the CAC and the public over the course of its work be accompanied by an explanation of SMC’s response.

The response to Section I that talks about appropriate setbacks is, from the neighborhood point of view, inaccurate. The setbacks proposed adjacent to the homes on 19th Ave are not appropriate – they are less than would be required if a single-family home were built across the fence from these houses.

Response to condition J is inadequate. Additional parking is allowed, if not encouraged, if it would “reduce parking demand on streets in the surrounding area.” They propose no proportional increase, but neighborhood parking is a major impact of the institution. Even the casual observer at shift change times will see employees in scrubs walking to their cars parked on nearby streets. Drug company salespeople with their characteristic sample cases routinely park in the neighborhood and walk to the hospital. Doctors routinely park their expensive cars within and beyond the RPZ limits without getting tickets. Sabey security drives through the neighborhood to ensure doctors’ cars avoid tickets. These impacts were supposed to be mitigated under the previous MIMP, but transportation management goals were never achieved throughout the 20+ year life of that plan.

Swedish System of Healthcare

If the institution, as it does in this section, wants to tout its system, then the system should be responsible for absorbing institutional growth. As such, much of the need articulated for the Cherry Hill campus should be spread to more institutional settings on its First Hill and other campuses.

Public Benefits

Here again, they tout system-wide community benefits. And while listing some area-specific organizations supported (some listed are regional and national groups), the document fails to articulate the level of support for these groups over what period of time. Does some of this “benefit” include its parent/partner Providence Health Systems’ sponsorship and purchase of naming rights of Providence Park stadium in Portland?

They tout \$35 million in charity care, but that number appears to be system-wide. No specific benefits to the community surrounding Cherry Hill are cited. A figure of \$61 million in “Medicaid subsidized care” is also cited, but Medicaid is a state/federal program that provides payment to the institution and is not charity provided by the institution.

The citation of “a leading role” in getting people enrolled in healthcare under the Affordable Care Act is also disingenuous. Enrolling people in health insurance plans is somewhat self-serving – in addition to being good public policy it moves people from charity care to paying customer to the benefit of SMC.

Under Community outreach, SMC cannot claim credit for hours volunteered by employees unless there is some connection to making this happen. If SMC helped facilitate the volunteer work, or provides paid time off for this work, it is not articulated here.

Specific Comments by Page

Page 1 - Introduction

1. “Perspective Photos”

Although Swedish has included an alternative view, it still is the portrayal of the residential neighborhood as an effectively commercialized and high intensity institutional area. The text description of the neighborhood remains inaccurate in its portrayal of the location of the campus and the surrounding context despite repeated commentary by members of the public and the CAC. The description and photos have changed somewhat to add a parenthetical mention of the neighborhood (except on page 91 of the MIMP), but the message presented remains that the hospital is located in an area that naturally compliments the high impact use presently proposed - This is not the case.

In response to previous comments that have been made, Swedish indicated that aerial photography of the neighborhood was difficult to obtain. In response, Nicholas Richter provided an appropriate photo of the neighborhood context for inclusion. This photo should be used because it represents the campus as part of the Central Area, not the downtown corridor or First Hill.

Page 2

2. “...provided for nine new buildings and a total of 682,500 sf of additional Space...”

This should read, “...provided for nine new buildings totaling 682,500 sf of additional space...” The 1994 MIMP did not allow for nine buildings of X space and then an allotment of additional space. The additional space was comprised of the buildings itself. Under the old MIMP code, discrete building projects provided the public with a sense of predictability and the

opportunity to discuss in concrete detail how those projects would meld with the surrounding community. It also requires the hospital to have, and articulate, a clear vision for the future and its role in both the neighborhood and region.

This is an important distinction as the new plan is not project based, but rather provides for a square footage allotment with restrictions placed on that development area "cache". The purpose of this was to provide the institutions with flexibility to adapt to changes over time, but it has also resulted in some negative side effects. Under the new guidelines, major institutions are incentivized to push for the maximum amount of development area that is politically feasible and neighbors are left with greater uncertainty about what the final campus will look like. This uncertainty increases the importance of the various zoning and other requirements included in the master plan.

The CAC and the City of Seattle should push to enact strong requirements across all elements of the plan to ensure that there is an appropriate balance between the needs of the community and the needs of the institution. The new MIMP code for plan-making have shifted the balance away from the needs of the community, which makes stricter restrictions both necessary and appropriate to maintain this balance as seen in other MIMPs (e.g., Children's Hospital).

3. "Key milestones in the process to-date include:"

As a note to any City employee or commissioner, it should be noted that the CAC rejected the Preliminary MIMP and EIS in November 2013. These documents were deemed insufficient and lacking in content, substance, and analysis. This rejection was unanimous among the voting CAC members attending that meeting and echoed in all the public comments made and submitted.

Page 3

4. Drivers of Campus Demand: "Regional Demand"

It would be informative to know how the total planned hospital capacity, across all hospitals (or even all hospitals within the Swedish/Providence network), meets or exceeds the regional demand. There are currently large scale expansions planned at Harborview Medical Center, Virginia Mason, Swedish First Hill, University of Washington Medical Center, Seattle Children's Hospital, and, now, Swedish Cherry Hill. The same rationale about regional demand and aging populations exists in all planning documents for all of the other hospitals as well.

This, however, assumes that the hospital and campus are not part of a network and that any increase in demand associated with the factors identified must be located in a particular place or that emergency and specialty care usage will increase. This is a simplistic model of demand and growth and is already proving to be false. A preliminary outcome of the enactment of the new health care act is showing hospital and emergency care usage are declining while primary and preventive care usage is increasing.⁴

Page 4

5. Drivers of Campus Demand: "Cost Pressures"

In addition to being home to the Portland Timbers, archrival of the Seattle Sounders, it seems disingenuous to discuss the impending austerity that "cost pressures" will bring to operations at Swedish while Providence, the other side of the Swedish Medical System coin, is spending millions of dollars on a vanity project in Portland - "Providence Park". Remember, Providence owns Swedish. One would assume that if "healthcare providers will be challenged to continue to provide quality care to the additional people seeking care at a cost that is affordable and sustainable", then perhaps such money should be spent on safeguarding patient care instead of naming rights.

In addition, the introduction of "cost pressures" as a reason for the expansion of the campus seems to conflict with other statements of the large scale and costly investment needed to develop this particular campus. Swedish representatives at CAC meetings have stated that the sum to be invested in the campus is in the hundreds of millions, if not more than a billion.

6. "All prestigious health care delivery systems have research functions on the premises."

This statement is just plain false and calls into question the need for such a large research facility, which will mainly be comprised of for-profit market rate medical office leases and rentals. On most other campuses, research functions are integrated and conducted by the medical entity itself (e.g., research at Children's Hospital on pediatric cardiology is embedded in the care of the patients itself). On other campuses, research functions are carried out at off-campus locations using non-profit healthcare provider staff and patients (e.g., Group Health Cooperative). Here there is no real clear delineation between the healthcare provider that is requesting the variance from the established zoning norms and the research conducting the research functions.

At Swedish Cherry Hill, this is not the case. The introduction of Sabey, the for-profit developer and landlord of the new development that will be authorized by this MIO, leads to question who will be renting this space and whether or not these

⁴ See "Safety-net hospitals reaping benefit of more insured patients", Seattle Times, May 27, 2014.

research functions are truly directly related to the mission and healthcare services provided by Swedish. Close neighbors and members of the public reject a plan that calls for excess development envelopes, and the impacts that come with them, when this development primarily serves a for-profit motivation, not the true needs of the hospital.

7. “A lab service on site not only provides essential assistance to Cherry Hill patients, but also serves a number of providers. Specialized lab equipment is costly and highly trained staff needed to operate the equipment, like other areas in healthcare, is in high demand.”

This statement attempts to address the rental of space to nonhospital “related” services. In this case, the particular lab service is provided by LabCorp, which provides services to a large number of medical care providers in the region from their rental Cherry Hill space. As a third-party renter, this would be an example of a situation where the neighborhood would question whether or not the issue is actual need for new space or an inflated development need caused by profit-driven decisions on space allocation. It is important to note that LabCorp is merely an example and should not be construed as the sole instance of this. These additional non-Cherry Hill functions place pressures on the space being requested. Many of the additional for-profit medical office rentals may well have a similar type of regional function and loose relationship with the actual campus itself.

Yes, it is helpful to have a full lab on campus, but not a regional and non-campus service. It is not helpful when Providence/Swedish shut down its own lab facility and laid-off all those employees so LabCorp could relocate its service to the campus. These specific additional impacts caused by regional services, as exemplified (but not limited to) the operations of LabCorp currently, is what is called into question, especially when it is marketed as creating jobs.

As a specific example of these impacts and the correlated pressure that these services place on space needs, LabCorp maintains a fleet of vehicles at Cherry Hill that serve as couriers for samples collected throughout the region. See Nicholas Richter’s photos and comments.

A conservative estimate of the vehicles present is 20 LabCorp vehicles consuming 20 parking spaces in addition to an additional 80 spaces that are reserved exclusively for LabCorp employees. For regular labs that serve an institution, these courier vehicles are completely unneeded. This logically implies that these 20 spaces are not required by the needs of the campus, but the traffic and additional development required to accommodate these vehicles create impacts on the community.

A conservative estimate on the space requirements for these 20 vehicles is approximately 325 square feet per parking stall. This results in 6,500 additional square feet of space “required” on the campus caused by non-campus services (approximately the same size as a 7 bedroom mansion). This number excludes circulation required for the vehicles to maneuver into the spaces.

This additional need is not caused by the essential functions of the hospital, but rather choices related to space allocations. These 20 stalls reserved for regional services represent approximately 3% of the additional requested parking spaces in Alternative 9 or 10, or 2.5% of the additional requested parking spaces in Alternative 8. Local residents are justified in asking what percentage of the parking and total development requested is induced by similar regional and/or profit driven choices, as opposed to the actual functioning of the hospital. A satisfactory answer has not been presented as Swedish continues to make assertions as above that imply that so long as they derive some benefit, then the space required is immune to scrutiny and should not be further questioned. This, in light of the fact that additional space is currently rented for regional and primarily non-campus functions, should not be the case.

Page 5

8. “The Swedish Medical Center Cherry Hill Campus is located at the east edge of First Hill, specifically within the Squire Park Neighborhood.”

One more time - Squire Park and the Cherry Hill neighborhoods are not on First Hill. The Swedish Cherry Hill campus is not on First Hill. The neighborhood context on Cherry Hill and in Squire Park has nothing to do with First Hill in any capacity, except that it is separated by a valley. Swedish Medical Center Cherry Hill Campus is located in the Seattle Central Area, correctly identified in the DEIS. It appears Swedish cannot make a decision whether it should be proposing a regional MIMP as allowed in the Land Use MIMP Code.

I have commented on the mischaracterization of the project area since the first preliminary draft MIMP was provided to the CAC. The fact that the MIMP retains this mischaracterization indicates either a profound ignorance of the neighborhood or a purposeful mischaracterization as a tool for justifying the project. Cherry Hill is in the Seattle Central Area, not First Hill.

9. “Although Squire Park is a residential neighborhood, it has always coexisted with institutions and businesses.”

While true, no institution or business in Squire Park has ever proposed a development of the scale currently proposed by Swedish/Sabey. No institution currently exists in Seattle in a similar scale in a similar neighborhood as is being proposed. The word “unprecedented” would be appropriate for the current proposed plan.

10. “A significant commercial and light-industrial district developed between the early 1900’s and into the 1950’s on the western side of the Squire Park neighborhood in the vicinity of 12th Avenue and East Cherry Street.”

While true, these uses were never of a similar scale to what is being proposed and are part of the Seattle University institution area.

11. “Swedish Medical Center—Cherry Hill Campus generally serves as the boundary of commercial and institutional activity along E. Cherry and E. Jefferson Streets.”

Technically true, but misleading. This statement implies that the Swedish Cherry Hill campus is a natural extension of an intense, institution and business focused district. However, the Swedish campus is not a natural extension but an anomaly that is not surrounded by similar uses. The land uses that Seattle University currently has that directly abuts the Swedish Cherry Hill campus is limited to dramatically lower height limits than what is proposed by Swedish and currently limited to recreational uses by Seattle University students. The actual logical end of the Seattle University campus, where the majority of the intensity of land use is, is at 12th Ave. Between this edge and the parking garage at Swedish, there is a transitional institutional use: a playing field, some student housing, and a few administrative buildings, all of which are zoned with height limits that are much more compatible with the surrounding residential neighborhood. All intense land uses that might be nearest to the scale proposed on Swedish Cherry Hill campus is relegated to the area between Cherry and Madison and 12th and Broadway.

This statement misleads the reader to envision a relationship of Swedish Cherry Hill to Seattle University as Seattle University is to Swedish First Hill: Seattle University between Broadway and 12th is the primary transition zone from the major institutional land uses found on First Hill and the neighborhood found east of 12th Ave. Swedish Cherry Hill is, in contrast, a historical anomaly that intrudes into an otherwise residential neighborhood.

12. “This commercial area is thriving today due to the vision and hard work of community groups working with the City and with Seattle University to create a retail and service friendly 12th Avenue.”

Many of the same members of the community and city staff who are lauded in this statement for their vision and hard work are currently actively engaged in the Swedish Cherry Hill MIMP. Ellen Sollod, Bill Zosel, Joy Jacobson, and Steve Sheppard, among others, were all participants in process required to craft the successful Seattle University MIMP. Jerry Matsui served as the Squire Park Community Council neighborhood representative on the subsequent 12th Ave Development Committee. All have contributed to the success and vitality of this neighborhood. I would recommend a review of any public commentary provided by these individuals in the current process to the Hearing Officer or any other policy maker. Their input in the current process is equally as important as their input was into the Seattle University process and subsequent 12th Ave corridor development.

Page 7

13. <Zoning Map>

I agree with Nicholas Richter’s comments. Also see my comment #11.

Page 20

14. “23.44.010 Lot Requirements – SF D. Maximum Lot Coverage of 35% of lot area

Yes, Swedish is requesting a modification to remove the maximum lot coverage of 35%. The current lot coverage is 52%. The underlying zoning lot coverages are insufficient for institutional buildings. Swedish is requesting an increase in coverage in order to not expand its boundary. Lot coverage will be calculated for the entire MIO district, Swedish is proposing a maximum lot coverage of 76%.”

Lot coverage should only be calculated for the area that is under the control of Swedish/Sabey within the MIO, not the entire MIO area. Open space on the Seattle Medical Post-Acute Care facility should not count to the advantage of Swedish, as they have at this point made the decision not to consider additional heights because they will not pursue the purchase of that facility and have specifically designed the current alternatives to limit the use and value of that property. This shortsighted decision should not further produce a benefit for the institution. In fact, we might consider excluding from the MIO boundary any limited use and valued site that Swedish/Sabey specifically designed as a fifth alternative, while a sixth alternative would include these sites with some adjustment for height.

In addition, the driveway plaza in the center of the campus should not be included as open space in the calculation of lot coverage or open space requirements. Prior to the adoption of the 1994 MIMP, approximately 14% *landscaped* (my emphasis) open space had been identified throughout the campus. It did not include the current driveway. Under the 1994 MIMP, Providence and Squire Park Community Council (I was the President of SPCC at the time) agreed to reduce the open space to 10% in exchange for the eastside of 18th Ave to be designed, constructed and used as the transitional buffer with the designated uses stipulated in the 1994 MIMP.⁵ Because Providence/Swedish/Sabey did not comply with the 1994 MIMP and are asking to eliminate the transitional buffer all together, I am opposed to any reduction in the open space requirements – “all bets are off”.

⁵ See Providence 1994 MIMP and Providence/Squire Park Community Council agreement.

The driveway is used for circulation and City code prohibits areas used as driveways from being included as open space. In the past few years, the plaza has been shut down for a public event once or twice, but less often than 19th Ave was shut down for community events or the boys on the block playing hoops in the street. 19th Ave cannot be counted as “open space” or “park” despite being used as “open space” more frequently than the driveway plaza. The area of the plaza should be excluded from these calculations and should not be used in a way to benefit the institution in this area.

15. “23.44.012 Height Limits – SF

Swedish is requesting to establish heights pursuant to MIO districts listed in 23.69.004 Major Institution Overlay District established for MIO 50, 65, 105, 160, 200 and/or 240. See Figures C-4, C-6, and C-8.”

As suggested with the height study illustration on page 15, the institution is making an exceptional request in requesting these height limits. This is especially true for the 200’ and 240’ foot limits. Additional height might be appropriate on the western most edge of the campus, but there are no examples of another MIO in the City of Seattle where the height bulk and scale is as out of sync with the surrounding community and with as much unmitigated impacts as in this proposal.

I agree with Nicholas Richter’s comparative analyses of the MIMP maximum height limits throughout Seattle. The current proposals for Swedish Cherry Hill are out of sync with historical precedent. All other MIMP currently approved do not have the same type of mismatch as the currently plan does between neighborhood context and the proposed development.

The closest comparable example would be Seattle Children’s Hospital, which has a maximum height four times the tallest surrounding zoned use between the tallest height proposed for the Swedish campus versus the tallest surrounding zone. This difference in height is mitigated through thoughtful placement, substantial setbacks (**75’ to the nearest MIO, which is a MIO-37**), and other amenities not included in the Swedish Cherry Hill plan. If the height for Cherry Hill is determined to be 200’, then the only other MIMP that has a higher maximum MIMP height to maximum height of adjacent zoning is the University of Washington. However, this is skewed by the fact that the 240’ zone in that plan is a minor area of the campus and only abuts other institutional uses (UW Medical Center). The rest of the campus has a maximum height ratio well under any Swedish Cherry Hill proposed alternatives, as does every other MIMP currently available on the MIAC website.

The Squire Park/Cherry Hill neighborhood is unique for its residential character in an urban setting. These qualities are part of the reason the area is now so highly sought after, but the neighborhood deserves similar consideration to what other neighbors (e.g., Laurelhurst) have received when accommodating the needs of a major institution. This plan does not reflect similar consideration or mitigation in this area.

Page 21

16. “23.44.014 Yards – SF Yes, Swedish is requesting a modification to allow the establishment of building setbacks in lieu of yards.”

The setbacks contained in this proposal do not reflect a similar level of consideration as what has been provided other neighborhoods when accommodating institutional needs. In particular, the setback along the eastern edge remains an open question. In previous meetings I have stated that I believed that a 40’ setback would be appropriate. I have come to the conclusion that a minimum setback of at least 40’ to 60’ and a height restriction of 37’ would be more appropriate. We the nearest of neighbors rightly point out that although the height may be similar to what the underlying coding, Sabey is proposing a bulky, intense commercial facility, not multiple residential structures. The impacts associated with a commercial facility are not in line with the impacts that the underlying zoning is meant to mitigate. Under City Code, measurements for setbacks between SF 5000 and transitional structures are calculated using a 45 angle at level ground between the property fence line and the proposed roof-line of the transitional structure. Using these calculations, the height of 37’ would yield a 37’ setback; a height of 50’ (without mechanical) would yield at least a 50’ setback. With the proposed structures on top of the hill, further setbacks should be considered. As such, the underlying coding is not the measure that the current MIO should be designed to and the CAC and City are required to consider setbacks and other measures to mitigate neighborhood impacts.

Page 23

17. “23.45.570 Institutions No, Swedish is proposing MIO heights varying from 50 to 240’.”

Factually inaccurate; MIO heights are being proposed between 30’ and 240’. Sections A2, A6, B4, C1 (Alt 10), C3, and C5 listed on page 42 of the plan are all proposed to be less than 50’.

Page 25

18. Alternative 8 & 9: “Setback A-A New proposed setbacks of 0 feet from property line up to 6’-0” high for partial underground parking. 10 feet setback to 37’-0” high and 20’- 0” setback to 50’-0” high (reference similar condition of commercial to residential, SLUC 23.47A.014.B.2). This landscape setback will be designed to promote security and privacy for the residential property to the east.”

This proposed setback is wholly unacceptable as it will result in up to a 6 foot wall along parts of the property line and provide for a total 10’ setback for the rest. This is not in line with any other MIMP in the city and does not even attempt to mitigate

the impact of the building. The height, bulk, and scale of the building are further magnified by the slope of the 18th/19th block, which will result in a looming presence. Swedish/Sabey's premise further supports my comment 16.

Page 33

19. "Setback A-A" (18th Ave half block eastern edge)

The proposed setback of 25' would be similar to the setback found in the underlying zoning. While this is true, the impacts of the commercial use of the building in this half block area are not comparable with a normal residential use. A larger setback has been requested by the neighbors that are directly next to the proposed new building and should be provided. See my comment 16.

20. "Setback C-C" (18th Ave half block, southern edge)

There is no need for a setback on this side, unless the setback is used to enable some sort of permeable use, such as a café or other small neighborhood commercial and if Setback A-A addresses impacts on the adjacent Jefferson townhouses. Setback A-A is the setback to focus on.

Page 35

21. "Setback D-D" (18th Ave, west edge)

During a recent meeting of the CAC, the possibility of a partial street vacation was discussed. The idea being that a partial street vacation could provide for the space needed, in terms of building width, while also providing a sufficient setback that is greater than the 25' setback proposed. This proposal is not reflected in the MIMP and does not appear to seriously have been considered. In light of the fact that SDOT's greenway will not run through the campus along 18th Ave, it should be considered now as an option.

Street vacations continue to be considered and approved by City Council. Yes, they require homework to petition for one, but both Seattle University and Virginia Mason Hospital have gotten complete street vacations approved.

Page 42

22. "Zones at the perimeters of the MIO District are proposed to step down from the greater internal heights to be a transition to the surrounding blocks."

As mentioned previously in comment 15, the transitions being proposed are significantly out of place for this neighborhood context. No other MIMP or existing MIO attempts to mix the heights described with a similar surrounding residential neighborhood effectively without mitigation, as this MIMP does.

Page 43

23. "Existing buildings not intended to change within the MIO district under the MIMP are indicated on the plan below."

The list of buildings included in this description of additional height conditions are: the John Carmack House, Seattle Medical Post-Acute Care Rehabilitation Clinic, the central Plaza, the powerhouse, the bellow of James tower, and a 15' section in the 18th Ave half block.

Of these self-imposed additional restrictions placed on development of the campus, one in particular stands out as shortsighted and detrimental to the MIMP: The Seattle Medical Post-Acute Care Clinic (555 16th Ave, Seattle, WA 98122) is a natural, logical extension of the campus and would provide Swedish with land that could be efficiently developed. When this property is discussed, the reason for non-inclusion is that the current owners are asking too much, despite the fact that it may be a logical and desirable way to limit the impacts in other areas of the project. Sabey had no problem paying \$1.5 million apiece to move the remaining two residential home owners along the eastside of 18th Ave⁶; or paying a higher price for one of the two properties it owns on 19th Ave⁷.

In crafting a 30 year plan, it is foolish to purposefully restrict any possibility of a future sale just because today the current owners are not willing to sell, especially when price was not an issue to acquire other properties within and adjacent to the campus. Swedish/Sabey did not hesitate to assume (incorrectly) that it could orchestrate the purchase of numerous homes along 19th, Cherry, and Jefferson in Alternative 3 (but balked when the home owners asked for the same consideration Children's provided to impacted Laurelhurst neighbors), but in Alternative 10 we are to assume that there is no possible way to incorporate this parcel? The MIO should be crafted to accommodate the best possible outcome and this restriction does not appear to serve the interest of the public: the failure to redevelop this parcel places pressures on the height, bulk, and scale of the project in other areas.

Swedish put forth alternatives that sought to include a Sabey-owned site outside of the current campus in previous proposals. It seems illogical to purposefully exclude a similarly sized, and potential useful, parcel inside the existing boundaries from any

⁶ See King County Tax Assessor Office's online public records for purchasing history of said properties.

⁷ See King County Tax Assessor Office's online public records for purchasing history of said property.

serious development in the future. Height should be added here in order to accommodate lower height limits in other areas of the campus, including a reduction in total allowable height. The other option is to remove the Seattle Medical Post-Acute Care Clinic site from the MIMP boundary and return the site to its underlying LR-3 zone.

24. 1910 Power House and smoke stack

This conditioning is appreciated. These buildings should remain as is or be renovated while keeping architectural and historic features intact.

Page 44

25. “The proposed maximum lot coverage development standard for the MIO is 76%. The basis for this calculation is the entire MIO and not for individual future project sites.”

Swedish/Sabey should not gain a benefit for using the MIO process to prevent Seattle Acute Care Rehabilitation Clinic from potentially redeveloping their site as part of a cohesive campus. The lot coverage would be better calculated based on those parcels that Swedish or Sabey own or directly control in the MIO district. Looking at the illustration on page 45 of the plan, a substantial part of meeting this open space requirement comes from the Seattle Acute Care Rehabilitation Clinic parcel and the Carmack House. Alternatively, these properties should be excluded from the current MIO. The MIO boundaries could be drawn to exclude these properties, which would also alleviate the issue.

that comes with it, is appropriate for this context. The lot coverage should be lower in order to encourage the Swedish/Sabey to meet this standard through some of the methods that have been recommended by the CAC and requested by the community. CAC members and the public requested options for the 18th Avenue half block that include multiple smaller buildings. Consideration of these requests are absent from the documents that have been provided.

Again, the central plaza is not open space. The central plaza is circulation space for automobiles – a driveway. Children cannot play here; dogs cannot be walked here. Seattle Code does not allow for driveways to be used to satisfy open space requirements, although Swedish is attempting to make the claim that their driveway is open space (See DEIS 3.3-12). The driveway should count against both lot coverage and any/all calculations that use open space as a basis (e.g. FAR).

26. “Enhanced pedestrian level lighting will be added throughout the campus and along the campus boundaries, especially at the intersections.”

Lighting on campus should be dark sky compliant to reduce light pollution⁸. In addition, the plan should acknowledge some type of automatic light control for spaces along the perimeter that may cause light pollution to neighboring residents. In particular, some lights on higher levels are directly visible and past experience reported by neighbors is that these lights are not/cannot be turned off at night. Uses that require a night time presence should be located away from the perimeter and electronic controls on lighting should ensure that lights automatically shut off if not in use.

Page 46

27. “The plan below represents campus amenities draft proposal for review by the community, facilitated through the CAC (Community Advisory Committee). The proposal contains the areas at the campus perimeter (landscape and sidewalks) plus the cross campus connectors and open space areas.”

Amenities provided by other institutions of similar size and scale should be included to provide a comparison in the Plan. This amenity package does not either address impacts or the needs of the community. The proposed amenities are insulting and smack of racist service inequity when compared to Seattle Children’s provided amenities, including the funding of street improvements in the surrounding neighborhood.

28. “The perimeter Health Walk path on E. Cherry Street, 15th Avenue, E. Jefferson Street and 18th Avenue through sidewalk markers and information stops.”

Other than employees who need to leave the building to smoke or plug meters, why? In all cases, there are better routes and better walks in the neighborhood from any point in the neighborhood, including originating at the hospital itself. Neighborhood residents prefer walks along the residential streets rather than campus routes⁹. This is a fundamental flaw of project design and an ongoing critique of the Swedish/Sabey. Amenities for the public are only valuable if the public needs or wants to use them. Giving me a health walk so I don’t stroke out over what Sabey wants to build along my fence line is not an amenity.

29. “The Providence Annex into a community center and/or retail storefront on E. Jefferson Street.”

⁸ <http://www.darksky.org/>

⁹ <http://www.walkscore.com/walkable-neighborhoods.shtml>

Although the building has historical value and the building is not well suited for large scale institutional uses, a hospital use should be proposed. Giving me a community center or a shopping experience so I'm distracted from what Sabey wants to build along my fence line is not an amenity.

30. "Pocket parks located along the perimeter health walk will have criteria developed to ensure that the spaces will be sites adequately scaled and effectively spaced to offer usable public spaces."

The smokers are the one user group that may use these parks and the existing bench at the new 17th Avenue pedestrian entrance. These pocket parks are not well situated along Cherry. Other neighborhood locations off campus are better than along 18th or 15th Aves.

Page 52

31. "The Seattle Land Use Code defines designated open space as..."

Please reference the specific code (e.g., SMC 23.69.030.E.4.b) when making similar statements. If the text is from the code verbatim, it should be quoted as such. As is, it suggests that there may be some institutional interpretation of the language rather than a citation of the Code.

32. "The designated open space is the central plaza and main hospital entrance off of East Jefferson Street."

The majority of the central plaza is not open space. It is a central focus point for people arriving by car, but the majority of the plaza consists of space dedicated to circulation. A driveway is not listed on the approved types of public open space (SMC 23.49.016.C.2.A). Additionally, SMC 23.48.020.C.6 (which applies to residential zoning) would not allow the use of the entire plaza as open space. Seattle Children's MIMP also directly addresses this issue by stating, "Parking areas and driveways are not considered usable open spaces"¹⁰.

33. "The drop-off zone on the plaza is included in this area because it can be closed to auto traffic for campus events."

The central plaza is mainly a driveway and will remain part of the primary circulation for the campus (See DEIS C-56). Access by foot is fairly restrictive and not obvious.

The calculations assert 75,571 square feet of additional open space, but Swedish has not provided a map of what they currently include as "**landscaped**" (my emphasis) open space". It is difficult to believe that Swedish/Sabey is able to increase lot coverage from 56% to 76% (as requested) and also create 1.73 acres of new open space (roughly the area of Yesler Terrace Playfield). (See page 30.)

The 1994 MIMP allowed Swedish/Sabey to reduce it's the current 14% open space to 10%. Between 1994 and 2014, Swedish/Sabey continued to reduce its required open space to 5.35% in violation of its 1994 MIMP and Code. I insist that Swedish/Sabey get back to 14% landscaped open space (without counting the driveway) as one of the actual mitigations for its proposed height, bulk, scale, and intensity expansion.

Page 55

34. "4a Transition in height and scale between MIO and surrounding area Swedish is proposing to mitigate building massing by the following (see Structural Setback sections)."

Please see comments on setbacks.

35. "4b. Building width and depth limits Elimination of the LR-3 requirement to limit width to 60 feet without a Green Factor and 150 feet with a Green Factor of .5 or greater. In keeping with the intent of the LR-3 requirement, Swedish is proposing that unmodulated facades be limited to a maximum façade width of 150 feet."

This should not be allowed. The intent of the LR-3 requirement is that buildings are allowed an exception to the 60 rule under the condition that there is mitigation in the form for including "Green Factor" of 0.5 or greater. This proposal would actually defeat the intent of the LR-3 requirements by allowing a 150 foot wall without mitigation. It would be similar to a developer requesting that they be granted a height bonus offered as an incentive to provide public amenities without providing the public amenities. It is not the intent of the Code to allow the extra height without the specified amenities.

36. "4e View corridors or other specific measures intended to mitigate impact of MIO. ...Any proposed sky bridges should be limited to single corridor, two story and be transparent."

Harborview provides an excellent example of how a skybridge can be integrated into the institution. This feature provides useable space that may be used to offset the height, bulk, and scale of the project.

Views of the James Tower will be maintained along 18th and from the central plaza.

¹⁰ http://masterplan.seattlechildrens.org/documents/4_DevelopmentStandards.pdf, Page 84

James Tower is a landmark of the neighborhood. Views of the tower from the Jose P Rizal Bridge should be considered, as well as from 14th Ave. The hospital has always been the landmark on the hill, but the fact that the tower is historic is meaningful. The replacement of a view of the historic landmark tower with a relatively generic medical building detracts from the character of the neighborhood and reduces the overall meaning of the campus to the neighborhood.

James Tower has long been part of the identity of the neighborhood, something that people liked pointing to from the Space Needle as a landmark that identified the rough location where they lived. The new buildings will not evoke the same feelings as the historic bell tower. I'd rather have it moved or taken down to use its location to mitigate the impacts than hide it from view.

37. "4f. A bicycle and pedestrian way finding plan, including directions to the soon to be operating streetcar and bicycle facility locations will be developed."

The streetcar that will be opened is more than a quarter mile away and separated by a 100 foot elevation gain in both directions. The commute specified could literally involve walking uphill both directions. SDOT only includes wayfinding of public transportation modes within a quarter mile walk. Including wayfinding to the streetcar is outside the City's standards.

Where are the bike racks on the central plaza and along 18th Ave? Currently there are none.

Page 61

38. "1. Alternative Proposals for Physical Development – The following (Table DP.1) new square footage over the next thirty (30) years. The ability of the proposed alternatives to meet these square footage goals is fundamental to the medical center meeting its needs."

At time of writing, 5,000 sf in the Jefferson Tower was available for rent to the public by Sabey. In addition, some of the aspects of the plan (e.g. limited development through additional heights for non-Swedish/Sabey owned sites) do not reflect a 30 year mindset for planning for the campus.

As has been mentioned repeatedly in comments both from myself and from neighbors, the question of need is a significant one. The Swedish/Sabey alliance makes it difficult for members of the community to take the assertions of need at face value and if these space requirements are true measurements of need, then one possible outcome of this process is that Cherry Hill is not a suitable location for the hospital – an alternative not proposed.

Page 71

39. "Swedish is requesting exemption from FAR consistent with other MIMPs."

Nicholas Richter provided documentation with his comments to show the Swedish-requested exemptions are not "consistent with other MIMPs". The unbound exemption for server areas is an issue.

Sabey Corporation runs datacenters. Data centers are filled with servers. An exemption for server space allows Sabey to effectively build a data center at Swedish Cherry Hill or create rentable spaces for technology intensive companies that focus on the medical industry. For example, if Sabey partners with McKesson Corporation, the present MIMP wording would allow for the development of a building that contains significant server space needed to run their electronic records system for the region. While this would normally be dismissed as a remote possibility, the same entity is driving plans to place 240' buildings in a residential area.

An uncapped exemption for server space is a loophole. It should not be included in the MIMP. According to the plans reviewed, a standard exemption for server and electrical space appears to be 3.25%.

Page 72

40. "4. Existing and Planned Future Development Open space is provided at the NW corner of 15th Ave. and Cherry St. North of the NW Kidney Center building; and at the main entry plaza south of the Center Building. Additional open space is proposed as a new courtyard shown in Figures B-22 and B-23 between the Annex Building and the James Tower."

All of the "open space" listed above currently exists. The space between the Annex Building and the James Tower is already a landscaped open area that the public can use. This is not "new" open space. The corner of 15th Ave and Cherry is semi-private "open space".

In the calculations found on page 52 of the DMIMP, the new alternative will add more than 75,000 square feet of new open space, which will increase the overall open space on campus by 1.89% (approximately half of the landscaped open space the campus had in 1994). Swedish/Sabey claims that they will add open space equivalent to the size of Yesler Terrace Playfield¹¹. The assertion that more open space will be provided after adding millions of gross square feet to the campus and increasing lot coverage from 56% to 76% is difficult to believe.

The DMIMP has significant issues surrounding claims of landscaped open space that have not been resolved.

¹¹ http://www.seattle.gov/parks/park_detail.asp?ID=4563

41. “8. Planned Development Phases and Plans - The timing of projects on the Cherry Hill Campus is subject to extreme variability due to the uncertainty of funding and the rapid changes in the healthcare environment”

Nicholas Richter has done a thorough analysis of current and past MIMPs. I agree with his analysis that their proposals are more concrete and present a clearer vision of the future. Swedish/Sabey either does not know what it actually wants from this campus or are unwilling to divulge their actual intentions. Even MIMPs that have been developed after the changes to the SMC that allow for more generic and vague MIMPs have a clearer vision of the future and their intentions for expansion at their campus. These plans more directly respond to the needs of their respective institutions because the projects planned are more fully developed and presented with vision.

The current MIMP process is not driven by the needs of the hospital, but the wants of a for-profit developer. If it was driven by the needs of the hospital, we would expect to see a clearer timeline of projects that address a vital business need (e.g., neurosciences). The only phase of the project that has any clarity is the Sabey-owned 18th Avenue half block. What is proposed now by Sabey is higher, more bulky, and more intense than what it proposed in 2009-2010 as a minor amendment (and what triggered the City to inform Swedish/Sabey to file for a new MIMP in 2010). It is what Sabey used to sue both the City and the neighbors because it had to go through the MIMP process. The rest lacks clear vision and purpose when compared to similar institutions and their MIMPs.

This does not give the neighborhood the security of being able to predict changes in the neighborhood. The purpose of the MIMP is to give this exact type of predictability and clarity to neighbors and the City without fear of lawsuits and retaliation. In this sense, the MIMP fails.

Page 80-83

“23.069.002.A Response: The MIMP minimizes the adverse impacts associated with development with the use of Development Standards that transition the height and scale between the MIO and the surrounding area.”

The proposed development standards are insufficient to guarantee this outcome. The height and scale, while “transitioning” within the campus, is far outside the height, bulk, scale, and intensity of the surrounding neighborhood. As discussed previously, there is no other MIMP current in effect in Seattle or in draft that has a similar level of intensity combined with no mitigation effort.

In particular (i.e. including, but not limited to the following):

- Insufficient setbacks directly next to residential properties.
- Unmitigatable impacts due to shadows caused by the height, bulk, and scale of alternatives presented, which would significantly impact the vibrancy and livability of the neighborhood.
- The sheer mismatch of scale caused by a misunderstanding of the neighborhood context (i.e. “First Hill” vs. Seattle Central Area).
- The weakest transportation management plan proposed in any MIMP.
- Unsubstantiated calculations used for FAR and open space, resulting in overstated benefits caused by the MIMP and understatement of actual FAR.
- The failure to mitigate impacts as required by Code, not just three or four MIO height limits that graduate from tallest to least tall.

“23.069.002.B Response: The MIMP protects the livability and vitality of adjacent neighborhoods by providing open space, landscaping and site amenities.”

If these are the mitigation measures that protect the “livability and vitality” of the adjacent neighborhood, then the plan has failed.

- The open space calculations overstate open space on campus by incorrectly including the driveway plaza as open space and excluding existing open space (the area between James Tower and the Annex) in the calculation of the existing open space. The result is that the open space provided by the alternatives is greater than it actually is.
- The open space on campus not connected to the preservation of the livability or vitality of the surrounding neighborhood. A link between the two has not been shown. The proposed open space is half of what it had in 1994. The plan should show the reduction since 1994 and the proposed 7.36% as a net loss, not a gain in open space.
- The health walk is not a welcome amenity.
- Landscaping on campus (e.g. the traffic circle in the driveway plaza) largely does not impact the neighborhood.
- Expansion of neurosciences and cardiology (maybe) services rather than primary, preventative and hospice care.

“Discussions include the establishment of a community retail use within the current annex building that could potentially have sidewalk access as well as access to a new public garden to the north of the annex.”

Improving an existing open space is not creating a new open space.

“The proposed campus perimeter health walk will upgrade sidewalks and landscaping to offer safer pedestrian experience and promote individual health achievement.”

Swedish Medical Center is already responsible for the condition of the sidewalks adjacent to its property¹². If, in the process of development, the sidewalks are made unfit, then they clearly would be expected to be replaced (in compliance with current standards) by the developer. Bringing the sidewalks up to current standards to provide a “safer” pedestrian experience is not a mitigation feature. It is compliance with current regulations.

“The Medical Center has encouraged significant community involvement by meeting with the Citizen’s Advisory Committee (CAC) and taking their recommendations into consideration.”

There is a difference between community involvement and compliance with mandatory regulations related to public meetings.

After more than a year of meetings, the Swedish MIMP has not fully integrated the comments and concerns of the community. The starting position of the institution could be described as “belligerent” and “intimidating” towards the neighborhood, which resulted not in community involvement, but a feeling of community defense and fear. Neighbors along 19th Ave/Jefferson border as well as Squire Park Community Council were sued for providing public comment through the City’s processes. Neighbors who participated in the public processes before the CAC was formed were retaliated against and denied CAC membership. Neighbors surrounding the campus were put through unproductive and at times hurtful meetings where these most offensive alternatives were slowly rolled back.

In addition to selecting a starting position that was a distraction from meaningful conversation by CAC members and members of the public, Swedish Medical Center has taken positions that have been detrimental to the public discourse through such acts as: denying requests for information by the CAC; denying requests for materials produced by their contractors; failing to deliver requested materials related to the PDEIS to CAC members; scheduling meetings outside of the neighborhood to discuss critical documents; failing to maintain a properly updated website with materials and resources for community members to review; and suggesting in e-mails that CAC members were acting “outside of the code” when attempting to contribute ideas and commentary for consideration in the process (Example, 2013-08-09T11:29-8:00 from Marcia Peterson).

There has been a consistent and strong turnout by members of the community, but community involvement was not because Swedish had invited them to participate in the formulation of the plan. These community members attended because the alternatives presented were so far beyond what they would find acceptable that they felt compelled to attend in order to prevent lasting and irrevocable harm to the neighborhood. The input that the neighborhood has given has been largely ignored or incorporated to a minor extent in the alternatives, but not in a configuration that would result in different and potentially acceptable alternatives. From my perspective as the Vice-Chair of CAC for the 1994 MIMP, it seems like each alternative had a “poison pill” that would prevent it from moving forward. Commentary on specific aspects that was acceptable between the “different” alternatives lead to new alternatives that embodied the best of the previous alternatives.

Examples:

- Alternative 1a was dismissed prematurely.
- Alternative 2 placed 90 foot buildings within 25’ of the property line of SF 5000 properties.
- Alternative 3 proposed boundary expansions that were the source of strong, justified, and predictable opposition by the neighborhood. This alternative should never have been proposed.
- Alternative 4 was poorly executed according to Nicholas Richter (even though it was developed by his suggestion). It placed 105’ buildings along properties with LR-3 zoning and 90’ buildings along SF-5000.
- Alternative 6 was nearly identical to Alternative 5.
- Alternative 8 proposes redeveloping the historic annex into a new office building with the greatest heights of any alternative.
- Alternative 9 and 10 retain, as do all others as a minimum, the 50’ full half block development on the 18th. Heights remain too tall for the context of the neighborhood, but far closer than the original proposals.

Alternative 9 and 10 is the type of alternative that should have been presented at the start of this process. If the CAC and community had been able to channel their efforts and ideas towards this and if this idea had been refined over the past year, I believe that we would be in a place where an effective compromise might have been possible.

It is true that public meetings were held and that they were very well attended by the public, but this does not mean that the CAC was collaboratively or “significantly” involved in the creation of a viable alternative that balances the needs of the institution with the needs to the community. The progress on creating such an alternative was hindered primarily by the ill-conceived alternatives and a seemingly recalcitrant attitude towards the process by the institution/developer. An alternative that creates a reasonable balance between the institution and neighborhood does not currently exist and has not been put forward in the proposed MIMP.

“Make the need for appropriate transition primary considerations in determining setbacks: The MIMP’s proposed setbacks provide appropriate transition to the surrounding area.”

¹² See SMC 15.70.020 and SMC 23.84A.004.

There is no proposed transition. Please see previous my previous comments.

“The proposed TMP is intended to reduce SOV trips to 50 percent, reduce parking demand, and increase the use of alternative modes of transportation (Transit, walking and bicycling).”

This is the same goal that Providence set in 1994 and has failed to meet each year since. Swedish/Sabey is not able able to meet this goal. Swedish/Sabey must demonstrate what is going to be different this time around and why such an unambitious target has been adopted. Children’s has, over the same period of time that Swedish has failed to meet this goal, reduced their SOV share of commute trips from 73% in 1995 to 38% in 2013¹³.

Swedish is asking us to believe that they can accomplish in the next 30 years what they promised to do in 1994 and that Seattle Children’s has already done in the meantime despite a less conducive location. Swedish has not during the MIMP process demonstrated any change in its transportation culture at the Cherry Hill campus or addressing ongoing public concerns about existing conditions. Promises have been made, but they were also made in 1994. See my TMP comments.

“Through the MIMP: 1) give clear guidelines and development standards on which the major institutions can rely for long-term planning and development; 2) provide the neighborhood advance notice of the development plans of the major institution; 3) allow the city to anticipate and plan for public capital or programmatic actions that will be needed to accommodate development; and 4) provide the basis for determining appropriate mitigating actions to avoid or reduce adverse impacts from major institution growth.

Response: Swedish’s intent in requesting approval of a new MIMP is to do just as this purpose and intent statement states.”

Please see my previous comments.

“The purpose of providing a decentralized network of primary care clinics is to make the first step that patients take in accessing health care a convenient, personal and efficient one.”

No one claims that Swedish is not a healthcare network with multiple locations. Given the magnitude of the requested space and needs and the incompatibility of the height, bulk, scale, and intensity of the alternatives presented with the surrounding neighborhood, Swedish should look at alternatives that lead to a less intense use of Swedish Cherry Hill through decentralization.

While the future of Swedish Cherry Hill will be a more intense use than it is today, it must also be one that effectively balances the needs of the hospital with the needs of the community. Swedish Cherry Hill exists in a residential neighborhood, but there is a limit to what a residential neighborhood can support in terms of institutional utilization before the impacts on vibrancy and livability manifest in a negative way. The present alternatives do not mitigate the impacts of the proposed development and that the total scale (high rise commercial buildings next to low rise residential) is out of place in this neighborhood. The hospital should consider how the need stated could be accommodated elsewhere in the network in order to create a balance between the needs of the institution and the neighborhood.

Page 85-86

Community Space: Under the proposed MIMP, the expanded Cherry Hill campus will feature enhanced public green space and a neighborhood health walk that encourages residents, staff, patients and visitors to seek health through activity.

The majority of the former exists on the current campus and the latter is not an amenity.

The new MIMP also proposes a One Bus Away kiosk for bus commuters, a summer season farmers market, a quarterly transportation and commuter fair and a Swedish community transportation liaison.

This is the first and only mention of a farmers market in the MIMP. The central plaza siting for a daily summer season farmers market is still not enough to call this driveway open space. Please see my previous comments.

SWEDISH CHERRY HILL DRAFT (MAY 22, 2014) ENVIRONMENTAL IMPACT STATEMENT COMMENTS

Foreword

This document is a companion piece for the more extensive critique of the DMIMP provided to the public for review. The present DMIMP and the alternatives presented do not represent a reasonable balance between institutional and community needs. The type of development planned and being zoned for at Swedish Cherry Hill is to situate a mega-project directly inside of a residential neighborhood. No other MIMP approved in Seattle contains a comparably aggressive program in a comparably residential and vibrant neighborhood. It should be rejected as it is presented today.

¹³ See Seattle Children’s Master Plan, page 39. It should also be noted that Seattle Children’s is located in a more auto-oriented neighborhood with fewer transit options. See www.mapnificent.net.

This document is less verbose. Given the length of the document, a failure to comment does not imply that there is no comment to be made. Comments include pages i to 3.4-22 (approximately 120 actual pages).

Section 1.2, Page 1-1: <Neighborhood description>

Please compare this description with the description provided in the plan. This one is more accurate and less misleading. It is noted that in the technical document, the neighborhood is described as primarily residential. The project area is not described as “Eastern First Hill” nor does the description attempt to mislead the reader to believe that the project area is an institutionally focused zone.

Table 1-1, Page 1-5: Aesthetics Lighting and Glare

The table fails to mention glare from siding choices or building reflections that may affect buildings and produce an unwanted bright glare.

Table 1-1, Page 1-6: Aesthetics – Height, Bulk & Scale

The analysis here is only between the available options. This means that while one may be the least of the three it does not speak to the acceptability of any of three.

Table 1-1, Page 1-7: Housing

The table states that there would be no impact on housing because there “are no occupied housing units within the MIO boundary”. While true, the impacts on housing and housing market outside of the boundaries may be impacted. In particular, there is the issue of the developer Sabey purchasing homes and properties in the near vicinity. These properties are not “neutral” in this process and served as a basis for proposing expansions into the residential neighborhood. These properties have a spotty history of occupancy and maintenance and corporate owners do not make good neighbors. This impacts the community by reducing the number of people active and engaged as dedicated home owners who are committed to creating the social neighborhood necessary for maintaining the quality of life and vibrancy of the area. Sabey, in contrast, has actively sought in this process to convert the properties they own into commercial properties in the residential neighborhood.

Table 1-1, Page 1-8: Transportation – Bicycle, “18th Avenue where it bisects the campus has been identified as a potential Greenway in the Bicycle Master Plan, providing enhancements for pedestrians and bicyclists.”

Swedish should look to Seattle Children’s as an example of the type of engagement and commitment to sustainable transportation that a world class institution exhibits on these types of issues. More comments will be made when we get to the transportation plan and their unacceptable 50% target for non-SOV commuters.

Table 1-1, Page 1-8: Transportation – Pedestrians, “Swedish has proposed to create a “Health Walk” or walking path around the Swedish Cherry Hill campus along 15th Avenue, E Cherry Street, 18th Avenue, and E Jefferson Street.”

This feature is not an effective mitigation measure or serious enhancement.

Table 1-1, Page 1-9: Transportation – Traffic Volume, “Assuming the 50 percent SOV rate...”

The assumption should be based on where Swedish/Sabey is, not where it has been able to get to... The same 50% SOV rate was set in the 1994 MIMP. 20 years later the institution has not achieved that goal. In contrast, other institutions both in similar areas and in areas where transportation is arguably more difficult have exceeded this goal and are currently setting targets well below 50%.

Given the TMP presented in the draft MIMP, the lack of commitment expressed (“Pilot” realistically translates into “One time”), and the track record of failure in this area, Swedish must do more. Again, Children’s Hospital is **the** model for TMP plans in the Seattle area. The institution should adopt this plan on the Swedish Cherry Hill campus. This should be worded with strong language that demonstrates serious commitment because otherwise, the EIS will fail to reflect the realities caused by the TMP.

There is only one element of the TMP that is novel: offering possible subsidies to employees for living near the hospital. This could be incorporated into Sabey and its affiliates selling their residential housing stock to employees who qualify as first – time home buyers, and/or reducing rents they charge to a certain percentage under current market rates.

Table 1-1, Page 1-9: Transportation – Traffic Operations

While the City continues to address its transportation issues through a variety of approaches that it believes will foster mobility, mobility in the neighborhood is constrained. Cherry Street and Jefferson are important arterials, as is 14th Ave and 12th Ave. Connectivity in the neighborhood has already been negatively impacted by the closure of 14th Ave south-bound for the 12th Ave Streetcar, making the remaining connections more important. The number of failing intersections caused by the alternatives is a concern. Traffic increases from the failed intersections results in a higher the rate of “cut through” that the neighborhood experiences. Witness the SDOT signs posted for local access only and one-ways/do not enter along the side streets between Jackson and Dearborn after 14th Ave became a one-way street northbound. The 0% increase of traffic shown for all residential streets demonstrates the limits of the model being employed.

The EIS should include additional analysis that shows what the traffic volumes would be like under different mode split scenarios. There should be a no-progress (56%) and a progressive goal (40%) shown for at least a few key corridors to explore how much impact the success or failure of the TMP will have on local traffic patterns.

Table 1-3, Page 1-17: Noise – Operations

“Could” is a weak word. “Will” or “shall” is preferable language when discussing mitigation. In this case, there are issues:

- All building materials used along 18th Ave must muffle loading dock, parking, and traffic noise and eliminate the current echoing and amplifying of truck, parking, and traffic noise.
- The loading dock on 18th is currently a noise source that violates the late night noise limits. As this is known, more detail on the actions that Swedish will take to address the noise from this source *now* and in the future should be provided. All noise from the loading dock must be restrained to between the noise limits and times within residential zone.
- Presuming a parking structure is built on 18th Ave, exhaust vents should be located away from the residential properties and vent only on the 18th side of the property. This should be a condition of the MIMP.
- All activities should be scheduled during normal business hours (9am to 5pm Mon-Fri) and on a select schedule on the weekends (12pm to 3pm). Deliveries should be required to turn off additional noise devices, such as reverse beepers, etc. If this causes a safety issue, Swedish should provide a security guard to oversee the movement.

Table 1-3, Page 1-19: Aesthetics/Light Glare and Shadows - Operation/Height, Bulk & Scale

The current scale is out of proportion with the neighborhood. However this section describes what needs to be done: “Heights could be further reduced”.

There is no way to put a mid-rise in the neighborhood and have it be reasonably compatible with the surrounding uses. 200’ buildings are not found in residential areas in any other part of Seattle (or if they exist, they are historic anomalies, such as the UW building).

“New buildings could be designed in accordance with adopted design guidelines.” Isn’t this the point of the MIMP?

Table 1-3, Page 1-19: Operation/Shadows “A shadow study may be required with the MUP application for specific buildings depending upon their location on campus.”

This should be fully explained. When will they be required and when will they not?

Table 1-3, Page 1-20: Transportation – TMP “The proposed TMP incorporates both elements from the existing TMP and proposed enhancements designed to achieve a SOV of 50 percent.”

This is insufficient and unacceptable. This goal would make Swedish the least ambitious of all its peers and offer the least mitigation of any of any comparable institution. Due to the long history of failure in this area, more needs to be done. In comparison, most other recent MIMPs report current compliance with a 50% target and have set goals lower than that. Swedish has catching up to do, both in terms of its peers and in terms of the promises made in 1994, and the only way that will be done is with a strong and ambitious TMP. This is not a TMP of that caliber.

Table 1-4, Page 1-24: Noise “...especially when added to the noise of the adjacent Seattle University campus”

Justify this claim. The primary activities on campus occur away from the residential neighborhood and outside the range of the impacts of Swedish at Cherry Hill. Aside from intermittent sporting events, there is little direct noise generation that reaches the neighborhood. I live on 19th Ave. I do not hear anything on the other side of the hill, but I do hear everything along 18th Ave from the Swedish Cherry Hill campus.

Table 1-4, Page 1-24: “The increase in staffing and patient levels at the hospital would contribute to secondary and cumulative land use changes, both directly and indirectly. There would be increased demands for customer service-type businesses in the nearby retail/commercial area to serve hospital staff, patients and visitors. ... there may be increased future demand for more intensive zoning along E Jefferson and E Cherry Streets to accommodate additional retail and commercial space.”

The EIS states that there may be a further “chaining” of rezoning activity that happens as a result of this MIMP. The neighborhood has a right to be very skeptical about these impacts, the impacts that this will further have on the character and quality of the neighborhood, and the beneficiaries of these rezones. This has not happened in other residential neighborhoods where hospitals are located, such as Capitol Hill and Laurelhurst neighborhoods. The business districts have not been sustained by the hospitals; rather, these business districts have been sustained by the residents.

As mentioned previously, Sabey is not a neutral member of the community. During this process, they have pushed for the rezoning of a non-compliant commercial use to an effectively permanent commercial use via the MIO. Given the statement in the EIS, it seems reasonable to conclude that so long as they are a land owner in the area adjacent to the MIO, then there will be active pressure to rezone, contrary to the good of the community and the intent of the SMC.

Table 1-4, Page 1-24: "The height, bulk, and scale would contribute to an overall increase in heights and density in the Squire Park neighborhood when combined with new development at Seattle University, new lowrise residential development to the east of the Cherry Hill campus, and new residential, commercial, and institutional development to the west."

This is misleading. The 200' mid-rise would be the single most prominent building east of 12th Avenue south of the Ship Canal (excepting the TV towers) in Seattle and the second most prominent building east of 12th Ave in the entire city. The proposed development would tower over the neighboring community, as indicated in the viewpoints (Viewpoints 1, 3, and 10 are especially illustrative of the mismatch between the proposal and the neighborhood).

Also, the majority of tall buildings in the Seattle University Development are either on the main campus itself and/or located next to first hill, where there are already projects of similar size to the one proposed in this MIMP.

Table 1-5, Page 1-26: "Significant Unavoidable Adverse Impacts"

A couple points to bring attention the requirement to provide as much mitigation to the neighborhood, including considering non-acceptance:

- "The height, bulk, and scale of Alternatives 8, 9, and 10 adjacent to the single-family residential block between 18th and 19th Avenues (Viewpoints 5, 7, and 8) would be a significant unavoidable adverse impact."
- "Alternative 10 would have less of an impact due to the proposed lower heights and greater setbacks." (Note that this does not say that Alternative 10 is *acceptable*, but that it is comparatively less adverse.
- This added congestion would contribute to measurably poorer performance of the transportation network, in terms of increased delays along several of the corridors and at some specific intersections.

Page 3.2-6: "The measured existing sound levels indicate that sound levels in the vicinity of the Swedish Cherry Hill campus are relatively high, often not dropping below code limits during daytime hours and occasionally remaining above nighttime noise limits as well."

This finding suggests that noise mitigation should be a "must" or "shall" instead of "could".

Page 3.4-8 to Page 3.4-43: <Images>

These images display that type of negative impacts that these buildings will have as well as their oversized nature, compared to the rest of the community. Please recall that none of these buildings will be built further than 0.75 blocks from residential properties.

Also, please remove the photo shopped silhouettes from images showing the "after".

April 4, 2014

To: Swedish Medical Center Cherry Hill Citizen's Advisory Committee

From: Bob Cooper, Vice--Chair of the former SMC Cherry Hill Standing Advisory Committee re: historical perspective and request to consider alternatives.

As you consider the proposals for SMC Cherry Hill expansion, I hope you will take into account some historical perspective that has not been provided to you. Two particular elements are described below (other neighbors are likely able to provide additional examples), followed by a request to consider certain standards and questions as you step

I was the vice--chair of the Standing Advisory Committee that was formed following the redevelopment of James Tower. For some period of time between completion of the 1994 plan and 2005, the statutorily required committee to oversee development under the plan did not exist. Perhaps Mr. Sheppard can enlighten you as to why this committee was not formed or withered on the vine between 1994 and 2005.

It also needs to be re--emphasized that the previous plan did **not** include any gross square footage, development envelopes, or height overlays. The previous plan - developed under a now--replaced ordinance - approved discrete buildings in specific locations. While Swedish and Sabey Corporation have tried to paint this differently, there were no development envelopes in the previous plan.

The now--expired plan is posted at the city's Dept. of Neighborhoods website:

https://www.seattle.gov/neighborhoods/mi/miac/swedish_cherry/cherry_hill_mp.pdf and I encourage you to look at it for a frame of reference - especially the portions outlining allowable development.

Examples of development different than originally approved:

1. **James Tower (1910 Building) was redeveloped in excess of plan authority, with no mitigation, no advisory**

committee oversight.

The east side of the 1910 building was approved in the 1994 plan for addition of a “60--bed project” described as a “skilled nursing facility [that] would be two stories (28 feet) and would have approximately 24,000 square feet.”

What happened instead was a vastly more extensive re--development of the 1910 building.

Swedish currently describes the building as “a state--of--the--art medical office building and now houses physician offices, education, and research facilities.”¹ This appears to be far in excess of what was approved in the 1994 plan.

This happened with no Standing Advisory Committee to make official comments during the permitting process. As such, there was no formal process for negotiating mitigation for a project much larger than originally approved – a development that would have likely triggered this new Major Institution Master Plan process a decade ago.

In fact, it was the Grand Opening of the James Tower and a notice mailed far--and--wide saying “there’s plenty of free parking in the surrounding neighborhood” that prompted the complaint that led to re--establishment of any oversight process.

I believe it is the responsibility of this Citizen Advisory Committee to consider how this bulk and scale, much larger than anticipated in the previous plan, can be mitigated now– and that is likely through keeping development east of James Tower across 18th avenue at a transitional scale no higher than the 36 feet anticipated in the prior plan², in smaller buildings spread along the double--block, rather than one or two block--long buildings.

¹https://www.seattle.gov/neighborhoods/mi/miac/swedish_cherry/documents/SwedishCherryHill--PrelimDraftMIMPFeb42014.pdf page 7

2. Setbacks were traded for height in parking garage at 16th & Jefferson

The parking garage at 16th and East Jefferson Street was originally described in the 1994 Major Institution Master Plan as five levels above grade, with a 20--foot setback.

When neighbors objected to the height, the negotiated compromise was to drive a portion of the parking structure underground so it would be shorter while still achieving the desired square footage. In exchange, the Standing Advisory Committee recommended – and the city agreed – that the building could come within a few feet of the sidewalk.

If the proposed development envelope for this portion of the campus is proposed to go any higher, the setbacks need to be recaptured and pushed away from the edges to a minimum of the usually--required 20 feet.

Conditions to Consider:

A. Providence Hospital (now Swedish Medical Center Cherry Hill) was established as a community hospital – not a research center, which is not covered under the ordinance

The institution was established as a hospital, providing medical care to the community – one of the two types of institutions governed by the Major Institution ordinance.³ Swedish and Sabey Corporation are attempting (and have been since the early 2000’s) to morph the

property into a research center and squeeze it into a residential neighborhood – a use that seems to be outside of the purview of the Major Institution ordinance.

The Major Institutions Master Plan ordinance recognizes in public policy the benefits of providing medical care (and education) as community benefits that should be accommodated in a residential neighborhood in exchange for certain benefits to the neighborhood. It does not recognize research facilities as a benefit to be accommodated in such a neighborhood.

Seattle has, in fact, recognized south Lake Union as a research hub. Various biomedical research facilities are located there and zoning has been changed to accommodate such research.

It seems the research components that have been located on or are anticipated for the campus are not completely appropriate for the neighborhood setting, and may be outside of the scope of the Major Institution ordinance.

B. Associated / connected uses?

Yes, businesses such as LabCorp are uses with a functional connection to a hospital. However, there has been no explanation of why it is crucial to have such an operation located on the Cherry Hill campus – a much smaller facility – rather than the main Swedish

Medical Center campus nearby, with a much larger patient census. You should look carefully at the connected uses claimed to be necessary. That includes computer servers.

Sabey Corporation lists, as one of its main businesses, development of computer data centers⁴. Hospitals need computers. Therefore, a computer server farm could easily be attached as functionally necessary to the hospital operation.

Such a facility would be both overwhelming in a neighborhood setting and able to be located elsewhere (i.e., server farm in Quincy, WA). Such uses should be prohibited in any final plan since they can easily be located away from the campus and there is no necessity for them to be immediately adjacent.

3. The 36 foot limit and scattered buildings were originally articulated in a 1988 settlement agreement between the Squire Park Community Council and Providence Medical Center (PMC) that also included re-development of four lots PMC had purchased on 19th Avenue. That agreement included re-development of four empty lots for low to moderate income, single-family homes.
4. SMC 23.69.002: "The purpose of this chapter is to regulate Seattle's major educational and **medical institutions**" (emphasis added)

Historical buildings

The 1910 building incorporated into James Tower is the central historical marker on the campus. As such, I believe the tower atop the building should remain a visible landmark – that development surrounding it should not cover it up from any existing sightline.

I ask that you make this a central tenant in your decision making process.

Other buildings on the campus are also either historically part of the original Sisters of Providence hospital or echo the style of the original hospital. This historical look and feel of the buildings should be required to be emulated in any new construction, despite the late 20th Century, Soviet-style concrete monstrosities that also dot the campus.

C. Alternatives

There has been discussion of various alternatives which, I believe, need further exploration.

One example is how Group Health Cooperative to the north has used underground development with skylights to create a green transitional space between the institutional buildings and the adjacent residential neighborhood while accommodating their need for square footage.

Another is how Children's Hospital used a concentration of development away from residential neighbors that was proportionate to its campus – a proportionality that has not been discussed enough as it relates to SMC Cherry Hill.

There has also been mention – but not nearly enough exploration – of what might be truly central to the Cherry Hill campus and what might not be as central to its function.

This includes the admission by the institution that the cardiovascular functions of the campus are being examined and could be moved elsewhere in the Swedish Medical Center

/ Providence system. This function is central to the need that the institution has articulated, but if it is possible to move it, what else might be possible to move?

Other Considerations:

Sabey Corporation has purchased several residential properties along the west side of 19th Avenue, likely in anticipation of the proposal (now withdrawn) to expand the boundaries of the campus – very much like the Sisters of Providence did in the 1980s with similar designs.

The MIMP, however, is "owned" by the institution and not its development partner. As such, Sabey might be able to develop other uses within the SF-5000 zone on these or other properties it buys, without the constraints of the MIMP ordinance that would limit SMC's development.

² "Sabey is a privately held real estate development and investment company specializing in mission critical and other technical space for the data center ..." – from <http://sabey.com/> 4/4/2014

It is my hope that the final MIMP can and will constrain any development corporation with a formal partnership with the institution in the same way the institution is constrained from development within a specified radius of the campus.

Conclusions

As you step through the segments of the campus and proposals for development allowances, I ask that you consider the following standards and questions:

- No obstruction of current sight lines to the historic 1910 tower on 18th Avenue

- Additional mitigation for the redevelopment of the 1910 building that was never included at the time it was built in excess of the original plan.
- Separated buildings, no higher than 36 feet, on the east side of 18th Avenue as a transition to the adjacent residential neighborhood.
- Take--back of any setbacks traded for increased bulk / decreased height since 1994
- Development appropriate for the site, including necessary open space and allowable lot coverage
- Development partners constrained in the same way as the Major Institution from development within a specified radius of the campus
- What, exactly, does the institution plan to do with the campus as far as medical operations? Are they exploring moving some functions elsewhere? Does that mean they might be looking at putting other functions at the Cherry Hill site?
- Potential use of underground development

I would be happy to sit and discuss (instead of just comment in a vacuum) the above information and my perspectives at any time. There are other neighbors who could also add historical perspective, including at least one who was part of the Citizen Advisory Committee that developed the 1994 plan.

Thank you for your consideration.

4-14

Although height limits are important issues for a livable neighborhood because of neighbors and especially near-neighbors' feelings of scale, the over-riding issue for Cherry Hill about height limits is that the added square feet of space floor after floor means additional numbers of people coming into our neighborhood not to live in their own apartment (or pod) spaces nor to get hospital care, but to work.

This is a residential neighborhood and we want to keep it livable, as it will not be even remotely desirable, relaxed, pleasing to eye, ear, nose, throat and sense of place with hundreds, maybe thousands, of additional people coming in to work at the hugely expanded (doubled in size) SHCH campus. These persons will be a minority of authentic physicians and nurses, of which a likely minority of whom will have medical specialties situated at SSHCH or as their support staff – for conducting research or specialized services. Thus a trivial proportion of of the flood of new visitors/workers on this SPECIALLY RESTRICTED campus (with its present MIO) will genuinely NEED TO BE HERE rather than elsewhere.

I am not ranting thoughtlessly in NIMBY terms. What we demand is that SSHCH's new MIMP recognize that it is a specially, limitedly exempted institution permitted in a residential neighborhood. That last phrase is crucial and is the issue behind the objection that the new plans continue to make the false statement that Squire Park is a part or extension of "downtown." BY NO stretch of imagination is that true for anyone who has visited the areas around the SHCH campus.... (The attempt to mollify neighbors by some sketches incorporating walking paths around and through the campus in schemes 8 & 9 is ludicrous. We neighbors already know where we get our desired walks per day (or weekend...))

SSHCherryHill needs to recognize that their MIMP is contingent on being consistent with the expectations that accommodating to a residential neighborhood demand.

John Oliver Perry (with Sue Perry resident and owner of "The Convent" whose main address is the apparent (pretentious?) mansion at 802 16th Ave with a separate address for our oversized apartment at 1606 East Columbia, the back door of 802-16th....

Sorry for sloppy typing... ornery program...

John Oliver Perry

April 21, 2014

Dear CAC members:

This is a revised version of my public comments made at the April 10, 2014 CAC meeting. I am submitting them as requested.

Thank you for your time and effort on the CAC. It is a long process by necessity. The decisions and recommendations you make will impact our neighborhood for decades to come.

The task of the MIMP is to balance the needs of the institution with the vitality of the neighborhood. The 18th Avenue half-block development is particularly likely to impact the vitality of the neighborhood since it borders single family homes. This is a transitional area within the institutional boundary. Please remember the context of the medical center is a single family low rise residential neighborhood.

Neighbors of Swedish Cherry Hill were asked to provide an alternative that we find acceptable. There is no body that is “the neighbors,” and while some of us have discussed options informally, we do not agree on one alternative. This is not a liability. Rather, it is similar to Swedish Sabey’s presentation of options that are fundamentally similar with slight variations. It is premature to corral the alternative ideas of neighbors into one option when we have only so recently begun to express them.

I would like to see mock-ups from Swedish Sabey that embody different ideas proposed by neighbors, including

- 25’ setback from the backyard property line on of 19th Avenue neighbors
- 40’ setback from that property line
- 5’ setback from Jefferson and Cherry Streets
- 15’ setback from those streets
- 37’ constant maximum height on 18th Avenue
- Conditioned lower height on 18th Avenue—Steve Sheppard noted this possibility at the April 8, 2014 meeting
- Partial vacation of 18th Avenue that allows still allows two-way traffic
- No vacation of 18th Avenue

While it is useful to discuss Swedish Sabey’s proposed development section by section, **we must not lose sight of the entire project**. It is not acceptable to trade compromises on 18th Avenue for greater height, bulk and scale in other areas of the medical center. **Heights of 200’ and 160’ are unreasonable** within our residential neighborhood. The **long shadows** of these very tall buildings **will extend north of Columbia** and will negatively impact the vitality of the neighborhood.

In addition,

No parking garage, including underground parking on 18th Avenue. This use is not compatible next to single family homes and does not honor the requirement have fewer employees driving to work in fewer cars. For patients, consider expanded **valet parking** that allows them a reasonable walk to their appointments.

Building heights should remain not more than 37 feet, and lower heights should be considered. Heights should not be measured from one point on the slope or we will wind up with buildings taller than 37’.

Massing must be addressed to prevent the one giant building proposed by Swedish Sabey. Remember, from Cherry to Jefferson is 2 city blocks long. Buildings on 18th should be of a scale that responds to our homes. Several smaller building with open space between them are preferable. If four buildings are built with minimal space between them, each of them will be almost **half a block long** and unreasonably bulky.

Make 18th Avenue, the street itself, **narrower** to allow a greater setback from the residential property line. Build a park behind the buildings to allow more of a buffer and a neighborhood amenity. Having the 6’ high parking garage about our fences is an invasion and does not Consider the **privacy** of neighbors. We already have lights and computer screens on all night from James tower. I can see in those windows and expect office users can see in mine and into my backyard. Consider allowing only small number of west-facing windows in new buildings on 18th, if any, and insist the building not be a blank wall facing us. Consider green screens, rain gardens, etc. to improve storm water management and buffer the neighbors visually

Regarding **mechanical noise and exhaust**, ensure that structures provide for ventilation systems that do not exhaust on the east side of the property. Provide for noise mitigation in the design of HVAC and other mechanical systems.

If Swedish is not able to accomplish all they desire with reasonable building height bulk and scale, they will have to choose a new direction, including **reclaiming the James Tower and the Kidney Center** owned by Sabey.

Finally, it is an affront to our neighborhood that **Sabey has purchased what was previously owner-occupied housing** including two homes on 19th Avenue. One of these homes was specifically built as owner-occupied, low- to moderate-income housing on land previously owned by Providence on 19th Avenue. Sabey also owns the single family home on 16th Avenue next to the Spencer Technology parking lot. This home is not being maintained as is evidenced by the tarp on the garage.

Once again, thank you for your work.

Regards,

Cindy Thelen

May 10th, 2014

Regarding Sabey Corporation and Swedish Hospital: Cherry Hill and their relationship to near neighbors

At the start of this MIMP process, about one year ago, I became very angry and sad. One of the options being put forward by Sabey/Swedish showed the houses on the west side of 19th Avenue, between Cherry and Jefferson, destroyed for development. Not 18th Avenue, but 19th

Avenue, which is outside the expanded footprint of the hospital. I live on the west side of 19th

Avenue between Cherry and Jefferson. I became angry at the prospect of having to fight for the house I have lived in, and for the gardens I have nurtured for 34 years, but I became extremely sad thinking the unthinkable: I might lose the fight, and this amazing home that has stood in this spot for 110 years could be destroyed in a violent, detached, gnashing of machinery.

My anger was also a result of the cavalier way in which this proposal was introduced and discussed by the representatives of Sabey/Swedish. They seemed annoyed with me for having feelings about my home. They assured me that there was no imminent domain at work, here, and that this plan would take many years to accomplish. The buy-out of homes would take a very long time and I was being naïve and feeling bad prematurely. It was obvious that there was no understanding on the part of Sabey/Swedish, of how near neighbors might be feeling at the prospect of losing, not just our homes, but losing our neighbors and the quality of life in our neighborhood. A slow buy- out of homes causes a slow deterioration of a neighborhood.

These feelings of sadness and anger have not diminished over the past year as the development options have changed. The option that necessitated the complete destruction of every home on the west side of 19th Avenue has long-since been withdrawn, but the lack of empathy and understanding of the perspectives of Swedish's near neighbors, by Sabey/Swedish, has persisted.

This lack of empathy and understanding has shown itself in many ways. For example, the last PDEIS was nothing more than a blank check for approval, by the city, of this MIMP. There were no hard questions asked, there was no attention to ground water, and no alternatives were addressed. Other egregious omissions and distortions were on every page of the PDEIS, such as, "that the vacation of a street has no impact on neighborhood connectivity, that space on the roof of multiple story buildings constitutes open space; that the addition of nearly 2 million square feet and parking have little impact on the traffic of the neighborhood" (From Ellen Sollod's letter to the CAC, November 20th , 2013).

This PDEIS was a transparent, underhanded attempt to fool somebody. It shows a disingenuous nature on the part of Sabey/Swedish. It seems to me that Sabey/Swedish should be paying for a PDEIS that reflects the reality of what it will mean to this neighborhood if such a large-scale project is built. It seems to me if the neighbors and the neighborhood were shown to sustain harm from this MIMP, that Sabey/Swedish would find a way to mitigate that harm, by adjusting the height, bulk, and scale of their proposal. But, instead Sabey/Swedish accuse the neighbors of not being able to see the importance of this project, and of not being able to compromise.

It is Sabey/Swedish who refuse to compromise. They continue to work with the same square footage, or nearly so. If you work with the same size ball of clay, but squish it this way and that, the overall impact of the project remains the same. I want to see Sabey/Swedish diminish the ball of clay in a show of good intentions to not cause harm to this neighborhood.

The near neighbors have been working very hard to come up with alternatives that we can all work with. We are not saying, "Do not build". We are saying, "Build responsibly". Address the issues of height, bulk, and scale in a real way, not by simply rearranging the square footage, but by getting rid of some of it.

It is obvious that one of the motives of this expansion is profit. Although Swedish is a non-profit institution, Sabey is a for-profit corporation, which owns 40% of the Cherry Hill campus. In the pursuit of making a profit, it is important for corporations to show no empathy for the people affected by their decisions. A hospital, on the other hand, should be empathetic to people and strive to cause no harm in the process of healing the sick. The level of stress and anxiety among the near neighbors of Swedish: Cherry Hill, is very high. I have difficulty sleeping a few days before a CAC meeting and a few days after. I know that my anxiety and lack of sleep are a direct cause of feeling that my concerns are of no importance to Sabey/Swedish. No matter how many times we, as a neighborhood, implore Sabey/Swedish to compromise, and diminish height, bulk and scale to a level we can all agree to, they disregard our proposals out of hand. It is very

frustrating to feel completely waived off, as if we don't know what we are talking about.

Perhaps it is time for Sabey to divest themselves of their Swedish: Cherry Hill property and let Swedish accomplish an expansion of their medical facility that works in tandem with the needs of the neighbors. Perhaps the research and laboratory facilities proposed for this expansion should be located to a different part of the city that does not have single-family homes in close proximity. This would help Swedish Hospital reduce height, bulk and scale and, possibly, gain a positive CAC recommendation to the city.

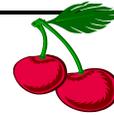
This Cherry Hill/Squire Park neighborhood is filled with workers trying to go to work and then get home to their families on the same streets slated for a massive influx of traffic as a result of the current expansion plans, and despite what the prior PDEIS has 'found', this traffic *will* matter to the neighborhood.

I want to work with Swedish to help them accomplish their goals, but I want to know that their goals are really about helping people, not just about helping themselves to profit made on the backs of the people who live, work and own property in this neighborhood. I do not care to work with Sabey, however. My experience with Sabey has been that they promote an air of detached animosity to all meetings in which the neighbors tell our unique stories, and ask to be taken into consideration. All we want is for our recommendations to be taken into consideration.

Thank you,

Abil Bradshaw

Cherry Hill Community Council
We don't meet; we do!



May 11, 2014
Department of Neighborhoods
C/O Steve Sheppard

Dear Mr. Sheppard:

The members of the Cherry Hill Community Council will suffer greatly from the increased height, bulk and scale of the development proposed by Swedish/Sabey in their MIMP. Because of these impacts we feel it is very important that the Swedish/Sabey Citizen's Advisory Committee have members who will be directly impacted by the proposal and who understand the neighborhood and its history, as well as understand Major Institutions as discussed in the Seattle Municipal Code.

As a result we support the applications of Bob Cooper and Jerry Matsui for membership on the CAC. Their historical perspective of previous developments on the campus, and the neighborhood coupled with their knowledge of major institutions makes them uniquely qualified to serve on the CAC. We urge that you accept their applications.

Sincerely,

Mary Pat DiLeva
Co-Chair

Sonja Richter
Co-Chair

May 16, 2014

To: SMC Cherry Hill MIMP Citizen Advisory Committee From: Bob Cooper

re: Last night's meeting

Below is a synopsis of my comments at last night's MIMP CAC meeting and some additional thoughts following the committee's discussion.

I agree with several of the speakers that whatever is projected for the campus should not populate the campus beyond what can be managed in regards to traffic.

That the proposed development is so intense that the city of Seattle is, as was mentioned last night, considering moving a proposed bike corridor planned east of the campus should signal that the proposals on the table go too far.

In the 20+ years they have been trying, SMC Cherry Hill has never achieved the goals of its transportation management plan to reduce single-occupancy vehicle arrivals below 50% of the employees on the campus. It is unrealistic to think their success at managing traffic will be better in the future.

On the issue of height, bulk and scale, you need to step back and consider the campus as a whole. While you rightfully have been discussing discrete areas, in the end it is the overall impact of the whole campus that will matter. Toward that end, I was encouraged to hear the conversation about reducing the proposed 160' and 200' buildings to something more compatible with a residential neighborhood.

Swedish has only half-heard what those of us living in the neighborhood are saying. Yes, they have pulled back to proposing development within existing boundaries. But they have continued to propose roughly the same increase in square footage – the equivalent of trying to pound 200 pounds of sand (or insert other substance here) into a bag meant to hold 100 pounds. As such, the height, bulk and scale of the proposal still on the table (and what I expect we will see in the draft EIS and draft

plan next week) is wildly out of proportion to the neighborhood. Meanwhile, as many of you observed, there are areas of the campus where the proposal ignores development possibilities – presumably because of recent construction that may have been less than optimum use of the property. That they want to avoid replacing recently built structures is not the committee's or the community's problem. Your job is to represent the community and recommend what is best for the community.

And ignoring property that neither Sabey or Swedish own is disingenuous. In particular, the rehabilitation center at 16th and Cherry should be a prime target for development, yet they are proposing to essentially leave it alone for the next 20+ years. They also ignore the site of the Carmack House, likely because the owners want some absurd price for it.

Speaking of the partnership, I have suggested before and will suggest again that the committee recommend that any entity that develops under the MIMP must agree to divest of property owned within 2,500 feet of the overlay and then to not purchase any property in that radius for the duration of their ownership of property inside the overlay. This includes ownership via any subsidiary or controlled LLC or similar arrangement.

I was somewhat disappointed to hear discussion of 'if we raise heights here, we can lower them there.'

You should be looking at what fits into the neighborhood, and if that does not accommodate all of the square footage that Sabey and Swedish want to develop, so be it. There is no need at this point to trade approval of too-tall buildings for some incremental increase in heights in other areas.

The architect's assertion that a 200' building will be at the same height as the 1910 tower was also absurd. A 200' building has to be assessed from the ground on which it sits – not against a building up the hill.

Marcia Petersen of SMC called the tower of the 1910 building "emblematic" of the campus, and agreed that it is valid to be concerned about covering up such an iconic piece of architecture. I agree, and hope that preserving sightlines to the tower can help guide your advice and comments on the plan.

Finally, there was discussion about putting some functions underground and confirmation from the architect that such a concept is included where feasible (I understand most patient functions cannot go there, but other activities can and should).

A word of warning here: I seem to recall earlier information that underground square footage does not "count" toward overall maximums. If that is the case, moving square footage below grade while continuing to propose the absurd increases in overall square footage would give Sabey and Swedish even more than they're requesting. It essentially hides even more intense development.

Finally, in anticipation of the draft EIS and draft plan next week, I urge you to look at balancing the needs of the institution with the needs of the surrounding community. And when I say "institution," I mean the medical institution – NOT the for-profit developer.

That balance needs to include:

understanding that James Tower – developed with no community comment and in apparent violation of the MIMP ordinance – is substantially larger than what should have gone there, already tipping the balance against transitioning to the residential neighborhood as intended in the prior plan;

- sensitivity to the needs of neighbors on 19th Avenue to not be overpowered by large buildings when they may have located there thinking scattered 37' buildings were all that would be built;
- ignoring the attempts to preserve recent less-than-optimum construction by squeezing overdevelopment elsewhere on the campus;
- substantial reduction in proposed building heights that are wildly out of scale for the neighborhood (and you should not feel compelled to substantially raise heights elsewhere unless it is appropriate);
- understanding that job growth is, legally, supposed to be steered to urban villages under the city's comprehensive plan and that the campus is not an urban village;
- consideration of Swedish as a scattered-site institution with multiple campuses – many of which can accommodate functions they would like to put at Cherry Hill;
- community benefits and amenities that are enforceable (unlike, for instance, the daycare that would accept children from the community that was promised in the 1994 plan but never delivered); and
- no consideration of the needs of the for-profit developer Sabey Corp., but only consideration of the needs of the medical institution.

I apologize for the length of this missive, but the small amount of time for public comment and the timing (before any discussion, so there's nothing new to react to and I feel I'm reacting to the last meeting) makes it difficult to provide meaningful community feedback in the process.

Thank you for your work on the committee, and I look forward to your comments on the draft plan and EIS.

**Formal Comments on the 22 May 2014
Swedish Medical Center – Cherry Hill / Sabey Corp.
Draft Major Institution Master Plan and
Draft Environmental Impact Statement**

project number: 3012953 project address: 500 17th Ave

Comments submitted by: _____

Bob Cooper
Seattle, WA 98122-5614
206-852-3616
Bob@EvergreenPublic.com

The following is a more detailed and expanded discussion of points presented in my public testimony during the 12 June 2014 public hearing on the SMC Cherry Hill Draft Major Institution Master Plan. Please include the following as formal comments in the public record.

Preface:

The two minute time limit on public comments at the 12 June public hearing on the DMIMP and DEIS made it look as if the city was going through the motions but not really interested in detailed discussion of the documents. It is ridiculous to expect cogent comments on hundreds of technical, detailed pages of documents in such a short time.

There was a lot of discussion about health care at the hearing, but that is not the point. The documents and plans are about land use and compatibility with the neighborhood. No one opposing the plan is against health care – we are in opposition to grossly inappropriate development in a residential neighborhood.

Speakers in favor of the proposed expansion did not speak to the compatibility of the proposal with the neighborhood – the doctors and health care workers from the institution spoke about their work and patients talked about the world class care they received. However, the work and care can and should be spread throughout the Swedish/Providence health care system and not concentrated in a residential neighborhood.

Speakers from non--profits – specifically the Diabetes Association and Girls on the Run – spoke about the support they receive from Swedish/Providence. That is laudable, but off--point, since “community benefits” must be more specific to the immediate neighborhood, as required under the Major Institution Master Plan ordinance¹. Girls on the Run touted benefits in Tukwilla and Highline. The Diabetes Association spoke about benefits throughout the state. Few, if any, of the speakers supporting the expansion actually live in the neighborhood. In fact, the many of the Swedish health care workers who do live in the neighborhood spoke in opposition to the plans.

But those speaking in favor did not address the paramount issue: compatibility with the surrounding residential neighborhood and benefits to the immediate community.

I have lived in the neighborhood next to Swedish Medical Center Cherry Hill for more than a quarter--century. It is a historic neighborhood with a rich history.

Catholics congregated here, and the Sisters of Providence’s hospital located next to a Sisters of Maryknoll facility. Jews moved into the neighborhood as Catholics assimilated into the general population. As the Jewish population assimilated and moved elsewhere, African Americans moved in around World War II as when came to Seattle from the south to work in the shipyards – despite earlier efforts to keep them out with restrictive covenants such as homeowners who *“hereby mutually covenant ... that no part of said lands owned by them ... shall ever be used, occupied by or sold, conveyed, leased, rented or given to negroes, or any person or persons of the negro blood.”*²

But the history detailed in the draft MIMP ignores, distorts and mischaracterizes this century--plus history as a residential neighborhood.

Following extensive discussions with the Citizen Advisory Committee and months of community input, the proposed Major Institution Master Plan should, at best, be described as highly inaccurate. A more brutal characterization would be that it is filled with lies, deceptions, omissions, empty promises, and disingenuous statements.

But the history detailed in the draft MIMP ignores, distorts and mischaracterizes this century--plus history as a residential neighborhood.

Following extensive discussions with the Citizen Advisory Committee and months of community input, the proposed Major Institution Master Plan should, at best, be described as highly inaccurate. A more brutal characterization

would be that it is filled with lies, deceptions, omissions, empty promises, and disingenuous statements.

A final plan should be rejected unless it is substantially accurate and complete in its factual presentations, and pertains only to the medical center and not other development inside the footprint.

The face of the document includes Sabey Corporation as a listed partner in the development of the MIMP application. This highlights a major failing of the MIMP ordinance in that the ordinance does not contemplate a for--profit motive being included in the process.

Under the public policy established in the Major Institution Master Plan ordinance, the plan is supposed to be exclusively for the hospital/medical center and its mission and goals – it should not be crafted for the benefit of a for--profit developer and its profit--driven motives.

The proposed height, bulk and scale of the plan is wildly incongruous and fundamentally incompatible with the surrounding residential neighborhood (see comments of former CAC member Nicholas Richter submitted June 2, 2014, which I fully endorse and incorporate here by reference). And, yes, the neighborhood is single--family, not the commercial context erroneously portrayed in the MIMP and DEIS.

The proposal to change underlying zoning should be denied – it is unnecessary except to allow other development inconsistent with the MIMP, probably by the other major landowner in the MIMP footprint, Sabey Corp.

Any promises of neighborhood mitigation and/or amenities must be tied to development milestones (described below).

No accommodation should be made to allow computer server space in addition to all other development – something seeming to give Sabey Corporation a free pass to locate a key part of their business on the campus.

And transportation management must be both more vigorous and enforceable, given the institution's failure to comply with its previous plan over the last 20+ years.

A 50% SOV goal is laughable – it is the same goal set more than 20 years ago and never achieved. Other major institutions with more commitment to transportation management have set and achieved goals far more aspirational than that, committing more resources to do so. (I fully endorse the comments of Jerry Matsui, Vicki Scanterelli, Nicholas Richter and others in this regard, and incorporate their comments here by reference).

The institution has repeatedly said we should ignore the now--expired 1994 plan – that this is a new plan for the future. That is a false assertion, and what we can learn from past performance can and should inform us about how development might proceed in the future.

Background, Purpose and Process:

This section fails to state that a project application was deemed a "major amendment" to the 1994 plan, necessitating the initiation of a new MIMP process. This planning process is not entirely voluntary on the part of the institution – it is the result of a hearing examiner decision.

They call it a "master planning entitlement" but it is not. "Entitlement" indicates a right to something. This is an application for permission.

It does, however, correctly note that the "MIMP (ordinance) balances the institution's ability to change and the **public benefit derived from (that) change** with the livability and vitality of adjacent neighborhoods." (emphasis added)

Balance, however, is completely absent in this proposal. There is no specifically articulated public benefit to the surrounding neighbors – only aggregate listings of all of the things Swedish Medical Center does throughout its service area.

The timeline also fails to show a date on the CAC recommendations, failing to note the tortured decision making process and failing to note the CAC unanimous rejection of the preliminary draft master plan, to which this document is substantially similar.

Mission:

In discussing community benefits under this section, the draft fails to disaggregate all community benefits to show what this particular institution provides. Without a detailed description of benefits of this particular portion of the Swedish system, it is not possible to show any balance between the institution and the neighborhood.

The listing of services on the campus include, on its face, many which do not need to be accommodated on the campus and could locate elsewhere within the Swedish system, including:

- Regional real estate and construction management
- Seattle Science Foundation



- Telehealth Center

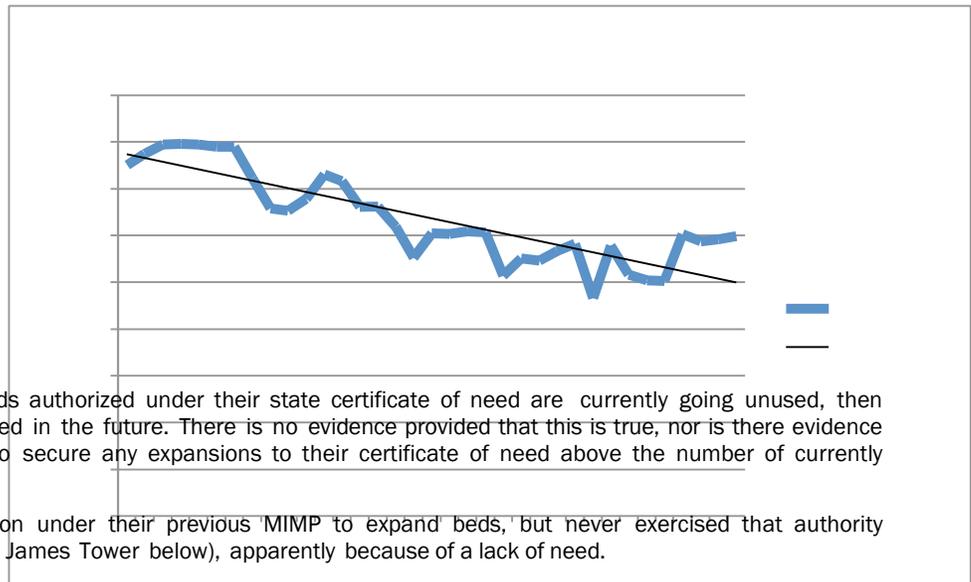
In addition, they fail to note the location of regional laboratory services or other tenants of Sabey Corporation – services which may be functionally related to the hospital, but are not essential to its operation as a hospital.

The failure to fully inventory existing uses on the campus make it difficult to impossible to understand need as it drives the request for massive development and expansion.

Regional Demand

The draft asserts a growing demand for services, while reports filed with the state Department of Health show a declining use of hospital beds at the facility.

Occupancy



The assertion that the Affordable Care Act (ACA) will increase hospital admissions is contrary to the policy goals of the act. The ACA is predicated on the projection that hospital use will go down with more people being able to access primary care. This is proving true due west of SMC Cherry Hill at Harborview Medical Center, where emergency room use is falling dramatically as more people are signed up for Medicaid and referred to primary care physicians.

Research functions, it is noted in the draft plan, are prestigious, but are not necessarily a separate component of a hospital. And Swedish also has other property nearby that can accommodate research. In most other medical institutions, research is an integral component of treatment, not requiring significant additional space.

Laboratory services that serve a variety of institutions are not logically located at the smallest of those facilities and should be located at its larger campus if they are truly striving for the efficiency described in the document.

There may be other tenants with similar characteristics in relation to the hospital, but this is not possible to discern since the document is deficient and lacks sufficient information on other uses located on the campus and their functional relationship to the hospital.

Programmatic needs

While several program components are listed in the document as being planned for the campus, public discussion has revealed that the institution is simultaneously considering moving some of those functions elsewhere in its large system. As such, this section needs a more truthful explanation of need and potential variability of need.

Neighborhood context

The description of the surrounding neighborhood is inaccurate, since SMC First Hill and Harborview Medical Center are located more than the half--mile from the campus as the document describes.

SMC Cherry Hill is located in the residential plat legally known as Squire Park Addition.

This section also fails to note the sequential migration in and out of Catholic, Jewish, then African--American populations, each moving on as discrimination lessened (either by attitude or legal action to end redlining). This

illustrates an ongoing lack of understanding of the historical context of the residential neighborhood and its evolution over time.

The assertion of recent re-platting to allow more intense development outside of the 12th Avenue Urban Village is unsupported by factual citations. As a longtime resident of the area, I am unaware of when this might have happened.

And saying "most" blocks have sidewalks implies many do not. I am only aware of one block without a sidewalk in the surrounding neighborhoods.

The discussion of transit options fails to note pending 17% cuts in service, including elimination of one of the two regular routes serving the campus. This will make access more difficult and should prompt a reassessment of what is located on the campus that will drive customer traffic to the institution, as well as some commitment in the Transportation Management Plan to fund additional transit connections.

References to the Seattle Streetcar opening between Capitol Hill and First Hill have no bearing on the plan – it will run more than a quarter-mile (generally accepted walking distance) from the campus.

Modifications to Development Standards

The proposal asks for changes to the underlying zoning. (see table B-1, where some requests specifically request the changes be made under the MIO, but others do not). Why? Development related to the institution is exempt from the underlying zoning if it is within the confines of the MIMP.

Changing underlying zoning is only necessary if Sabey Corporation or some other developer wants to build something inside the MIMP footprint that is not related to the institution. The committee should recommend, and the city should agree, that there be no modification to the underlying zoning.

Allowing an MIO overlay of more than the former MIO's maximum of 105' is incongruous with the surrounding neighborhood. Additionally, higher buildings would obscure the landmark-designated 1910 tower.

Setback modification should only be allowed if tied to street-level development that enhances the pedestrian experience and adds vitality to the streetscape, or is a trade to reduce some of the fundamentally incompatible building heights. In one existing example of setback modifications, the parking garage at 15th and Jefferson was allowed to come closer to the lot lines at the southern and eastern edges in exchange for a significant lowering of its height.

Where the document discusses transition to the adjacent residential neighborhood, it fails to note that the massive facade of James Tower was developed in apparent violation of the former master plan and city code. It was approved without input from any Standing Advisory Committee as required by law, and as a massively larger structure than the former MIMP called for.

The 1994 plan called for addition of a "60-bed project" described as a "skilled nursing facility [that] would be two stories (28 feet) and would have approximately 24,000 square feet."

What happened instead was a vastly larger James Tower (how much larger is difficult to determine, since its square footage is not detailed in the draft MIMP).

Swedish currently describes the building as "a state-of-the-art medical office building and now houses physician offices, education, and research facilities."³ This is nothing like the building approved for the property in the 1994 plan.

With no Standing Advisory Committee to make official comments during the permitting process, there was no formal process for negotiating mitigation for a project much larger than originally approved – a development that would have likely triggered this new Major Institution Master Plan process a decade ago⁴.

In fact, it was the Grand Opening of the James Tower and a notice mailed far-and-wide saying "there's plenty of free parking in the surrounding neighborhood" that prompted the complaint that helped lead to re-establishment of citizen oversight.

It is the responsibility of the city and its Citizen Advisory Committee to consider how this bulk and scale, much larger than anticipated in the previous plan, can be mitigated now – and that is likely through keeping development east of James Tower across 18th avenue at a transitional scale no higher than the 36 feet anticipated in the prior plan⁵, and in smaller buildings spread along the double-block, rather than one or two block-long buildings.

The proposal for a 50' development envelope on the east side of 18th Avenue is out of scale with the adjacent single family homes it abuts, especially considering the proposal for only a 10' setback from the rear property line. Any setback should at least be equal to that required in the underlying sf-5000 zone so homes on the west side of 19th have the same separation from buildings behind them that exist in any residential neighborhood.

And if 37' high buildings are too tall on small lots in residential neighborhoods (city council recently restricting such

housing to 27'), a 50' building within 10' of the lot line is surely too tall to be a transition to the residential neighbors.

Planned future lot coverage and development standards fail to include The Kidney Center on the northwest corner of the campus, a vacant lot adjacent to the Kidney Center on 15th, a rehabilitation facility at 16th and Cherry and the Carmack House. While SMC does not own these properties, they should nonetheless be included in plans for the campus. SMC does not own half the campus, yet plans for other areas inside the boundaries.

It is due in part to this failure to plan for some of these areas (including the under-- developed Kidney Center) that heights are forced to absurd levels in areas where they do own or have agreements with Sabey Corporation regarding future development ---- agreements that are not disclosed in the plan, but should be.

And it is disingenuous at best to call "public amenities" such things as "enhanced seating areas" adjacent to the major driveway entrance to the institution. "Pocket parks" no larger than a residential deck and outdoor seating for a Starbucks location are also tiny amenities that should not be aggregated into something portrayed as a major contribution to the neighborhood. And a proposed "health walk" on the campus is something never presented or discussed, and, based on comments in public meetings since the release of the plan, likely something no neighbor would be interested in using.

Designating the major driveway entrance as "open space" is also disingenuous and should be disallowed. Because it is occasionally closed for some event (something I don't recall having seen), no more makes it open space than closing the I--5 express lanes for a running event makes the freeway "open space."

Development program

The discussion of "current envelope heights" is not true. There are no current envelope heights and never have been. The former plan approved discrete buildings at specific locations. That plan is now expired, and the applicable zoning today is the underlying zoning of SF--5000 and LR--3.

This is the first plan for the campus that is structured around development envelopes.

Alternative 8

A 240' building is an absurd proposal for the campus. **This is more than 285%** of the height of the tallest building now on the property, and grossly out of scale with the surrounding, low--rise buildings in the area. This would cast long shadows over the neighborhood to the north, leaving many areas without direct sunlight for many months of the year. Normal things, such as planting a vegetable or flower garden, would become impossible.

Such shadowing would also prevent installation of solar power in the area, contravening city policy promoting reductions in greenhouse gasses that will be achieved, in part, through the use of solar energy.

Alternatives 9 & 10

A 200' building is not much better ---- **190% of the height of the tallest existing buildings**. This would have a marginally reduced impact from shadow v Alternative 8, but not significantly different.

The request for an exemption from FAR requirements for computer server space, buried as a single comment on page 71 of the draft MIMP, should be rejected outright. This appears to be a blatant attempt to accommodate what Sabey Corp. lists as one of its main lines of business - building computer data centers.

*"Sabey Data Centers designs, builds, owns and operates data centers- providing powered shell space, turnkey and build to suit data centers for clients of all sizes. Build-out your premises within our powered shell or lease commissioned, full service wholesale colocation or turnkey data centers."*⁷

Computer servers can (and usually are) located in an area remote from users. There are whole "farms" of computer servers in places such as Quincy, WA, and Wenatchee, WA, developed by Sabey Corp, and used by Seattle businesses.

All three alternatives fail to discuss suggestions that some building could be done below grade, although that development would not count toward allowed square footage. Group Health has placed some of its development below grade with skylights set in a park--like setting at ground level, and a similar design should be considered here.

But it is unclear if they plan below grade development to locate more or more intense functions on the campus, which would then drive traffic and other impacts. There has been some verbal reference to such development in CAC meetings, but since below grade development is not governed by an MIMP, and nothing is articulated here about it, it is impossible to know and comment on this further.

The discussion of owned, leased, and non--owned properties fail to discuss that the majority of non--owned properties are former hospital properties sold the Sabey Corporation. Property ownership needs to be clearly spoken about,

especially since Sabey Corporation is listed at the front of the document as a partner in developing the plan. The discussion should specifically speak to how the partnership would develop facilities specific to the medical institution, not just functionally--related development.

Discussions of community amenities throughout the document state proposals but do not attach any milestones or measurements. Hopefully, the final plan will tie some performance standards to allowances for development in the nature of 'when x square feet are developed, there may be no further development until y number of amenities or community benefits are in place from the following list.'

The "Open Space" designations should not include the main driveway entrance to the campus - this is not a regularly available space for the public, and being able to close it off for events as they suggest should not put this under the open space umbrella.

Likewise, it is somewhat disingenuous to designate as open space a small piece of paved property next to a driveway that occasionally has a table placed on it at the northeast corner of 16th and E. Jefferson.

While the plan notes preserving the view of the historically--designated James Tower along 18th avenue, the proposal effectively allows blocking this view from the west and northwest. This should not be allowed.

And there is a notation about "opportunities" for public art that will be "studied." This does not constitute any commitment and needs to be raised to some enforceable standard.

Many of the routes they designate as "pedestrian circulation" should more accurately be called "customer circulation," since they are not truly public. I doubt the institution would appreciate my afternoon walk routing through the buildings since my dog comes with me on these walks.

Both the draft MIMP and draft EIS identify a city bicycle "greenway" project on 18th. This, however, will not be the major such greenway in the area - that will be located significantly east of the campus. The greenway most--likely to attract significant bicycle traffic is currently proposed to run along 22nd Ave from just south of

Madison to Columbia, then jog east to 25th to a point past Dearborn. At its closest, it is 5 blocks away and not integral to the MIMP.

It is this type of inaccuracy that calls into question a whole host of underlying "facts" asserted in the document - "facts" on which the CAC is supposed to rely in making decisions.

However, should 18th become a designated greenway - something the city's plans clearly state is subject to change - that would make major development on the east side of the street, including parking structures, incompatible with the city's adopted bicycle plan⁸, which states:

*Neighborhood greenways are non--arterial **streets with low motorized traffic volumes** and speeds, designated and designed to give bicycle and pedestrian travel priority. (emphasis added)*

Consistency with purpose and scope of Seattle Land Use Code

While numbers appear to be accurate, the scale of the proposal is lost in this section. The 3.1 million square feet described throughout the document represents 258% of the existing square footage - a massive increase in height, bulk, scale and density bordering mostly single--family neighborhoods to the east and south, and a mix of single--family and low rise multi--family residences to the north.

The claim is made that adverse effects are minimized, but the plans fail to push development into areas either recently under--developed by Sabey Corp., or not currently under Swedish or Sabey ownership. SMC should be planning in a more holistic way for its own need, not those of its development partner, and look to acquire properties not currently owned within the long--range time frame of the plan.

That the institution sold major land holdings in the MIMP footprint and now sees a need for additional space is not a problem the neighborhood should be burdened to accommodate.

The assertion that the MIMP "protects the livability and vitality of adjacent neighborhoods" is in error and is presented without factual basis. The so--called "open space" that includes or is adjacent to major driveways does nothing. The largest of these is across from a convenience store and others are so small or inaccessible that they add nothing to the neighborhood.

They assert "discussions include" a community retail space, but this includes no enforceable commitment.

There is discussion about "upgrading" sidewalks that really refers to actually repairing existing sidewalks damaged in the 2001 Nisqually earthquake, or by inappropriate trees' roots heaving the sidewalk into pieces, to comply with the law. This is not a neighborhood benefit - the institution is currently in violation of the code for failing to maintain

these sidewalks.

It is inaccurate to say “Swedish has encouraged significant community involvement by meeting with the citizen advisory committee...” The meetings are a requirement of the law, and are not necessarily voluntary on the part of Swedish, except that they can choose to attend or not attend.

As for taking the recommendations of the CAC, the city should require that each formal recommendation provided by the committee and the public over the course of its work be accompanied by an explanation of SMC’s response. The city can then ultimately judge for itself the institution’s responsiveness to its neighbors.

The response to section I that talks about appropriate setbacks is, from the neighborhood point of view, inaccurate. The setbacks proposed adjacent to the homes on 19th avenue are not appropriate – they are less than would be required if a single family home were built across the fence from these houses. Setbacks here should be no less than would be required if a single family residence were built on the property.

Response to condition J is inadequate. Additional parking is allowed (encouraged?) if it would “reduce parking demand on streets in the surrounding area.” They propose no proportional increase, but neighborhood parking is a major impact of the institution. Even the casual observer at shift change times will see employees in scrubs walking to their cars parked on nearby streets (my wife observed a hospital employee parking in front of our house on 12 June come to their car at lunchtime, drive down the block, turn around, and park in the same spot – apparently to eliminate parking patrol chalk marks and avoid the 2 hour time limit). Drug company salespeople with their characteristic sample cases routinely park in the neighborhood and walk to the hospital. These impacts were supposed to be mitigated under the previous MIMP, but transportation management goals were never achieved throughout the 20+ year life of that plan.

Swedish system of healthcare

This section says “Cherry Hill also houses at least two primary care clinics ...” Are there more? Does SMC not know what is housed within its institution? **This one statement provides a clear example that the institution is not the driver behind this plan** and signals the need for caution. The plan is supposed to be for the benefit of the non--profit institution and not the for--profit developer.

If the institution, as it does in this section, wants to tout its system, then the system should be responsible for absorbing institutional growth. As such, much of the need articulated for the Cherry Hill campus could and should be spread to more institutional settings on its First Hill and other campuses.

Public Benefits

Here, again, they tout system--wide community benefits. And while listing some area--specific organizations supported (others listed are regional and national groups), the document fails to articulate the level of support for these groups over what period of time.

Does some of this “benefit” include its parent/partner Providence Health Systems’ sponsorship and purchase of naming rights of Providence Park stadium in Portland?

They tout \$35 million in charity care, but that number appears to be system--wide. No specific benefits to the community surrounding Cherry Hill are cited. A figure of

\$61 million in “Medicaid subsidized care” is also cited, but Medicaid is a state/federal program that provides payment to the institution and is not charity provided by the institution.

The citation of “a leading role” in getting people enrolled in healthcare under the Affordable Care Act is also disingenuous. Enrolling people in health insurance plans is somewhat self--serving – in addition to being good public policy it moves people from charity care to paying customer to the benefit of SMC and Providence.

Under community outreach, SMC and Providence cannot claim credit for hours volunteered by employees unless there is some connection to making that happen. If SMC/Providence helped facilitate the volunteer work, or provides paid time off for this work, it is not articulated here.

Transportation Management:

The articulated goal for single occupancy vehicle use (SOV) is 50% --- exactly the same goal articulated in 1994. This is apparently (although not stated) the absolute minimum goal they can set.

Children’s Hospital has cut its SOV use nearly in half, down to 38%, in the last 20 years, but SMC cannot achieve its 50% SOV goal in the same period of time.

The adjacent transportation management plan for Seattle University sets a daytime SOV goal of 35%, including students (customers), and SMC should strive toward a similar goal, including customers/patients.

Meanwhile, it seems SMC is proposing to move from the current practice of fully paying for Residential Parking Zone (RPZ) permits in the surrounding neighborhood to “subsidizing” such permits. No subsidy level is listed. The subsidy should continue to be 100%.

Suggestions have been made in CAC meetings that a more aggressive policy be put in place that would discourage employee and vendor parking in the neighborhood by:

- paying for additional parking enforcement patrols in the area;
- paying for additional bus connections to/from the campus;
- prohibiting vendors from doing business on the property without a ticket from the parking facilities; and
- subsidizing patient parking.

Meanwhile, suggestions about testing commuter incentives, more fully subsidizing ORCA card purchases, and incentivizing employees to live nearby are promising – but only if there is some enforcement mechanism to push for implementation of these practices and achievement of the SOV goals in the TMP.

Conclusions

A Major Institution Master Plan is supposed to pertain to, and be for the benefit of, the major institution – not a “development partner” or others.

It should also live up to both the letter and the spirit of the law. This plan only attempts to live up to the letter of the law (and, in some areas, questionably so).

Seemingly small changes, including a request to change underlying zoning and another to exempt computer servers from FAR requirements, are buried in the documents when they should be fully discussed. These changes should be denied.

Overall, the process seems to have come to its preordained conclusion – primarily to support construction of a major medical office building on the east side of 18th Avenue, and additionally benefit Sabey Corporation. There is no articulated benefit to the medical institution.

In fact, Sabey Corp. says “*Sabey is committed to bringing together the complementary services and practices that make Cherry Hill a vitally important and progressive “life sciences community.”*”¹⁰

A “life sciences community,” however, is not the purpose of a Major Institution Master Plan – the purpose is to accommodate hospitals (and colleges/universities) with a concurrent benefit to the surrounding community.

In spite of that, Sabey Corporation is advertising that “*A new Major Institution Master Plan will accommodate the growth and design needs of the campus, the opportunities presented by the greater healthcare community overall and good relationships with the neighbors and businesses that surround the campus.*”¹¹

Sabey is, in effect, assuming approval of the MIMP and offering a bald--faced lie that good relationships exist with the neighborhood.

The plan should be rejected in its entirety. If it is not:

- Heights should be capped at the existing maximum of 105’ and
- goals and promises must be made into enforceable milestones with significant penalties for non--compliance.

And since Sabey Corporation is part--and--parcel of this proposal, any permit issued to the corporation, its affiliates, subsidiaries and/or successors, under the MIMP or within the borders of the campus should come with the same restrictions on ownership and development of property within the MIMP footprint and within 2,500 feet of the campus that pertain to Swedish Medical Center.

Comments on the Draft Environmental Impact Statement

Preface:

Throughout the draft Major Institution Master Plan (MIMP) there are inaccuracies, mischaracterizations and errors that likely render this EIS deficient as a basis for decision making related to that plan. Those problems are pointed out in my formal MIMP comments and those of former Citizen Advisory Committee member Nicholas Richter.

The draft EIS is also inaccurate, misleading and based on faulty assumptions to the extent that it should also be rejected

as inadequate on its face.

Below are my formal comments on the EIS:

Introductory memo

“Individual future projects that exceed the SEPA thresholds for the underlying Single--Family 5000 (SF)--5000 or Lowrise 3 (LR3)1 zoning will require project--specific environmental review at the time of the Master Use Permit (MUP) application.”

This is unclear – does this leave any potential development not subject to a project--specific review?

“Elements of the environment for which significant adverse impacts are unlikely to occur include earth/geology (i.e., operation impacts), energy (i.e., usages of electrical and other forms of energy), and plants and animals, and these elements are eliminated from detailed study.”

These assumptions are not true.

- There is reported to be significant groundwater running beneath the site that is likely to be impacted;
- Expansion of hospital operations is likely to use significantly more energy.
- Location of computer servers – proposed to be exempt from FAR calculations in the MIMP – would draw large amounts of electricity.
- Shadows are likely to impact plants and animals – especially off--site – if proposed 240' buildings are built.
-

Fact Sheet

The “proposed action” is not for the council to adopt a MIMP – it is for the council to consider adopting a MIMP.

I also fail to understand how a “*rezone is required for the modifications to Major Institution Overlay (MIO) height limits.*” There exists no valid MIMP, and as such the height limits have reverted to the previously existing, underlying zoning¹². Did the MIO height limits survive the expiration of the MIMP?

Authors and Principal Contributors:

The Transpo Group, purported to be working for the city of Seattle in preparing this EIS, has acknowledged working for Swedish as well, but this conflict of interest is not noted here. Other contributors may also have conflicts of interest – real or perceived. Conflict of interest needs to be noted on the record.

Section 1 – Summary

1.1 Project

It should be noted that the two year extension of the former MIMP was likely not valid, since the city council cannot delegate its law making authority to an appointed body.

The statement that “*The MIMP includes the development of up to 2,310 parking spaces*” is unclear. Is that a total number of parking spaces, or an additional number that would bring the total to 3,820 spaces?

1.2 2 Site and site vicinity

It is inaccurate to say the campus slopes downward to the east. There may be a tiny drop in elevation for a block toward the east, but it is insignificant. The more significant downward slope to the west should be more completely described.

1.5 Significant areas of controversy

It should be noted here that the MIMP requests a change to the underlying zoning, which could exempt additional projects from SEPA review.

The Seattle Streetcar is, at best, on the outside edge of any accepted walk-shed¹³ and should not be considered in the discussion of transportation.

Table 1-1 Potential Operation Impacts

Air quality – it is unclear here if CO levels would exceed EPA limits or not.

Noise – When noise increases should be addressed in addition to by how much noise increases.

Shadows – This section fails to adequately describe the effect of a 240' building, the massive additional shadowing

it would generate, and any effects on solar panels installed in the shadow area or on vegetable gardens that neighbors may rely on for subsistence.

Housing - while it is true that *“there is no occupied housing units within the MIO boundary,”* it is not true that *“there would be no direct impact to housing.”* The Transportation Management Plan (TMP) portion of the MIMP proposes some incentives for employees to live in the surrounding neighborhood, which has the potential to drive prices higher for both buyers and renters.

Historic Resources - it is not true that *“all primary views of the 1910 Providence Hospital building ... remain essentially the same.”* Blockage of the view of the tower has been acknowledged in the MIIMP (see MIMP page 68 for a graphic example of how the view would be blocked to the west and northwest). **Assessment of this element should have been referred to the city’s historic preservation office.**

Transportation - Pedestrians - The *“direct pedestrian connection ... through the campus”* should be more accurately described as “through campus buildings.” And since it is unlikely that I could roll my bicycle through the buildings or walk my dog through, as I would along a sidewalk, this is more accurately described as a “customer/patient connection.”

Transportation - Public Transportation - It is asserted, with no authority cited, that *“even with the anticipated service cuts and increase in ridership, there is capacity to accommodate additional riders on the Swedish Cherry Hill bus service.”* With pending 17% cuts in service completely eliminating one route serving the campus, this does not seem likely.

Transportation - Traffic Operations - this section notes exceptions from anticipated operation at LOS D, but then does not say if those exceptions would operate

~~Public Services - Parks & Recreation~~ - it is inaccurate to state *“There would be no effects to parks, other recreation, or open space off-campus.”* Shadows will clearly impact Firehouse Park and the general walkability of the neighborhood.

Public Services - Solid Waste - it is untrue on its face that an anticipated increase in solid waste would have no impact.

Table 1-2 Potential Construction Impacts

Groundwater - it is my understanding that a groundwater map was prepared for the site, possibly in the 1994 MIMP process, and should be included in this EIS and referenced here. There is likely to be significant groundwater under the site, most notably on the east side of 18th Avenue.

Table 1-3 Potential Mitigation Measures

Air Quality - *“No significant air quality impacts have been identified and no mitigation measures are proposed.”* This is absurd. Significantly increased traffic and transit are noted earlier, larger buildings with HVAC systems will be built. To postulate that that will have no significant impact on air quality is **an assertion without supporting facts.**

Noise - this section talks about exhaust vent and loading docks *“could be designed...”* It should say *“should.”*

Land use - I cannot fathom how a 256% increase in square footage within the same footprint produces “no significant impact to land use.”

Aesthetics/light, glare and shadows -

“Pedestrian amenities” include things such as a “health walk” that no one has asked for and, to the best of my knowledge, has never been discussed in a public meeting. It is doubtful that this would get meaningful use by neighbors who can find much more pleasant walks nearby.

“Open space” proposed includes a large, circular driveway at the entrance that should not qualify as such

I do appreciate the suggestion of further mitigation measures in this section, but they should be enforceable measures, including the reduction in heights recommended by neighbors.

Historic Resources - the mitigation listed in this section talks about disruption to street systems and pedestrian

movement, with nothing to do with the historic 1910 tower.

Transportation – this section fails to note the likelihood that the institution will continue to fail to reach its SOV goals, as it has for more than 20 years. It should also note that the 50% SOV goal is a legal minimum, and that other institutions do much better. That failure produces a cascade of other environmental impacts, including but not limited to, more greenhouse gas emissions.

Table 1-4 Secondary & Cumulative Impacts

Shadows – this section fails to note how shadows will impact areas off campus and needs a more detailed description.

Height, bulk and scale – This description utterly fails to list the incongruity of a 240’ building with nearby LR-3 and SF 5000 development.

Housing – the MIMP proposes incentives to employees on the campus to live in the neighborhood, but this is missing from the impact descriptions. Such incentives would put employees in subsidized competition with area residents and distort the housing market nearby.

Historic Resources – the statement “Recent trends in economic development in the area indicate that growth in the vicinity could also contribute to the preservation of certain historic resources” seems incongruous with proposals to partially mask the historic 1910 tower with absurdly tall buildings.

Table 1-5 Significant Unavoidable Adverse Impacts

Housing – see comments re: table 1-4

Historic Resources – the statement “no significant unavoidable impacts are anticipated” is un-true. Neighbors have repeatedly asked that the sightlines to the historic 1910 tower not be further obstructed, and all except the “no action” alternative obstruct views of the tower.

Section 2 – Description of Alternatives

~~It should be called out more prominently that, as illustrated in table 2-1, James Tower was severely over-developed. It was approved for three stories with 60,000 sf as a skilled nursing facility, but developed into a six story, 159,858 sf facility = 267% of the approved development.~~

This over-development also thwarted the agreement that development on the eastern edge of the campus was supposed to be more transitional, setting up current arguments that more intensive development on the half-block east of 18th avenue is now warranted.

If anything, the environmental impact of over-development under the former MIMP should be further mitigated with even lower levels of development east of James Tower.

Some perspective in this section regarding predictions made in the EIS accompanying the 1994 MIMP might provide some basis on which to make predictions of impacts for the next 20 years.

This section also fails to note the requirement that a new MIMP be started, following the hearing examiner’s determination that a proposal substantially similar to what is being proposed now for the half-block east of 18th avenue was a “major amendment” to the old plan. **This process is not entirely voluntary on the part of the institution.**

2.3.1 Current Campus Master Planning

This section regurgitates what the institution has stated elsewhere, and fails to challenge factual errors and assertions made without supporting facts.

These include:

- Healthcare reform (the Affordable Care Act) purporting to increase hospital use when its stated **policy goal is to reduce hospital use** by moving patients to primary care doctors.
- Discussion of “Swedish, with its advanced treatment facilities located in Downtown Seattle” when **the facility is a long way from downtown Seattle.**

SMC Cherry Hill Occupancy

Research – research facilities do not fall under the Major Institution Master Plan

law.

- Required facility upgrade – a desire to expand patient beds runs counter to long-term trends that clearly show declining bed use.
- Programmatic needs – the “needs” stated in the MIMP application may or may not materialize, a fact that should be acknowledged in the EIS.
 - SMC representatives have admitted they are considering moving some current functions off of the campus and their long-range planning is not complete.
 - SMC Cherry Hill occupancy, according to required reports filed with the WA State Department of Health, is trending downward over the last 30 years

Overall, this section regurgitates SMC’s assertions with no analysis of its accuracy or impact.

2.4 Site and site vicinity

The section begins with a mischaracterization – it asserts “some institutional and commercial uses” in the area. True that Seattle University is adjacent to the institution, but the next nearest “institutional” use is Garfield High School five blocks to the east, or the Juvenile Justice Center five blocks to the southwest. Subsequent paragraphs admit as much, but the leading portions are mis-leading.

The area immediately adjacent to the campus to the north, east, and south is primarily single-family with one neighborhood-residential convenience store. The only “offices” on the periphery belong to Sabey Corporation in the Spencer Technologies building (which they tried to shoehorn into this plan) and an incongruous Dept. of Social and Health Services office in leased space.

2.4.1 Existing Development

The EIS fails to note the over-development of the James Tower building under the previous MIMP. It was supposed to be a “60–bed project” described as a “skilled nursing facility [that] would be two stories (28 feet) and would have approximately 24,000 square feet.”

This over--development, with no mitigation or citizen oversight, should be addressed in the current plan and the transition from the institution to the single--family homes to the east.

The section also fails to note the “Cherry Hill Inn” was supposed to be located elsewhere under the prior plan.

2.5 City of Seattle Permitting

2.5.1 Zoning

Factual inaccuracies here assert that “institutional uses and heights beyond the underlying ... zoning” are allowed. That does not appear true, since there is no valid MIMP under which to develop. And since the prior MIMP is expired, any permissions tied to it would also seem to have expired.

2.5.2 Major Institution Overlay (MIO) Designation

Again, this section asserts an existing MIO that would not seem to exist in the absence of a valid MIMP.

It also asserts some downward slope to the east. It may be technically true, but it is so slight as to be nearly nonexistent.

2.6 Alternatives

While neighbors would welcome lower heights, this section lists the maximum heights being proposed as 200 feet, while other sections of the document list a maximum height proposal of 240 feet. Again, the technical in accuracy calls into question the attentiveness to detail throughout the analysis of the proposals.

Table 2-2

The FAR listed in this table is questionable, since computer server space and other uses are proposed to be exempt from the FAR calculations. There should be few or no exemptions from FAR calculations and this section needs to be technically accurate in the final version.

The table also lists leased office space at 600 Broadway – a fact I cannot recall being shared with the former Standing Advisory Committee, of which I was vice-chair. This is another example of the institution’s lack of cooperation with the neighborhood and illustrates how it is less than forthcoming until forced to be so.

Alternatives 8, 9, and 10, all show “growth” from 196 acute care hospital beds to 385 acute care hospital beds, in spite of the fact that the institution has shown a general downward trend in occupancy over the past 30 years.

And the facility is already licensed for 385 beds, meaning that there will be no analysis under the state's "certificate of need" process of whether additional hospital beds are actually needed.

2.6.1 Alternative 1 – no build

The EIS here fails to discuss a true “no build” alternative by assuming that it would mean no major institution master plan would be adopted. That does not have to be true – a new MIMP with no expansion could be crafted to allow modernization with the elimination of non-hospital functions from the campus and rearrangement of where square footage is located.

This failure shows bad-faith on the part of the institution.

2.6.2 Design Elements Common to All Build Alternatives

With the statement that “All of the build alternatives (Alternatives 8, 9, and 10) would result in a similar program for Swedish Cherry Hill, and are intended to meet the proponent’s objective,” and the standing objections from nearly all neighbors voicing opinions, this admission should be the starting point for maximum expansion – meaning, essentially, that **alternative 8 should be immediately eliminated**.

2.6.3 Street Vacation / 2.6.4 Site Access

Immediately following the statement that no streets would be vacated, comes the statement that “access to parking would continue to be provided from a vacated 16th avenue.”

Which is true? They can’t both be true, making this another example of the inaccuracies and inattention to detail that lead many of us to question the whole EIS.

The same conflicting statements appear in section 2.6.4.3 - 2.6.4.4 and 2.6.5.3-2.6.5.4.

2.7 Construction Phasing

It is asserted here that there need be an “empty chair” to build something where some existing functions could be moved from other buildings to avoid having to close and vacate those other buildings and temporarily relocate functions elsewhere.

This may be a false assertion, since no inventory of available space on the campus is provided. The only information available is that at least 4,000 square feet of space is available in Jefferson Tower¹⁴ on the campus.

2.8 Alternatives Considered but Not Advanced

Careful analysis of these alternatives will find very little difference between them and the alternatives still on the table, with the exception of boundary expansion and street vacation.

That the institution and its partners are trying to pound the same 100 pounds of sand into a 30 pound bag across all of the alternatives needs to be articulated.

Section 3 – Environmental Analysis

3.1.3.1 Alt. 1 no build

It cannot be said with certainty that this alternative would not generate increased traffic volumes. There is empty office space, facilities could be built by Sabey or others outside of an MIMP process, and there is existing permission from the state of WA for an additional 189 acute care hospital beds that could be located on the campus, even under this alternative.

As such, the analysis in this entire section is potentially faulty and needs more accurate assessment.

3.1.3.2 Alternatives 8, 9, & 10

Analysis seems to center on 6th and James – an intersection nearly a mile away and on the other side of a hill. This does not analyze the impact on the immediate neighborhood and is inadequate.

3.1.4 n Measures

No significant air quality impacts have been identified because

1. measurement is being made at the wrong point, and
2. faulty assumptions are being used. This section is therefore deficient.

Greenhouse gas mitigation is listed as “could be” implemented. There should be stronger emphasis on what must be implemented here.

3.1.5 Cumulative Impacts

It strains credulity to assert “incremental increases in traffic emissions likely would be small” when the institution is proposing more than doubling the square footage of the institution.

3.3 Land Use

MIMP Decentralization

The description in this section is faulty – it describes Swedish Medical Center, but fails to note it is wholly controlled by an ownership or partnership (which is not clear) with Providence Hospitals. Providence is an even larger institution with even more facilities throughout the region.

Other

The section contains a rote recitation that regurgitates the institutions assertions, but contains no analysis as to whether those assertions are true, i.e., “Due to the MIMP expiration, Swedish could not develop any further projects identified in the 1994 plan.” While technically true, the institution has stated on numerous occasions that they had no desire to complete any of the projects remaining in the 1994 plan, and instead attempted to gain approval for a project that was remarkably similar to what is now being proposed on the east side of 18th avenue.

The EIS fails to acknowledge the proposed change in the nature of parking off of 18th avenue. It is currently institution--only (no customer parking), but would be open to general traffic, increasing its use substantially more than is acknowledged.

And the document continually discusses “impact to the campus” when the major environmental impact is going to be to the surrounding community.

References to “neighborhood commercial uses” are a red herring – there is a single convenience store on a single lot adjacent to the campus, constituting a de minimis appearance of such use. Enumeration of this without explanation gives a false impression that it is much more wide spread.

Many of the illustrations in the Figures 3.4 series are a stark examples of the inappropriate nature of the proposed development, illustrating how building massive structures immediately adjacent to the existing single family neighborhood is wildly inappropriate. It also shows creation of building canyons appropriate to a commercial or downtown area being plopped into a residential neighborhood.

The historic 1910 tower is designated a landmark, and the draft EIS notes “Mitigation may be required to reduce impacts on the character of the landmark’s site” but no such mitigation is proposed in the draft MIMP.

And while the draft EIS contains a lengthy recitation of how historic landmarks are to be treated, there is no specific mention of the designated landmark on the site (1910 tower) or any information about the required referral to the Landmarks Preservation Board or other appropriate city department.

The description of the Squire Park neighborhood says the Squire Park plat is bounded by 12th and 20th avenues, and east Cherry and east Alder streets, then asserts the hospital campus is in a different plat. **This is another of the factual errors that call into question the accuracy of the entire document.**

The recitation of area history omits some significant facts, including racially restrictive covenants, and Seattle University’s acquisition of significant portions of Japan Town when residents were put in camps during WWII. The redevelopment of Yessler Terrace is couched in the euphemism of “enhanced affordable housing” when it is actually turning public housing into a mixed--use development and may be displacing long--term residents.

The assertion that the area “suffered from blight and disinvestment” fails to note the function of government – 1970’s “urban renewal” removed a large number of substandard structures, but failed to follow through with redevelopment of the properties. The impetus of the Growth Management Act, forcing development infill instead of sprawling suburbs, pushed developers to build new homes in the neighborhood in recent years – a fact also absent from the analysis.

The transportation analysis is premised on all three build alternatives creating an additional 1.16m sf, although table C--4 in the draft MIMP seems to imply that alternative 8 will produce up to 1.9m additional sf., and alternatives 9 & 10 will add up to 1.55m sf., **a faulty premise that makes the analysis worthless.**

Transportation analysis also discusses 8 bus routes within a half--mile, but this is twice what is considered typical walking distance, making it another faulty premise. And the downplaying of the elimination of route #4 by saying pending cuts “will affect” the route is disingenuous (although later text is clearer on this point).

That the draft EIS assumes the institution could meet its 50% SOV goal in by 2023, even in a no--build scenario, is absurd. They have had 20 years to meet the same goal and failed to make any significant movement toward it.

The transportation improvement projects listed in table 3.7--2 include projects such as the trolley that are outside walkable distances, and is factually inaccurate regarding the adopted city bicycle plan for the greenway adjacent to the 23rd avenue corridor.

It also fails to note that the 18th avenue greenway in the bicycle plan requires low traffic volumes, a principal that would be violated with large--scale development atop parking garages on 18th avenue that is proposed in all build alternatives.

The traffic impacts across the alternatives is difficult to assess because of the organization of the draft EIS - no direct comparison is apparent through page 329.

Analysis of campus access for alternative 8 discusses how "the proposal would reduce the number of driveways and associated conflicts between modes." Factually accurate, but highly misleading. All but two of the driveways are effectively inactive, and the new development would create all--day customer traffic where none now exists.

It is asserted, apparently falsely, that the 18th avenue bicycle greenway could change. It is adopted city law, and no explanation of how that change could occur is included in the draft EIS.

Neither the plan nor the EIS discuss traffic calming options, constituting a failure to exceed any minimum requirements - much as the EIS talks about meeting minimum bicycle and parking requirements but not about how to encourage additional bike use or further discourage SOV use and neighborhood parking.

And pilot projects/programs to address parking and other traffic management issues do not constitute any commitment to progress.

Overall, it is nearly impossible for someone whose full time employment is not related to land use planning to adequately analyze the EIS. However, since it is based on faulty and unchallenged assumptions, many of which are noted above, it is likely deficient and should likely be rejected in its entirety along with the Major Institution Master Plan.

SWEDISH CHERRY HILL DRAFT (MAY 22, 2014) MAJOR INSTITUTIONAL MASTER PLAN COMMENTS

Overview

As the Vice-Chair of the 1994 CAC, I would like to provide my feedback and critique of the current Alternative 11 that has been released during 2014, months behind schedule. After an extensive review of both the current MIMP and other MIMPs that have recently been enacted within the City of Seattle, the current Alternative appears to be grossly out of context with the surrounding neighborhood and unique in the disparity between the heights proposed within the campus and the prevailing heights outside of the campus. Swedish continues to exhibit a "campus only" mentality in the design and construction of the MIMP. This focus on only those activities on their own campus hinders the ability of the institution to understand the neighborhood context and deliver a plan that is successful in balancing the needs of the community and the needs of the institution. This mentality is also in conflict with the Seattle Municipal Code (Code) itself, which requires striving for a balance with Major Institution growth and mitigating impacts on the existing neighborhood. The Code recognizes the inherent conflict between major institution structures being out of place in bulk, scale, and intensity within residential neighborhoods.

The plan appears to be based on a few faulty premises, including:

- That the campus is located in an area designated and appropriate for major institutions, and not a residential neighborhood.
- That the central plaza is considered open space and that the proposed open space is a net increase of open space since 1994.
- That the heights proposed are compatible with the residential neighborhood.
- That the transportation management plan is adequate.
- That the setbacks are adequate to mitigate the height.
- Rezoning the underlying zoning will make the structures automatically transitional.

The SMC should not be granted the following exemptions:

- The proposal to change underlying zoning should be denied. It is unnecessary except to allow other development inconsistent with the MIMP by private developers.
- No accommodation should be made to allow computer server space in addition to all other development - something seeming to give Sabey Corporation a free pass to locate a key part of their business on the campus.
- Transportation management being excused from immediate TMP compliance.

Modifications to Development Standards

The proposal asks for changes to the underlying zoning. Why? Development related to the institution is exempt from the underlying zoning if it is within the confines of the MIMP. It is the MIO zoning that drives the MIMP.

Allowing an MIO overlay of more than the former MIO's maximum of 105' is incongruous with the surrounding neighborhood. Additionally, higher buildings would obscure the landmark-designated 1910 tower.

Setback modification should only be allowed if tied to street-level development that enhances the pedestrian experience and adds vitality to the streetscape. In one existing example of setback modifications, the parking garage on 15th and Jefferson was allowed to come closer to the lot lines at the southern and eastern edges in exchange for a significant lowering of its height.

Where the document discusses transition to the adjacent residential neighborhood, it fails to note that the massive façade of James Tower was developed in apparent violation of the former master plan and City Code. It was approved without input from any Standing Advisory Committee (SAC) as required by law, and as a massively larger structure than the former MIMP called for.

The 1994 plan called for addition of a "60-bed project" described as a "skilled nursing facility [that] would be two stories (28 feet) and would have approximately 24,000 square feet." What happened instead was a vastly larger James Tower (how much larger is difficult to determine, since its square footage is not detailed in the draft MIMP). Swedish currently describes the building as "a state-of-the-art medical office building and now houses physician offices, education, and research facilities."¹⁴

With no SAC to make official comments during the permitting process, there was no formal process for negotiating mitigation for a project much larger than originally approved – a development that would have likely triggered this new MIMP process a decade ago¹⁵. This could have also been the trigger for Swedish/Sabey to provide plans for loading berth code requirements, rather than be in non-compliance.

It was the Grand Opening of the James Tower and a notice mailed far-and-wide saying "there's plenty of free parking in the surrounding neighborhood" that prompted the complaint that led to re-establishment of any oversight process.

It is the responsibility of this CAC to consider how this bulk and scale, much larger than anticipated in the previous plan, can be mitigated now – and that is likely through keeping development east of James Tower across 18th Ave at a transitional scale no higher than the 37 feet anticipated in the prior plan¹⁶, in smaller buildings spread along the double-block, rather than one or two block-long buildings.

The proposal for a 50' development envelope on the east side of 18th Ave is out of scale with the adjacent single-family homes it abuts, especially considering the proposal for only a 0' to 10' setback from the rear property line. Any setback should at a minimum be equal to that required in the SF 5000 zone so homes on the west side of 19th Ave have the same separation from buildings behind them that exist in any residential neighborhood. And if 37' high buildings are too tall on small lots in residential neighborhoods (City Council recently restricting such housing to 27') a 50' building within 10' of the lot line is surely too tall to be a transition to the residential neighbors.

Planned future lot coverage appears to fail to include the Kidney Center on the northwest corner of the campus, a vacant lot adjacent to the Kidney Center on 15th Ave, a rehabilitation facility at 16th and Cherry and the Camack House. While SMC apparently does not own these properties, they should nonetheless be included in plans for the campus. SMC does not own half the campus, yet plans for other area inside the boundaries. It is due in part to this failure to plan for some of the areas they do not own that heights are forced to absurd levels in areas where they do own or have some type of agreements with Sabey Corporation and its affiliates regarding future development – agreements that are not disclosed here.

And it is disingenuous at best to call "public amenities" such things as "enhanced seating areas" adjacent to the major driveway entrance to the institution. "Pocket parks" no larger than a residential deck and outdoor seating for a Starbucks location are also identified as "amenities" that should not be aggregated into something portrayed as a major contribution to the neighborhood.

¹⁴ Pg. 7.

¹⁵ The former MIMP ordinance required new plans be drawn up when certain triggering events, such as an application for a major change in the existing plan, occurred.

¹⁶ The 37' limit and scattered buildings were originally articulated in a 1988 settlement agreement between Squire Park Community Council and Providence Medical Center (PMC) that also included re-development of seven lots PMC had purchased on the west side of 19th Ave between Cherry and Jefferson. This re-development comprised of four empty lots, the corner property, and two Capitol Hill houses re-located on two empty lots for low to moderate income, single-family, first-time home owners.

Designating the major driveway entrance as “open space” is also disingenuous and should be disallowed. Just because it is occasionally closed for some event (something I’ve never seen), no more makes it open space than closing the I-5 express lanes for a running event makes the freeway “open space.”

Development Program

The discussion of “current envelope heights” is in error. There are no current envelope heights and never were. The former 1994 plan approved discrete buildings at specific locations. That plan is now expired, and the applicable zoning today is SF-5000 and LR-3. This is the first plan for the campus that is structured around development envelopes.

Alternative 8

A 240’ building is an absurd proposal for the campus. This is more than 285% of the height of the tallest building now on the property, and grossly out of scale with the surrounding area. This would cast long shadows over the neighborhood to the north, leaving many areas without direct sunlight for many months of the year. Normal things, such as planting a vegetable or flower garden, would become impossible.

Alternatives 9 & 10

A 200’ building is not much better – 190% of the height of the tallest buildings. This would have a marginally reduced impact from shadow Alternative 8, but not significantly different.

Computer servers can (and usually are) located in an area remote from users. There are whole “farms” of computer servers in places such as Quincy and Wenatchee developed by Sabey Corporation, and used by Seattle businesses.

All three alternatives fail to discuss suggestions that some building could be done below grade, although that development would not count toward allowed square footage. Group Health Cooperative has placed some of its development below grade, and a similar design should be considered here. But it is unclear if they plan below grade development to locate more or more intense functions on the campus, which would then drive traffic and other impacts. There has been some verbal reference to such development in CAC meetings, but since it is not governed by a MIMP, and nothing is articulated here about it, it is impossible to know and comment on this further.

The discussion of owned, leased, and non-owned properties fail to discuss that the majority of non-owned properties are former hospital properties sold, traded, or transferred to Sabey Corporation. Property ownership needs to be clearly shown and spoken about, especially since Sabey Corporation is listed at the front of the document as a partner in developing the plan.

While the plan notes preserving the view of the historically-designated James Tower along 18th Ave, the proposal effectively allows blocking this view from the west and northwest. This should not be allowed.

And there is a notation about “opportunities” for public art that will be “studied.” This does not constitute any commitment and needs to be raised to some enforceable standard.

Many of the routes they designate as “pedestrian circulation” should more accurately be called “customer circulation”, since they are not truly public. I doubt the institution would appreciate morning and afternoon walks routing through the buildings with pets and strollers of small children or infants.

Both the draft MIMP and draft EIS mistakenly identify a city bicycle “greenway” project on 18th Ave. Although the current City’s bicycle plan has the route through 18th Ave, the project is currently proposed to run along 22nd Ave from just south of Madison to Columbia, then jog east to 25th Ave to a point past Dearborn because the current traffic through 18th Ave through the campus is considered too congested for safe bicycling.. Either the traffic along 18th Ave needs to be mitigated to meet the bicycle safety standards of the bike plan or it is not integral to the MIMP. I want the greenway to run through 18th Ave.

It is this type of inaccuracy that calls into question a whole host of underlying “facts” asserted in the document – “facts” on which the CAC is supposed to rely in making decisions.

Consistency with Purpose and Scope of Seattle Land Use Code

The assertion that the MIMP “protects the livability and vitality of adjacent neighborhoods” is untrue and is presented without factual basis. The so-called “open space” that includes or is adjacent to major driveways does nothing. In 1994, the open space constituted 14% of the campus. The 1994 MIMP (a City ordinance) allowed this open space to be reduced to 10% in exchange for transitional building and uses along 18th Ave. The current campus open space is a little over 5%, in non-compliance with the law. The largest of these is across from a convenience store and others are so small or inaccessible that they add nothing to the neighborhood. They assert “discussions include” a community retail store, but includes no enforceable commitment.

There is discussion about “upgrading” sidewalks that really refers to actually repairing existing sidewalks damaged in the 2001 Nisqually earthquake, or by inappropriate trees’ roots heaving the sidewalk into pieces, to comply with the law.

It is inaccurate to say “Swedish has encouraged significant community involvement by meeting with the citizen advisory committee...” The meetings are a requirement of the law, and are not necessarily voluntary on the part of Swedish. Besides, Swedish and Sabey handpicked the CAC members. I expect they would meet with individuals they selected.

As for taking the recommendations of the CAC, the City should require that each formal recommendation provided by the CAC and the public over the course of its work be accompanied by an explanation of SMC’s response.

The response to Section I that talks about appropriate setbacks is, from the neighborhood point of view, inaccurate. The setbacks proposed adjacent to the homes on 19th Ave are not appropriate – they are less than would be required if a single-family home were built across the fence from these houses.

Response to condition J is inadequate. Additional parking is allowed, if not encouraged, if it would “reduce parking demand on streets in the surrounding area.” They propose no proportional increase, but neighborhood parking is a major impact of the institution. Even the casual observer at shift change times will see employees in scrubs walking to their cars parked on nearby streets. Drug company salespeople with their characteristic sample cases routinely park in the neighborhood and walk to the hospital. Doctors routinely park their expensive cars within and beyond the RPZ limits without getting tickets. Sabey security drives through the neighborhood to ensure doctors’ cars avoid tickets. These impacts were supposed to be mitigated under the previous MIMP, but transportation management goals were never achieved throughout the 20+ year life of that plan.

Specific Comments by Page

2. “...provided for nine new buildings and a total of 682,500 sf of additional Space...”

This should read, “...provided for nine new buildings totaling 682,500 sf of additional space...” The 1994 MIMP did not allow for nine buildings of X space and then an allotment of additional space. The additional space was comprised of the buildings itself. Under the old MIMP code, discrete building projects provided the public with a sense of predictability and the opportunity to discuss in concrete detail how those projects would meld with the surrounding community. It also requires the hospital to have, and articulate, a clear vision for the future and its role in both the neighborhood and region.

This is an important distinction as the new plan is not project based, but rather provides for a square footage allotment with restrictions placed on that development area “cache”. The purpose of this was to provide the institutions with flexibility to adapt to changes over time, but it has also resulted in some negative side effects. Under the new guidelines, major institutions are incentivized to push for the maximum amount of development area that is politically feasible and neighbors are left with greater uncertainty about what the final campus will look like. This uncertainty increases the importance of the various zoning and other requirements included in the master plan.

The CAC and the City of Seattle should push to enact strong requirements across all elements of the plan to ensure that there is an appropriate balance between the needs of the community and the needs of the institution. The new MIMP code for plan-making have shifted the balance away from the needs of the community, which makes stricter restrictions both necessary and appropriate to maintain this balance as seen in other MIMPs (e.g., Children’s Hospital).

14. “23.44.010 Lot Requirements – SF D. Maximum Lot Coverage of 35% of lot area

Yes, Swedish is requesting a modification to remove the maximum lot coverage of 35%. The current lot coverage is 52%. The underlying zoning lot coverages are insufficient for institutional buildings. Swedish is requesting an increase in coverage in order to not expand its boundary. Lot coverage will be calculated for the entire MIO district, Swedish is proposing maximum lot coverage of 76%.”

Lot coverage should only be calculated for the area that is under the control of Swedish/Sabey within the MIO, not the entire MIO area. Open space on the Seattle Medical Post-Acute Care facility should not count to the advantage of Swedish, as they have at this point made the decision not to consider additional heights because they will not pursue the purchase of that facility and have specifically designed the current alternatives to limit the use and value of that property. This shortsighted decision should not further produce a benefit for the institution. In fact, we might consider excluding from the MIO boundary any limited use and valued site that Swedish/Sabey specifically designed as a fifth alternative, while a sixth alternative would include these sites with some adjustment for height.

In addition, the driveway plaza in the center of the campus should not be included as open space in the calculation of lot coverage or open space requirements. Prior to the adoption of the 1994 MIMP, approximately 14% *landscaped* (my emphasis) open space had been identified throughout the campus. It did not include the current driveway. Under the 1994 MIMP, Providence and Squire Park Community Council (I was the President of SPCC at the time) agreed to reduce the open space to 10% in exchange for the eastside of 18th Ave to be designed, constructed and used as the transitional buffer with the designated uses stipulated in the 1994 MIMP.¹⁷ Because Providence/Swedish/Sabey did not comply with the 1994

¹⁷ See Providence 1994 MIMP and Providence/Squire Park Community Council agreement.

MIMP and are asking to eliminate the transitional buffer all together, I am opposed to any reduction in the open space requirements – “all bets are off”.

The driveway is used for circulation and City code prohibits areas used as driveways from being included as open space. In the past few years, the plaza has been shut down for a public event once or twice, but less often than 19th Ave was shut down for community events or the boys on the block playing hoops in the street. 19th Ave cannot be counted as “open space” or “park” despite being used as “open space” more frequently than the driveway plaza. The area of the plaza should be excluded from these calculations and should not be used in a way to benefit the institution in this area.

15. “23.44.012 Height Limits – SF

Swedish is requesting to establish heights pursuant to MIO districts listed in 23.69.004 Major Institution Overlay District established for MIO 50, 65, 105, 160, 200 and/or 240. See Figures C-4, C-6, and C-8.”

As suggested with the height study illustration on page 15, the institution is making an exceptional request in requesting these height limits. This is especially true for the 200’ and 240’ foot limits. Additional height might be appropriate on the western most edge of the campus, but there are no examples of another MIO in the City of Seattle where the height bulk and scale is as out of sync with the surrounding community and with as much unmitigated impacts as in this proposal.

I agree with Nicholas Richter’s comparative analyses of the MIMP maximum height limits throughout Seattle. The current proposals for Swedish Cherry Hill are out of sync with historical precedent. All other MIMP currently approved do not have the same type of mismatch as the currently plan does between neighborhood context and the proposed development.

The closest comparable example would be Seattle Children’s Hospital, which has a maximum height four times the tallest surrounding zoned use between the tallest heights proposed for the Swedish campus versus the tallest surrounding zone. This difference in height is mitigated through thoughtful placement, substantial setbacks (**75’ to the nearest MIO, which is a MIO-37**), and other amenities not included in the Swedish Cherry Hill plan. If the height for Cherry Hill is determined to be 200’, then the only other MIMP that has a higher maximum MIMP height to maximum height of adjacent zoning is the University of Washington. However, this is skewed by the fact that the 240’ zone in that plan is a minor area of the campus and only abuts other institutional uses (UW Medical Center). The rest of the campus has a maximum height ratio well under any Swedish Cherry Hill proposed alternatives, as does every other MIMP currently available on the MIAC website.

The Squire Park/Cherry Hill neighborhood is unique for its residential character in an urban setting. These qualities are part of the reason the area is now so highly sought after, but the neighborhood deserves similar consideration to what other neighbors (e.g., Laurelhurst) have received when accommodating the needs of a major institution. This plan does not reflect similar consideration or mitigation in this area.

16. “23.44.014 Yards – SF Yes, Swedish is requesting a modification to allow the establishment of building setbacks in lieu of yards.”

The setbacks contained in this proposal do not reflect a similar level of consideration as what has been provided other neighborhoods when accommodating institutional needs. In particular, the setback along the eastern edge remains an open question. In previous meetings I have stated that I believed that a 40’ setback would be appropriate. I have come to the conclusion that a minimum setback of at least 40’ to 60’ and a height restriction of 37’ would be more appropriate. We the nearest of neighbors rightly point out that although the height may be similar to what the underlying coding, Sabey is proposing a bulky, intense commercial facility, not multiple residential structures. The impacts associated with a commercial facility are not in line with the impacts that the underlying zoning is meant to mitigate. Under City Code, measurements for setbacks between SF 5000 and transitional structures are calculated using a 45 angle at level ground between the property fence line and the proposed roof-line of the transitional structure. Using these calculations, the height of 37’ would yield a 37’ setback; a height of 50’ (without mechanical) would yield at least a 50’ setback. With the proposed structures on top of the hill, further setbacks should be considered. As such, the underlying coding is not the measure that the current MIO should be designed to and the CAC and City are required to consider setbacks and other measures to mitigate neighborhood impacts.

18. Alternative 8 & 9: “Setback A-A New proposed setbacks of 0 feet from property line up to 6’-0” high for partial underground parking. 10 feet setback to 37’-0” high and 20’- 0” setback to 50’-0” high (reference similar condition of commercial to residential, SLUC 23.47A.014.B.2). This landscape setback will be designed to promote security and privacy for the residential property to the east.”

This proposed setback is wholly unacceptable as it will result in up to a 6 foot wall along parts of the property line and provide for a total 10’ setback for the rest. This is not in line with any other MIMP in the city and does not even attempt to mitigate the impact of the building. The height, bulk, and scale of the building are further magnified by the slope of the 18th/19th block, which will result in a looming presence. Swedish/Sabey’s premise further supports my comment 16.

19. “Setback A-A” (18th Ave half block eastern edge)

The proposed setback of 25’ would be similar to the setback found in the underlying zoning. While this is true, the impacts of the commercial use of the building in this half block area are not comparable with a normal residential use. A larger setback

has been requested by the neighbors that are directly next to the proposed new building and should be provided. See my comment 16.

20. “Setback C-C” (18th Ave half block, southern edge)

There is no need for a setback on this side, unless the setback is used to enable some sort of permeable use, such as a café or other small neighborhood commercial and if Setback A-A addresses impacts on the adjacent Jefferson townhouses. Setback A-A is the setback to focus on.

21. “Setback D-D” (18th Ave, west edge)

During a recent meeting of the CAC, the possibility of a partial street vacation was discussed. The idea being that a partial street vacation could provide for the space needed, in terms of building width, while also providing a sufficient setback that is greater than the 25’ setback proposed. This proposal is not reflected in the MIMP and does not appear to seriously have been considered. In light of the fact that SDOT’s greenway will not run through the campus along 18th Ave, it should be considered now as an option.

Street vacations continue to be considered and approved by City Council. Yes, they require homework to petition for one, but both Seattle University and Virginia Mason Hospital have gotten complete street vacations approved.

23. “Existing buildings not intended to change within the MIO district under the MIMP are indicated on the plan below.”

The list of buildings included in this description of additional height conditions are: the John Carmack House, Seattle Medical Post-Acute Care Rehabilitation Clinic, the central Plaza, the powerhouse, the bellow of James tower, and a 15’ section in the 18th Ave half block.

Of these self-imposed additional restrictions placed on development of the campus, one in particular stands out as shortsighted and detrimental to the MIMP: The Seattle Medical Post-Acute Care Clinic (555 16th Ave, Seattle, WA 98122) is a natural, logical extension of the campus and would provide Swedish with land that could be efficiently developed. When this property is discussed, the reason for non-inclusion is that the current owners are asking too much, despite the fact that it may be a logical and desirable way to limit the impacts in other areas of the project. Sabey had no problem paying \$1.5 million apiece to move the remaining two residential home owners along the eastside of 18th Ave¹⁸; or paying a higher price for one of the two properties it owns on 19th Ave¹⁹.

In crafting a 30 year plan, it is foolish to purposefully restrict any possibility of a future sale just because today the current owners are not willing to sell, especially when price was not an issue to acquire other properties within and adjacent to the campus. Swedish/Sabey did not hesitate to assume (incorrectly) that it could orchestrate the purchase of numerous homes along 19th, Cherry, and Jefferson in Alternative 3 (but balked when the home owners asked for the same consideration Children’s provided to impacted Laurelhurst neighbors), but in Alternative 10 we are to assume that there is no possible way to incorporate this parcel? The MIO should be crafted to accommodate the best possible outcome and this restriction does not appear to serve the interest of the public: the failure to redevelop this parcel places pressures on the height, bulk, and scale of the project in other

Swedish put forth alternatives that sought to include a Sabey-owned site outside of the current campus in previous proposals. It seems illogical to purposefully exclude a similarly sized, and potential useful, parcel inside the existing boundaries from any serious development in the future. Height should be added here in order to accommodate lower height limits in other areas of the campus, including a reduction in total allowable height. The other option is to remove the Seattle Medical Post-Acute Care Clinic site from the MIMP boundary and return the site to its underlying LR-3 zone.

25. “The proposed maximum lot coverage development standard for the MIO is 76%. The basis for this calculation is the entire MIO and not for individual future project sites.”

Swedish/Sabey should not gain a benefit for using the MIO process to prevent Seattle Acute Care Rehabilitation Clinic from potentially redeveloping their site as part of a cohesive campus. The lot coverage would be better calculated based on those parcels that Swedish or Sabey own or directly control in the MIO district. Looking at the illustration on page 45 of the plan, a substantial part of meeting this open space requirement comes from the Seattle Acute Care Rehabilitation Clinic parcel and the Carmack House. Alternatively, these properties should be excluded from the current MIO. The MIO boundaries could be drawn to exclude these properties, which would also alleviate the issue.

There is also a question of whether 76% lot coverage, and the associated development that comes with it, is appropriate for this context. The lot coverage should be lower in order to encourage the Swedish/Sabey to meet this standard through some of the methods that have been recommended by the CAC and requested by the community. CAC members and the public requested options for the 18th Avenue half block that include multiple smaller buildings. Consideration of these requests are absent from the documents that have been provided.

¹⁸ See King County Tax Assessor Office’s online public records for purchasing history of said properties.

¹⁹ See King County Tax Assessor Office’s online public records for purchasing history of said property.

Again, the central plaza is not open space. The central plaza is circulation space for automobiles – a driveway. Children cannot play here; dogs cannot be walked here. Seattle Code does not allow for driveways to be used to satisfy open space requirements, although Swedish is attempting to make the claim that their driveway is open space (See DEIS 3.3-12). The driveway should count against both lot coverage and any/all calculations that use open space as a basis (e.g. FAR).

26. “Enhanced pedestrian level lighting will be added throughout the campus and along the campus boundaries, especially at the intersections.”

Lighting on campus should be dark sky compliant to reduce light pollution²⁰. In addition, the plan should acknowledge some type of automatic light control for spaces along the perimeter that may cause light pollution to neighboring residents. In particular, some lights on higher levels are directly visible and past experience reported by neighbors is that these lights are not/cannot be turned off at night. Uses that require a night time presence should be located away from the perimeter and electronic controls on lighting should ensure that lights automatically shut off if not in use.

32. “The designated open space is the central plaza and main hospital entrance off of East Jefferson Street.”

The majority of the central plaza is not open space. It is a central focus point for people arriving by car, but the majority of the plaza consists of space dedicated to circulation. A driveway is not listed on the approved types of public open space (SMC 23.49.016.C.2.A). Additionally, SMC 23.48.020.C.6 (which applies to residential zoning) would not allow the use of the entire plaza as open space. Seattle Children’s MIMP also directly addresses this issue by stating, “Parking areas and driveways are not considered usable open spaces”²¹.

33. “The drop-off zone on the plaza is included in this area because it can be closed to auto traffic for campus events.”

The central plaza is mainly a driveway and will remain part of the primary circulation for the campus (See DEIS C-56). Access by foot is fairly restrictive and not obvious.

The calculations assert 75,571 square feet of additional open space, but Swedish has not provided a map of what they currently include as “**landscaped** (my emphasis) open space”. It is difficult to believe that Swedish/Sabey is able to increase lot coverage from 56% to 76% (as requested) and also create 1.73 acres of new open space (roughly the area of Yesler Terrace Playfield). (See page 30.)

The 1994 MIMP allowed Swedish/Sabey to reduce its the current 14% open space to 10%. Between 1994 and 2014, Swedish/Sabey continued to reduce its required open space to 5.35% in violation of its 1994 MIMP and Code. I insist that Swedish/Sabey get back to 14% landscaped open space (without counting the driveway) as one of the actual mitigations for its proposed height, bulk, scale, and intensity expansion.

without a Green Factor and 150 feet with a Green Factor of .5 or greater. In keeping with the intent of the LR-3 requirement, Swedish is proposing that unmodulated facades be limited to a maximum façade width of 150 feet.”

This should not be allowed. The intent of the LR-3 requirement is that buildings are allowed an exception to the 60 rule under the condition that there is mitigation in the form for including “Green Factor” of 0.5 or greater. This proposal would actually defeat the intent of the LR-3 requirements by allowing a 150 foot wall without mitigation. It would be similar to a developer requesting that they be granted a height bonus offered as an incentive to provide public amenities without providing the public amenities. It is not the intent of the Code to allow the extra height without the specified amenities.

39. “Swedish is requesting exemption from FAR consistent with other MIMPs.”

Nicholas Richter provided documentation with his comments to show the Swedish-requested exemptions are not “consistent with other MIMPs”. The unbound exemption for server areas is an issue.

Sabey Corporation runs datacenters. Data centers are filled with servers. An exemption for server space allows Sabey to effectively build a data center at Swedish Cherry Hill or create rentable spaces for technology intensive companies that focus on the medical industry. For example, if Sabey partners with McKesson Corporation, the present MIMP wording would allow for the development of a building that contains significant server space needed to run their electronic records system for the region. While this would normally be dismissed as a remote possibility, the same entity is driving plans to place 240’ buildings in a residential area.

An uncapped exemption for server space is a loophole. It should not be included in the MIMP. According to the plans reviewed, a standard exemption for server and electrical space appears to be 3.25%.

40. “4. Existing and Planned Future Development Open space is provided at the NW corner of 15th Ave. and Cherry St. North of the NW Kidney Center building; and at the main entry plaza south of the Center Building. Additional open space is proposed as a new courtyard shown in Figures B-22 and B-23 between the Annex Building and the James Tower.”

²⁰ <http://www.darksky.org/>

²¹ http://masterplan.seattlechildrens.org/documents/4_DevelopmentStandards.pdf, Page 84

All of the “open space” listed above currently exists. The space between the Annex Building and the James Tower is already a landscaped open area that the public can use. This is not “new” open space. The corner of 15th Ave and Cherry is semi-private “open space”.

In the calculations found on page 52 of the DMIMP, the new alternative will add more than 75,000 square feet of new open space, which will increase the overall open space on campus by 1.89% (approximately half of the landscaped open space the campus had in 1994). Swedish/Sabey claims that they will add open space equivalent to the size of Yesler Terrace Playfield²². The assertion that more open space will be provided after adding millions of gross square feet to the campus and increasing lot coverage from 56% to 76% is difficult to believe.

The DMIMP has significant issues surrounding claims of landscaped open space that have not been resolved.

41. “8. Planned Development Phases and Plans - The timing of projects on the Cherry Hill Campus is subject to extreme variability due to the uncertainty of funding and the rapid changes in the healthcare environment”

Nicholas Richter has done a thorough analysis of current and past MIMPs. I agree with his analysis that their proposals are more concrete and present a clearer vision of the future. Swedish/Sabey either does not know what it actually wants from this campus or are unwilling to divulge their actual intentions. Even MIMPs that have been developed after the changes to the SMC that allow for more generic and vague MIMPs have a clearer vision of the future and their intentions for expansion at their campus. These plans more directly respond to the needs of their respective institutions because the projects planned are more fully developed and presented with vision.

The current MIMP process is not driven by the needs of the hospital, but the wants of a for-profit developer. If it was driven by the needs of the hospital, we would expect to see a clearer timeline of projects that address a vital business need (e.g., neurosciences). The only phase of the project that has any clarity is the Sabey-owned 18th Avenue half block. What is proposed now by Sabey is higher, more bulky, and more intense than what it proposed in 2009-2010 as a minor amendment (and what triggered the City to inform Swedish/Sabey to file for a new MIMP in 2010). It is what Sabey used to sue both the City and the neighbors because it had to go through the MIMP process. The rest lacks clear vision and purpose when compared to similar institutions and their MIMPs.

This does not give the neighborhood the security of being able to predict changes in the neighborhood. The purpose of the MIMP is to give this exact type of predictability and clarity to neighbors and the City without fear of lawsuits and retaliation. In this sense, the MIMP fails.

“23.069.002.A Response: The MIMP minimizes the adverse impacts associated with development with the use of Development Standards that transition the height and scale between the MIO and the surrounding area.”

The proposed development standards are insufficient to guarantee this outcome. The height and scale, while “transitioning” within the campus, is far outside the height, bulk, scale, and intensity of the surrounding neighborhood. As discussed previously, there is no other MIMP current in effect in Seattle or in draft that has a similar level of intensity combined with no mitigation effort.

In particular (i.e. including, but not limited to the following):

- Insufficient setbacks directly next to residential properties.
- Unmitigatable impacts due to shadows caused by the height, bulk, and scale of alternatives presented, which would significantly impact the vibrancy and livability of the neighborhood.
- The sheer mismatch of scale caused by a misunderstanding of the neighborhood context (i.e. “First Hill” vs. Seattle Central Area).
- The weakest transportation management plan proposed in any MIMP.
- Unsubstantiated calculations used for FAR and open space, resulting in overstated benefits caused by the MIMP and understatement of actual FAR.
- The failure to mitigate impacts as required by Code, not just three or four MIO height limits that graduate from tallest to least tall.

“23.069.002.B Response: The MIMP protects the livability and vitality of adjacent neighborhoods by providing open space, landscaping and site amenities.”

If these are the mitigation measures that protect the “livability and vitality” of the adjacent neighborhood, then the plan has failed.

- The open space calculations overstate open space on campus by incorrectly including the driveway plaza as open space and excluding existing open space (the area between James Tower and the Annex) in the calculation of the existing open space. The result is that the open space provided by the alternatives is greater than it actually is.
- The open space on campus not connected to the preservation of the livability or vitality of the surrounding neighborhood. A link between the two has not been shown. The proposed open space is half of what it had in

²² http://www.seattle.gov/parks/park_detail.asp?ID=4563

1994. The plan should show the reduction since 1994 and the proposed 7.36% as a net loss, not a gain in open space.

“The proposed TMP is intended to reduce SOV trips to 50 percent, reduce parking demand, and increase the use of alternative modes of transportation (Transit, walking and bicycling).”

This is the same goal that Providence set in 1994 and has failed to meet each year since. Swedish/Sabey is not able to meet this goal. Swedish/Sabey must demonstrate what is going to be different this time around and why such an unambitious target has been adopted. Children’s has, over the same period of time that Swedish has failed to meet this goal, reduced their SOV share of commute trips from 73% in 1995 to 38% in 2013²³.

Swedish is asking us to believe that they can accomplish in the next 30 years what they promised to do in 1994 and that Seattle Children’s has already done in the meantime despite a less conducive location. Swedish has not during the MIMP process demonstrated any change in its transportation culture at the Cherry Hill campus or addressing ongoing public concerns about existing conditions. Promises have been made, but they were also made in 1994. See my TMP comments.

SWEDISH CHERRY HILL DRAFT (MAY 22, 2014) ENVIRONMENTAL IMPACT STATEMENT COMMENTS

Overview

This document is a companion piece for the more extensive critique of the DMIMP provided to the public for review. The present DMIMP and the alternatives presented do not represent a reasonable balance between institutional and community needs. The type of development planned and being zoned for at Swedish Cherry Hill is to situate a mega-project directly inside of a residential neighborhood. No other MIMP approved in Seattle contains a comparably aggressive program in a comparably residential and vibrant neighborhood. It should be rejected as it is presented today.

This document is less verbose. Given the length of the document, a failure to comment does not imply that there is no comment to be made. Comments include pages i to 3.4-22 (approximately 120 actual pages).

Table 1-3, Page 1-17: Noise – Operations

“Could” is a weak word. “Will” or “shall” is preferable language when discussing mitigation. In this case, there are issues:

- All building materials used along 18th Ave must muffle loading dock, parking, and traffic noise and eliminate the current echoing and amplifying of truck, parking, and traffic noise.
- The loading dock on 18th is currently a noise source that violates the late night noise limits. As this is known, more detail on the actions that Swedish will take to address the noise from this source *now* and in the future should be provided. All noise from the loading dock must be restrained to between the noise limits and times within residential zone.
- Presuming a parking structure is built on 18th Ave, exhaust vents should be located away from the residential properties and vent only on the 18th side of the property. This should be a condition of the MIMP.
- All activities should be scheduled during normal business hours (9am to 5pm Mon-Fri) and on a select schedule on the weekends (12pm to 3pm). Deliveries should be required to turn off additional noise devices, such as reverse beepers, etc. If this causes a safety issue, Swedish should provide a security guard to oversee the movement.

Table 1-4, Page 1-24: “The increase in staffing and patient levels at the hospital would contribute to secondary and cumulative land use changes, both directly and indirectly. There would be increased demands for customer service-type businesses in the nearby retail/commercial area to serve hospital staff, patients and visitors. ... there may be increased future demand for more intensive zoning along E Jefferson and E Cherry Streets to accommodate additional retail and commercial space.”

The EIS states that there may be a further “chaining” of rezoning activity that happens as a result of this MIMP. The neighborhood has a right to be very skeptical about these impacts, the impacts that this will further have on the character and quality of the neighborhood, and the beneficiaries of these rezones. This has not happened in other residential neighborhoods where hospitals are located, such as Capitol Hill and Laurelhurst neighborhoods. The business districts have not been sustained by the hospitals; rather, these business districts have been sustained by the residents.

As mentioned previously, Sabey is not a neutral member of the community. During this process, they have pushed for the rezoning of a non-compliant commercial use to an effectively permanent commercial use via the MIO. Given the statement in the EIS, it seems reasonable to conclude that so long as they are a land owner in the area adjacent to the MIO, then there will be active pressure to rezone, contrary to the good of the community and the intent of the SMC.

Table 1-5, Page 1-26: “Significant Unavoidable Adverse Impacts”

²³ See Seattle Children’s Master Plan, page 39. It should also be noted that Seattle Children’s is located in a more auto-oriented neighborhood with fewer transit options. See www.mapnificent.net.

A couple points to bring attention the requirement to provide as much mitigation to the neighborhood, including considering non-acceptance:

- “The height, bulk, and scale of Alternatives 8, 9, and 10 adjacent to the single-family residential block between 18th and 19th Avenues (Viewpoints 5, 7, and 8) would be a significant unavoidable adverse impact.”
- “Alternative 10 would have less of an impact due to the proposed lower heights and greater setbacks.” (Note that this does not say that Alternative 10 is *acceptable*, but that it is comparatively less adverse.
- This added congestion would contribute to measurably poorer performance of the transportation network, in terms of increased delays along several of the corridors and at some specific intersections.

Page 3.2-6: “The measured existing sound levels indicate that sound levels in the vicinity of the Swedish Cherry Hill campus are relatively high, often not dropping below code limits during daytime hours and occasionally remaining above nighttime noise limits as well.”

This finding suggests that noise mitigation should be a “must” or “shall” instead of “could”.

Part D: Transportation Management Plan (TMP)

General Comments

According to these documents, SMC is the only major institution that has failed to meet its previous SOV target. All other Major Institutions met or exceeded their goals. While Virginia Mason may be uniquely situated to take advantage of excellent transit service, Children’s Hospital, Seattle University, and Seattle Central Community College all are in similar transit services areas with similar levels of connectivity to the surrounding community as SMC.

The adjacent TMP for Seattle University sets a daytime SOV goal of 35%. The academic institutions have a handicap because they must include students in their standards, not just day-time employees as Swedish does.

Children’s Hospital has cut its SOV use nearly in half (down to 38%) in the last 20 years, but SMC cannot achieve its 50% SOV goal in the same period of time. Children’s Hospital is in a potentially more challenging location than SMC. Their success reflects their ability to manage cultural change and adhere to standards that make them leaders in the Major Institution community. Their current goal under its new MIMP is 30% SOV mode share. SMC should use the same goal and adopt the entirety of the Children’s Hospital TMP.

While Swedish is proposing to retain the 50% goal from 1994, Seattle Children’s (which also set that same goal in 1995) is currently at 38% SOV ride share. Seattle Children’s is in a potentially more challenging location than Swedish Cherry Hill. Their success reflects a success of their ability to manage cultural change and adhere to standards that make them leaders in the major institution community. Their current goal under the new MIMP is 30% SOV mode share.

Sabey must stop its practice of buying housing and let employees purchasing them might also be helpful.

Specific Comments

Page 88

“Subsidize the cost of the restricted parking zone (RPZ) stickers for areas surrounding the campus”

According to the proposed TMP, Swedish/Sabey wants to redirect RPZ permit payments into other unspecified neighborhood transportation funding sources²⁴. In light of SMC’s dismal TMP performance, not only should SMC continue to provide 100% subsidy for RPZ, SMC with SDOT should look to the RPZ and parking changes made on First Hill²⁵ as part of the TMP and pay for other neighborhood transportation funding sources.

DEIS COMMENTS

3.7 Transportation

3.7.2.2 Campus Access and Service Vehicle Loading

Swedish/Sabey is currently out of compliance with the Code concerning the minimum number of loading berths required for the campus. Under Code, 16th Ave should have 17 loading berths and 18th Ave should have 16 loading berths. Currently, 16th Ave has two loading berths and other service delivery entrances and 18th Ave has only one loading berth. The DEIS consultant did not know why Swedish/Sabey is out of compliance with the Code and did not locate any documentation from the City to show some type of waiver. Therefore, Swedish/Sabey must comply with the Code before considering any further development with appropriate noise mitigation. With any future development, Swedish/Sabey must comply with constructing the additional required 88 loading berths or provide extraordinary mitigation. The current non-compliance and the request to

²⁴ See Swedish Cherry Hill Medical Center Major Institution Master Plan Draft EIS, May 22, 2014.

²⁵ See SDOT First Hill Community Parking Program Parking Study Findings – June 2009; First Hill Neighborhood On-Street Parking Study, July 13, 2009 for SDOT by Heffron Transportation, Inc.; SDOT Community Parking Program: First Hill website, http://www.seattle.gov/transportation/parking/cp_firsthill.htm.

continue non-compliance does affect the TMP and the flow of the vehicles and trucks on the campus. The following mitigations must be required:

- All loading berths and service delivery entrances must be turnarounds rather than back-up designs.
 - All loading berths and service delivery entrances must be embedded into the building and/or underground.
 - All loading berths and service delivery entrances must operate within the times stipulated for residential zones and not be exempted, even if permitted by SMC. All trucks and delivery vehicles must be scheduled with designated travel routes to eliminate truck traffic backup along 6th Ave, 18th Ave, Cherry and Jefferson Streets.
 - Building materials must absorb or muffle loading berth and service delivery noise. Currently, the noise echoes and is amplified onto 19th Ave.
-

Dear CAC members,

As I watched the group struggle with its task on Thursday night, I thought that you might benefit from my experience as a member of the SU CAC, with respect to your role, your target audience(s) and your process. I hope that this may help you to frame your deliberations. While I understand that months ago, Steve Sheppard briefed you on your roles, I felt that it might be helpful for you to see them now, in the context of your deliberations.

1. Your role is to provide recommendations that

A. Permit appropriate institutional growth within boundaries while *minimizing the adverse impacts* associated with development and geographic expansion

B. Balance a Major Institution's ability to change and the public benefit derived from change with the need to *protect the livability and vitality of adjacent neighborhoods*. This is the specific language (italics added) from the Land Use Code that describes the Purpose and Intent. I have attached the pertinent section of the Land Use Code for your reference.

Your role is NOT to accommodate Swedish/Providence/Sabey's PROPOSAL because they say that this is what they want.

Your role is NOT to try to rearrange the square footage proposed so that the institution gets everything that it says that it wants.

What Swedish/Providence/Sabey have put forward is their most aggressive expansion PROPOSAL. Because they don't have to either tell you what they are using the property for or justify their "needs", you should treat their PROPOSAL as just that, a proposal. The neighborhood has been quite clear and transparent in its needs and wants. These should be treated AT LEAST as valid as Swedish's hypothetical growth needs.

Your role IS to recommend what you believe to be appropriate for the future of the neighborhood. The CAC may recommend anything it feels is appropriate regardless of the Swedish proposal.

2. Your audience is (a) DPD, (b) the Hearing Examiner, and (c) the City Council.

Your audience IS NOT Swedish/Providence/Sabey.

For purposes of this exercise, your job is NOT to try to convince Swedish/Providence/Sabey that they should modify their proposal. They have made their proposal and other than being in the room to answer questions relative to the particulars for your clarification, you should not feel obliged to communicate during your meeting with either the Swedish representative or Swedish's architect.

Your job is NOT to negotiate with Swedish/Providence/Sabey to achieve an acceptable solution. They have made clear their proposal and position and that they are not open to negotiation. BUT THEY ARE ONLY MAKING A PROPOSAL.

Swedish/Providence is the APPLICANT for a MIMP. THEY ARE NOT THE DECIDERS. The City Council is the ultimate decision maker about what will be allowed. This being a quasi-judicial process neither Swedish OR Sabey OR the CAC are supposed to lobby the Council on their respective behalf. (We know that Sabey has hired Tim Ceis as a lobbyist who has registered with the City. The CAC should seek assurances from Swedish that they will not try to undermine the process by allowing Sabey to lobby on their behalf.)

Your job is to articulate your positions as clearly as possible so that they will be heard, understood AND accepted by DPD when it makes its recommendation to City Council. If it is not accepted by DPD and included in their recommendation, your positions lay the groundwork for an appeal to the Hearing Examiner and ultimately to City Council.

3. Your process is to decide (1) whether there are any portions of the proposal that you can support; (2) what specifically you as a group either by consensus or majority rule decide you cannot support and what you specifically recommend in lieu of the MIMP Proposal; and (3) what and how dissenting voices and opinions want to be included in your memorandum.

The CAC IS NOT obligated to support any or all of the MIMP PROPOSAL.

The CAC does NOT have to be unanimous in its recommendations.

The CAC CAN and should include dissenting opinions from the group in its memorandum to DPD.

In the case of the SU CAC, there were a number of items in which there were dissenting opinions. In the case of at least one of these, the dissenters carried the appeal all the way to City Council and prevailed.

4. Your role with respect to the DEIS is to make comments on all areas in which you as a group or individual members have concerns, challenges, or conflicting information or opinions or in areas where you believe the impacts are not analyzed correctly. Your comments on the DEIS ARE directed toward the City, NOT Swedish/Sabey.

I would be happy to make myself available to the CAC at an upcoming meeting to provide information about my experience on the SU CAC should you so desire.

Ellen Sollod

June 12, 2014

Tonight I will lead with race ...and mitigation because race has shaped our institutions and policies perpetuating racial and social inequities and we must take responsibility.

I have been bothered for a very long time by Swedish/Sabey's attitude and actions in its approach to this neighborhood – it has been deceptive, condescending, obnoxious, arrogant and dismissive. I have read the draft DEIS and MIMP that contain statements that attempt to deny the residential character of our neighborhood, a demonstration of their attitude. Our neighborhood is still very diverse in ethnicity, sexual orientation, age, religion, education, income, etc. Denying, while trying to alter, the residential character of our neighborhood is institutional racialism. When the City creates loopholes in its Municipal Code – so that institutions through their for-profit developers buy up homes and other private property – so that they board up or don't maintain these properties – the City, institutions, and developers create a new form of relining that was prevalent in the Central Area, which denied access to housing and/or continued ownership based on race. I am a retired City employee and race and social justice issues have been a citywide effort to realize racial equity. I own my home on 19th Ave because I won a housing race discrimination case against Providence when they refused to sell my ancestral home to me when I returned from my military service because I am Nisei.

The following is a summary of my written examination of the TMP:

I agree with the comments made by Nicholas Richter, Bob Cooper, and Vicky Schiantarelli. With minimal efforts to attempt to meet Code (in some areas, unsuccessfully) and dismal performance/compliance of its current TMP or the 1994 MIMP, Swedish/Sabey has demonstrated it cannot be trusted and should get no consideration or concessions from the City or neighborhood. The partnering experiment allowed by the City between major institutions and private developers has turned the Code into a mockery and harmed this neighborhood. There is no place in Seattle for commercial enterprises to control or direct non-profit services. It doesn't work with drinking water or prisons; it doesn't work here. This must come to an end.

Thank you,

Jerry Matsui

AMENITY	MITIGATION
a desirable or useful feature or facility of a building or place	the action of reducing the severity, seriousness, or painfulness of something
something that makes life easier or more pleasant	the effort to reduce loss of life and property by lessening the impact of disasters
the quality of being pleasant or agreeable	lessening the force or intensity of something unpleasant, as wrath, pain, grief, or extreme circumstances
something that contributes to physical or material	to make (something) less severe, harmful, or painful
an agreeable way or manner; courtesy; civility	to cause to become less harsh
any feature that provides comfort, convenience, or pleasure	actions that limit, stop or reverse the magnitude and/or rate of long-term change
	to moderate (a quality or condition) in force or intensity; alleviate
	to become milder

The intent of the Major Institution Master Plan shall be to balance the needs of the Major Institutions to develop facilities for the provision of health care or educational services with the need to minimize the impact of Major Institution development on surrounding neighborhoods. [Ord. 115002 § 23(part), 1990.]

SMC 23.69.026 - **Determination to prepare a master plan.**

C. A Major Institution with an adopted master plan that is not subject to subsection B of this section shall be required to prepare a new master plan in the following circumstances:

3. A master plan has been in effect for at least ten (10) years and the institution proposes an amendment to the master plan that is determined to be major according to the provisions of Section 23.69.035...

SMC 23.69.032 - Master plan process

D. Development of Master Plan.

1. The Advisory Committee shall participate directly in the formulation of the master plan from the time of its preliminary concept so that the concerns of the community and the institution are considered. **The primary role of the Advisory Committee is to work with the Major Institution and the City to produce a master plan that meets the intent of Section 23.69.025. Advisory Committee comments shall focus on identifying and mitigating the potential impacts of institutional development on the surrounding community based on the purpose and intent of this chapter as described in Section 23.69.002, and as prescribed in Chapter 25.05, Environmental Policies and Procedures.** The Advisory Committee may review and comment on the mission of the institution, the need for the expansion, **public benefits resulting from the proposed new development** and the way in which the proposed development will serve the public purpose mission of the Major Institution, but these elements **are not subject to negotiation** nor shall such review delay consideration of the master plan or the final recommendation to Council.

6/12/14

Dear CAC members,

The presentations made at the CAC meeting Thursday, January 16 by paid Swedish consultants was meant to impress the CAC and neighbors with the largess of Swedish Hospital by its willingness to give up so much from their first huge and outrageous proposal, and then to overwhelm us with statistics and lists of catch phrases and jargon that have little to do with the matter at hand. Based on this presentation, one is left with the impression that Swedish alone will be struggling to meet the healthcare demands in King County of an aging population and general population expansion, and that it must all be done at the Swedish Hospital Cherry Hill campus.

The presenter, Terri Martin, does needs analysis for hospitals going through the Major Institution Master Plan (MIMP) process for a living and she is very good at it.

The presentation started with a list of functions that will be served by the expansion, including hospital, clinical research, education, hotel, long term care and support.

She followed up with pages of statistics showing a growing population which is also increasing in age. One of the key statistics was the fact that the King County population of 65+ years will be increasing by 127%. This group accounts for the majority of hospitalizations.

Catch phrases taken directly from her presentation are: access to care (read more doctors offices), shift to more outpatient services (read more clinics), improved outcomes (one would hope so), integrated systems/hospital mergers (read closure of community hospitals), better care at lower cost (we wish), *prudent* use of technology, changing reimbursement, *break throughs* in research--included under this heading were "integrating clinical care and research" and "*innovative technologies*", *challenges* in medical professional staffing, *optimize* precious resources and, finally, the aging physical infrastructure. (Emphasis mine.)

Other than increasing the numbers of doctors' offices, increasing the amount of clinical research and increasing the number of outpatient surgical and treatment centers, these empty phrases have nothing to do with the need to expand the square footage of the campus. Simply replacing the aging infrastructure does not mandate expansion except as required by law to increase the size of rooms for each hospital bed.

Yes, there is probably going to be an increase in need for medical care in the Puget Sound area in the next 17 years, but the Swedish Hospital Cherry Hill campus does not need to absorb all or even part of that increase in need. There are multiple hospitals in this region that can, should, and want to share the burden. King County is huge. Much of this need will be centered in growth areas *outside* of Seattle. And in fact, that need is theorized but not guaranteed. Medical care has changed dramatically in the last 20-30 years, and has markedly decreased the number of hospital beds needed to care for the population. It is impossible to predict precisely the needs in the future, particularly in this area. If you build it, they will not necessarily come.

One thing is clear from the presentation: The majority of the increased need for medical care will come from the elderly. Everyone who cares for the elderly know that they do better, prefer to be cared for, and are more easily managed, in facilities near their homes. They prefer facilities that have easier access for them, and where friends and family can visit without a long commute or need for hotel stay. Facilities for their care should not be located on Cherry Hill unless they live on Cherry Hill or the environs, but closer to their own communities.

The increase in traffic from the commutes of more doctors, nurses, researchers, support personnel, patients, family and friends that correspond to expansion of the physical plant will clog the I-5 and I-90 corridors even more that they are clogged now. There will be worsened traffic congestion on the main thoroughfares and side streets for blocks around the campus, with more pollution, parking problems and danger for pedestrians and cyclists as well as delays for the commuters—all of this when the city is supposedly encouraging that we go “green” and supporting cycling and a more walkable community.

The research that they are referring to will almost certainly *not* be funded by governmental or private agencies. All researchers know that government and private funding is drying up. Medical insurance companies will *absolutely not* fund research. Big pharma is the only other major funding option. And what is big pharma’s concern? Research to find the least expensive way to prevent and treat common problems that lead to the most common and therefore most expensive chronic health conditions? No! What big pharma is interested in primarily is the development of new (expensive) drugs and innovative (expensive) technologies to increase their profits. And the research that they produce cannot be trusted. They suppress unfavorable data and exaggerate favorable data. This has been exposed and publicized in the news over and over. What happened with the drug Celebrex is one such example.

What is really needed in our community and by our health care system is research into preventive medicine. We need education of the general and medical community of the importance of nutrition, exercise, and how to avoid the unnecessary use of antibiotics. We need parenting classes, drug and alcohol rehab, mental health care, smoking cessation classes, appropriate early childhood education, support for young families and affordable child care. All of these things will, over time, produce a healthier population and bring the cost of healthcare down. Those are the things that Swedish Hospital should be developing. If they wanted and needed to expand their campus to provide these functions I would be campaigning on their side, but I would still be against this much of an expansion, because they would need much less space.

Look at the list of Swedish Hospital hospitals and clinics. Consider where they are. They have not expanded into the areas of the most need. They have expanded to where communities are most affluent. They do not have clinics in SeaTac, Burien, Renton, South Park. Their joint venture with Country Doctor—a sliding scale clinic for the poor and underinsured, that has been located on Capitol Hill since the 1970s, started just this December—about the time that they started to understand the strength of the opposition to the proposed expansion. I understand that they have funded that clinic for 3 months. If it cannot pay for itself after 3 months, “then the community must not need it.” Anyone who has run a small business knows that is laughable. It usually takes at least 2 years for a small business to turn a profit. A clinic that operates on a sliding scale may never be able to pay for itself without outside funding. In my opinion this is just the political ploy it appears to be.

Swedish Hospital is a non-profit organization, but when non profits team with for profits, as Swedish has with Sabey Corporation and apparently plans to with big pharma, then the profit motive takes priority, and the needs of the community come in a poor second.

Sincerely,

Aleeta Van Petten, M.D.
Neighbor

I worked as teaching faculty for the Swedish Hospital Family Practice Residency for nine years, served as Chief of the Family Practice Department, was a member of the Medical Executive Committee, served on the both the Credentials Committee and the Obstetrical Quality Assurance Committee, all at Swedish Hospital. I was active staff at both Swedish Hospital First Hill, and Providence Hospital, prior its purchase and assumption by Swedish Hospital. I am currently in private practice in Bellevue, Washington and am on staff at Overlake Hospital and am a member of the Credentials Committee. I am also currently serving as a Trustee of the King County Medical Society.

6/14

To: The Swedish Medical Center Cherry Hill Campus MIMP CAC

From: Wimsey Cherrington, near neighbor (17th & Cherry - Manhattan Plaza Condos)

First and foremost, I am very relieved that Proposal 3 has been removed from consideration. There were many reasons to oppose that proposal, not the least of which is that it would have uprooted me and 26 other families from our homes at 701 17th Ave + uprooted many more families in the adjacent condos and apartments.

Thank you, Nicholas Richter, for your comments at the June meeting expressing dismay at the thought of EIS funds being spent on this proposal, since no one - from any direction - liked it.

Thank you to Swedish for the recent signage at the entrance to the 17th Ave. throughway. I also appreciate the bench installed just off the sidewalk at the entry to the throughway, and the removal of the gate. All of these changes are very positive.

BTW: I do go to Starbucks fairly regularly, and also occasionally eat at the cafeteria.

I am hoping that the throughway will be redesigned so it is accessible 24 hrs/day: so pedestrians may get from Cherry to Jefferson all hours, but the hospital is inaccessible during off hours.

This is a safety issue for all of us that use the bus and live on the north side of campus.

The plazas below grade are wonderful - but not useable. They seem to mainly serve to provide light into the cafeteria and whatever is in the western building below grade.

If something of this sort was at street level, I would definitely use it. And it could help mitigate the "fortress" feel of the back side of the campus.

Adding retail to the new development will be tricky. The examples at the July meeting of retail at Group Health on 15th Ave. and on 12th Ave. aren't exactly comparing apples and apples. Both of those examples are situated within a business district which generates foot traffic.

Finding retail partners that can generate their own traffic and utilize foot traffic from the medical offices - and thrive - may be difficult.

Even though I would prefer businesses I would personally find useful, it does make most sense to consider primarily medically-related retail.

Thank you, Dylan, for taking the time to create your presentation. It was a great way to get the conversation started on the finer points of the design. And while height and bulk are currently more critical issues, I am glad everyone is starting

to think about the smaller pieces now. I look forward to the Design Workshop at the end of summer.

The Group Health green space and throughway examples were very familiar to me as I lived less than two blocks from GH before moving to 17th & Cherry. I used those green spaces and the throughway a lot, and still do, since my office is just a block north.

They are well-designed, useful, and excellent models.

The multi-faceted glass cones rising from the grass provide light to the below-ground offices. This could be easily be employed at Swedish with the new design.

I really love the idea of roof access for views to the east and to the west and south.

A set-back to preserve our 18th Ave. neighbors' privacy seems do-able. I agree that anything on the roof needs to be made obvious and accessible to pedestrians.

Creating green space with pedestrian access between the new building on 18th Ave. and the homes facing 19th Ave. is a wonderful idea.

Creating this green space as part of the larger 18th Ave. greenway would be fantastic.

My most serious concern is with the 200' height at the north and west edges of the proposed campus. A 200' building taking up the entire two blocks from 18th to 16th Avenues would **significantly** impact our homes.

All of the units on the south end of the building (101, 102, 201, 202, 301, 302, 401, 401) will be most significantly impacted, but it would affect every unit in the building.

It also could impact the garden, particularly on the southern end of our building. The reduction in light, especially in winter, could affect our plants and trees.

The highest buildings must be centered on the campus, with step-downs to the edges.

The Spencer Technology building should be removed from the proposed campus boundaries. It is a separate entity, the only connection is that it is owned by Sabey, and it is already an intrusion into a residential block.

If Spencer Technology building is allowed to build higher, the reduction in light would also hugely impact our homes and gardens facing to the west.

Perhaps Swedish/Providence is thinking too ambitiously for this location.

If the neurosciences department is driving the expansion, move the cardiology, MS, and psychiatry departments elsewhere and make the existing

campus a neurosciences campus that can effectively serve the five-state Providence system region for decades to come.

This would still require tweaking the existing campus to enlarge operating rooms, etc. - but certainly wouldn't require the 3.2 million sq ft currently requested.

I hope Swedish will release the proposals as SketchUp files, allowing interested folks to explore more options on our own.

6/14

I regret that I will be unable to attend the upcoming Special Meeting, but ask that you hear and consider my written comments as it relates to the subject.

I own one of the westerly-facing, first-floor units, of the Manhattan Plaza Condominiums, located at 701 17th Avenue. The MOST critically important component of my unit's charm, livability, character, quality-of-living, and therefore VALUE (resale and otherwise) is the ~700 square foot, sun-drenched, but breezy deck that is an integral part of my property. Some of the suggested plans to expand/raise SMC Cherry Hill threatened to dramatically lower BOTH the quality of living and the VALUE of my property. This asks that you strongly consider the detrimental impact that SMC's recommended actions will have on the quality and value impact of my property and that of my neighbors, and work diligently to address these concerns as your work proceeds.

I would ask that you and your committee consider and support:

- that we are a single family low rise residential zone and wish to remain so.
- Including open spaces that are accessible to the neighbors as well as hospital use.
- that we have more in common with Children's Hospital and with the eastern portion of the Seattle U MIMP than with Swedish First Hill, Harborview, and VA Mason, which are in high rise zones.
- Including ground level setbacks along the arterials. Existing structures at Swedish are by and large already set back 15'. Maintain existing setbacks in any new construction. Where greater heights are included, (except in the transition zone of 18th Avenue which should be lower over all), include upper level setbacks where it borders on residential arterials. Match the SU MIMP on 15th for building heights (e.g. 65').

In net, I would ask that you preserve the bright, airy, low-rise, neighborhood, and residential character of our home/our investment. The decision to destroy or preserve the quality and value of mine and my neighbor's sunny, breezy residential units is in your hands. I hope and trust that you will represent the community's best interests in these proceedings.

Thank you for your consideration of my points and position.

Regards,

Mike Parrott

To the Editors at Seattle Times/local news:

It is significant that the major headline in the local news section of the *Times*, April 21, "**After-Hours Clinic, a partnership of health-care David and Goliath,**" is for an article praising the huge and powerful Swedish Hospital complex for hiring the small, struggling, idealistic Country Doctor Community Health Care company to offer after-hours health care at Swedish's Cherry Hill campus—and save the Hospital unnecessary use of its expensive Emergency Clinic. David, of course, killed Goliath to preserve his tribe's independence, not a likely parallel.

What would be an appropriate David vs. Goliath parallel would be a timely news story about the struggles of the neighbors of the hospital to combat the formal 20-year Master Plan proposals of Swedish to change the neighborhood radically. Plans presently offered are to develop the square footage of Cherry Hill campus to twice its present size. Most of this expansion would occur by bringing present and future hospital buildings to heights nearly twice the present top 105' height of the historic James Tower (now owned by profit-making developer Sabey Corporation). Besides blocking much of the sky and casting day-time shadows from Cherry Street to a long block and a half north (and other even more undesirable environmental impacts of the buildings), neighbors and urban planners are concerned about neighborhood density, parking, traffic and street safety and

sheer residential livability that would result from **more than doubling the Hospital's personnel and patients** who will be coming daily into our **residential** Cherry Hill area.

The impact on quality of life in this neighborhood would be enormous and deleterious, no matter what amenities Swedish offers. That Swedish has just added an after-hours clinic at this time is not coincidental with the institution's need to show good faith, while neighbors and concerned citizens are struggling to be heard in their opposition to this huge planned development.

The Times local news staff could readily research this more appropriate David-Goliath news story about Swedish Hospital's neighborhood-threatening development plan by beginning here:

John Oliver Perry

6/14

I want to provide you with more historical information on development on the SMC Cherry Hill campus as you continue your process — information I have not seen shared in this process

Attached is the decision of the hearing examiner that determined the intense development proposed by Sabey Corporation for the half block east of 18th. I find the decision enlightening in teasing out the intent of the 1994 plan — an intent that I believe those of us living adjacent to the institution believe should continue to guide campus development. This is the decision that subsequently required the current process since a major amendment to the plan at that point was a statutory trigger.

The decision talks about standards "expressly tailored to structures with a bulk, scale and intensity ... designed to effect a smooth transition" between the institution and the homes to the east.

"Considering this MIMP as a whole, and harmonizing all of its provisions, the original intent was that approved development with the greatest bulk, scale and intensity be concentrated on the central campus block, with bulk, scale and intensity being somewhat reduced on the western block of the campus, adjacent to Seattle University, and **significantly reduced at the eastern edge** along the half-block abutting residential development on 19th Avenue." (emphasis added)

Those of us in the neighborhood still believe that this "significantly reduced" development as a transition to the homes to the east is a critical piece of the MIMP and needs to be included.

Thank you, and please feel free to contact me with any questions.

Bob Cooper

Evergreen Public Affairs

6/14

I thought it might be useful for your discussion on Thursday to have some real world comparisons of buildings in Seattle that are similar in height to what Swedish/Sabey is proposing. An important difference is that these buildings are downtown and NOT located in a residential neighborhood.

The Justice Center is 180'. The SAM museum tower and Pan Pacific (towering above Whole Foods which is 3-4 commercial floors at a substantially lower grade) are both 200' and King County Corrections is 240'. I am sure that you would agree that these are out of scale with a single family and low-rise residential neighborhood. I hope this will help you in your deliberations.

Thank you.

Sincerely,

Ellen Sollod

6/14

Dear Steve,

Please forward this email to the CAC members and enter it into the record.

Dear CAC members,

I am asking that you think very carefully about how the Sabey Corporation may benefit from this MIMP process and whether that is either ethical, moral, legal or appropriate.

The impact that your recommendation will make on this community will last forever.

The Sabey Corporation should not be able to build buildings on its property that it would not otherwise be allowed to build simply because it says it is partnering with a major institution:

That partnership *could change* at any time AFTER the MIMP is approved and the buildings are built, and the community would have no recourse.

Please keep in mind that Swedish/Providence is responsible for its own business decisions. If, because of a business decision, it does not now have enough land to accommodate its needs for expansion on its own property without raising skyscrapers in a residential neighborhood, that is Swedish's problem--not yours or mine. And, of course, as we have repeatedly heard, it does have property at many sites across King County, which is growing by leaps and bounds.

If, to minimize height, bulk and scale for the requested expansion, Swedish needs to "partner" with Sabey by using buildings on the property that it sold to Sabey years ago (that are also restricted by the current zoning), again, that is Swedish's problem--not yours or mine.

If, as a business owner, I make a decision that is not in my own best interest, I am stuck with that decision and have to deal with it as best I can without asking the city to make exceptions for me. Swedish should be no different.

I thank you for your time in reading this letter and for all of the effort that you are putting into this process.

Aleeta Van Petten, M.D

Received 6/3/14
Review of the Swedish at Cherry Hill
Draft Major Institutional Master Plan MIMP
dated 2014-05-22

Summary

As a former member of the CAC, I would like to provide my feedback and critique of the current draft MIMP that has been presented on 2014-05-22. After an extensive review of both the current MIMP and other MIMPs that have recently been enacted within the City of Seattle, the current MIMP appears to be grossly out of context with the surrounding neighborhood and unique in the disparity between the heights proposed within the campus and the prevailing heights outside of the campus.

Swedish continues to exhibit a "campus only" mentality in the design and construction of the MIMP. This focus on only those activities on their own campus hinders the ability of the institution to understand the neighborhood context and deliver a plan that is successful in balancing the needs of the community and the needs of the institution.

The three alternatives remain significantly similar and unacceptable. If the CAC had been able to start with plans that were similar to what is currently presented, a realistic alternative may have been developed over the past year, but this was not the case (Please see commentary on page 33). In particular, the plan appears to be based on a few faulty premises, including:

- That the campus is located in an area designated and appropriate for major institutions, and not a neighborhood: We are not planning for Swedish "Eastern First Hill".
- That the central plaza is considered open space and that existing open space does not count as open space today.
- That the heights proposed are compatible with the residential neighborhood.
- That the transportation management plan is adequate.
- That the setbacks are adequate to mitigate the height.

These issues combine to result in a plan that is unrealistic for this community and that will be detrimental to the overall neighborhood, if they were approved. Swedish should revise these alternatives and present more realistic alternatives for the CAC to review featuring lower heights, greater setbacks, and a better utilization of all parcels located within the MIO boundary (Note internal Table of Contents that referred to page numbering that could not be replicated due to formatting problems is removed)

1. "Perspective Photos"

Although Swedish has included an alternative view, a long standing critique has been the portrayal of the residential neighborhood as an effectively commercialized and high intensity institutional area. As will be discussed shortly, the text description of the neighborhood context remains inaccurate in its portrayal of the location of the campus and the surrounding context. This has been a long standing complaint and enduring issue, and remains so despite repeated commentary by members of the public and the CAC. The description and photos have changed somewhat to add a parenthetical mention of the neighborhood (except on page 91 of the MIMP), but the message presented remains that the hospital is located in an area that naturally compliments the high impact use presently proposed.

This is not the case.

In response to previous comments that have been made, Swedish indicated that aerial photography of the neighborhood was difficult to obtain. In response, I submit the following photo of the neighborhood context for inclusion, provided royalty free for use, as is or modified, within the MIMP and EIS process and documents. The same image is available for members of the public, not affiliated with the hospital or one of their partners, engaged in the process royalty free, as is or modified, for use in any materials necessary for use within the deliberative process.¹



¹ A higher resolution photo can be obtained here: https://www.dropbox.com/s/h58fi3dihtdsnw4/IMG_4635.JPG

2. “...provided for nine new buildings and a total of 682,500 sf of additional Space...”

This should read, “...provided for nine new buildings *totaling* 682,500 f of additional space...” The 1994 MIMP did not allow for nine buildings of X space *and* then an allotment of additional space. The additional space was comprised of the buildings itself. Under the old system, discrete building projects provide the public with a sense of predictability and the opportunity to discuss in concrete detail how those projects will meld with the surrounding community. It also requires the hospital to have, and articulate, a clear vision for the future and its role in both the neighborhood and region

This is an important distinction as the new plan is not project based, but rather provides for a square footage allotment with restrictions placed on that development area “cache”. The purpose of this was to provide the institutions with flexibility to adapt to changes over time, but it has also resulted in some negative side effects. Under the new guidelines, major institutions are incentivized to push for the maximum amount of development area that is politically feasible and neighbors are left with greater uncertainty about what the final campus will look like. This uncertainty increases the importance of the various zoning and other requirements included in the master plan.

The CAC and the City of Seattle should push to enact strong requirements across all elements of the plan to ensure that there is an appropriate balance between the needs of the community and the needs of the institution. It is my observation that the new rules for plan making have shifted the balance away from the needs of the community, which makes stricter restrictions both necessary and appropriate to maintain this balance.

3. “Key milestones in the process to date include:”

As a note to any City employee or commissioner, it should be noted that the CAC rejected the Preliminary MIMP and EIS in November. These documents were deemed insufficient and lacking in content, substance, and analysis. This rejection was unanimous among the voting members attending that meeting.

4. Drivers of Campus Demand: “Regional Demand”

It would be informative to know how the total planned hospital capacity, across all hospitals (or even all hospitals within the Swedish/Providence network), meets or exceeds the regional demand. There are currently large scale expansions planned at Harborview Medical Center, Virginia Mason, Swedish First Hill, University of Washington Medical Center, Seattle Children’s Hospital, and, now, Swedish at Cherry Hill. The same rational about regional demand and aging populations exists in all planning documents for all of the other hospitals as well.

A common argument to make is that if there is a growth of X% in the size of the population then there should also be a similar level of growth at the hospital level. This, however, assumes that the hospital and campus is not part of a network and that any increase in demand associated with the factors identified must be located in a particular place (that is, that patients will be distributed as they are today). This is a simplistic model of demand and growth and is likely to prove to be false.

5. Drivers of Campus Demand: “Cost Pressures”

Two words: “Providence Park”. In addition to being home to the Portland Timbers, archrival of the Seattle Sounders, it seems disingenuous to at once sternly discuss the impending austerity that “cost pressures” will bring to operations at Swedish while Providence, the other side of the Swedish Medical System coin, is spending millions of dollars on a vanity project in Portland. One would assume that if “healthcare providers will be challenged to continue to provide quality care to the additional people seeking care at a cost that is affordable and sustainable”, then perhaps such money should be spent on safeguarding patient care instead of naming rights.

In addition, the introduction of “cost pressures” as a reason for the expansion of the campus seems to conflict with other statements of the large scale and costly investment needed to develop this particular campus. Swedish representatives as CAC meetings have stated that the sum to be invested in the campus is in the hundreds of millions, if not more than a billion.

6. “All prestigious health care delivery systems have research functions on the premises.” This statement addresses one of the ongoing critiques of the project that calls into question the need for such a large research facility, which will mainly be comprised of market rate medical office rentals. On most other campuses that I am aware of, research functions are integrated and conducted by the medical entity itself. For example, research at Children’s Hospital on pediatric cardiology is embedded in the care of the patients itself. There is no real clear delineation between the healthcare provider that is requesting the variance from the established zoning norms and the research conducting the research functions.

At Swedish Cherry Hill, this will likely not be the case. The introduction of Sabey, the for-profit developer and effective landlord of the new development that will be authorized by this MIO (under the pretense of the needs stated by Swedish), leads to questions about who will be renting this space and whether or not these research functions are truly directly related to the mission and healthcare services provided by Swedish. Close neighbors and members of the public reject a plan that calls for excess development envelopes, and the impacts that come with them, when this development primarily serves a profit motivation, not the true needs of the hospital.

7. “AlabserviceonsitenotonlyprovidesessentialassistancetoCherryHillpatients,but alsoservesanumberofproviders. Specializedlabequipmentiscostlyandhighlytrained staffneededtooperatetheequipment,likeotherareasinhealthcare,isinhighdemand.” This sentence attempts to address another ongoing critique related to the rental of space to non-hospital “related” services. In this case, the particular lab service mentioned is LabCorp, which provides services to a large number of medical care providers in the region from their rental space. As a third party renter, this would be an example of a situation where the neighborhood would question whether or not the issue is actual need for new space or an inflated development need caused by profit driven decisions on space allocation. It is important to note that LabCorp is an *example* of the phenomena that is currently being discussed and should not be construed as the sole instance of this. To do so would be a red herring as addressing just LabCorp does not change the fact that tenants that serve a similar regional and non-Cherry Hill campus function cause impacts on the neighborhood that are not

related to the care provided on Cherry Hill. These additional functions and non-Cherry Hill place pressures on the space being requested that is called into question here. The many of the additional medical office rentals provided for profit may well have a similar type of regional function and loose relationship with the actual campus itself.

In other words, yes, it is helpful to have a full lab on campus, but is the additional impact caused by running regional and non-campus specific functions actually reasonable? It would also be helpful to have a Medline medical supply distribution center on Cherry Hill campus to “provide essential assistance to Cherry Hill patients”, but it would be difficult to justify locating a warehouse at the Cherry Hill Campus and clearly unacceptable to the neighborhood. These specific additional impacts caused by regional services, as exemplified (but not limited to) the operations of LabCorp currently, is what is called into question. As a specific example of these impacts and the correlated pressure that these services place on space needs, LabCorp maintains a fleet of vehicles at Cherry Hill that serve as couriers for samples throughout the region. Please see the following images of current conditions (as of 2013-10-27, but still existing today). All of these vehicles belong to LabCorp and do not directly serve Swedish.





A conservative estimate of the vehicles present is 20 LabCorp vehicles consuming 20 parking spaces. However, these spaces are reserved exclusively for LabCorp. For regular labs that serve an institution, these courier vehicles are completely unneeded. This logically implies that these 20 spaces are not required by the needs of the campus, but the traffic and additional development required to accommodate these vehicles create impacts on the community.

A conservative estimate on the space requirements for these 20 vehicles is approximately 325 square feet per parking stall. This results in 6,500 additional square feet of space “required” on the campus caused by non-campus services (approximately the same size as a 7 bedroom mansion). This number excludes circulation required for the vehicles to maneuver into the spaces.



This additional need is not caused by the essential functions of the hospital, but rather choices related to space allocations. These 20 stalls reserved for regional services represent approximately 3% of the additional requested parking spaces in Alternative 9 or 10, or 2.5% of the additional requested parking spaces in Alternative 8. Local residents are justified in asking what percentage of the parking and total development requested is induced by similar regional and/or profit driven choices, as opposed to the actual functioning of the hospital. A satisfactory answer has not been presented as Swedish continues to make assertions as above that imply that so long as they derive some benefit, then the space required is immune to scrutiny and should not be further questioned. This, in light of the fact that additional space is currently rented for regional and primarily non-campus functions, should not be the case.

8. “The Swedish Medical Center Cherry Hill Campus is located at the east edge of First Hill, specifically within the Squire Park Neighborhood.”

Swedish, once again, fails to even correctly identify the neighborhood that the campus resides in. Squire Park and the Cherry Hill neighborhoods are not on First Hill. The Swedish at Cherry Hill campus is not on First Hill. The neighborhood context on Cherry Hill and in Squire Park has *nothing* to do with First Hill in any capacity, except that it is separated by a valley.

The illustration below should, hopefully, put this to rest once and for all. The red arrow below points to Swedish at Cherry Hill. The “east edge of First Hill” is approximately between Broadway and 12th Ave, which is where Seattle University is located. Between 12th and 14th, the topography is flat. The defining feature of the Cherry Hill neighborhood is that it is located on Cherry Hill, not First Hill, which ends about a quarter mile from where the incline of Cherry Hill starts. If it was part of First Hill, Cherry Hill might be called “Eastern First Hill” or “The East Edge” or perhaps Swedish would have named the campus “Swedish First Hill East”, but this is not the case. Swedish at Cherry Hill Campus is located on Cherry Hill, which is part of the Squire Park Neighborhood, a predominately single family residential neighborhood. To the west, there is First Hill, which is characterized by heavy institutional uses and zoning which allows for that type of high intensity development and taller buildings. This is because First Hill directly abuts the downtown CBD, which is where the most intense land uses exist in Seattle. The end of the eastern edge of First Hill is marked by the transition from heavy, CBD like land use to Seattle University, which has an intense institutional use but also an open, permeable landscaped campus with significantly reduced heights compares to west of Broadway, and then to a single family residential neighborhood which geographically is defined by physical hill, Cherry Hill.

I have commented on the mischaracterization of the project area since the first preliminary draft MIMP was provided to the CAC. The fact that the MIMP retains this mischaracterization indicates either a

profound ignorance of the neighborhood or a purposeful mischaracterization as a tool for justifying the project. Cherry Hill is not First Hill.

9. “Although Squire Park is a residential neighborhood, it has always coexisted with institutions and businesses.”

While true, no institution or business in Squire Park has ever proposed a development of the scale currently proposed by Swedish/Sabey. No institution currently exists in Seattle in a similar scale in a similar neighborhood as is being proposed. The word “unprecedented” would be appropriate for the current proposed plan.

10. “A significant commercial and light-industrial district developed between the early 1900’s and into the 1950’s on the western side of the Squire Park neighborhood in the vicinity of 12th Avenue and East Cherry Street.”

While true, these uses were not of a similar scale to what is being proposed.

11. “Swedish Medical Center—Cherry Hill Campus generally serves as the boundary of commercial and institutional activity along E. Cherry and E. Jefferson Streets.”

Technically true, but misleading. This sentence serves to imply that the Swedish at Cherry Hill campus is a natural extension of an intense, institution and business focused district. However, the Swedish campus is not a natural extension but an anomaly that is not surrounded by like uses. The land uses that Seattle University currently has that directly abuts the Swedish Cherry Hill campus is limited to dramatically lower height limits than what is proposed by Swedish and currently limited to recreational uses by Seattle University students. The actual logical end of the Seattle University campus, where the majority of the intensity of land use is, is at 12th Ave. Between this logical edge and the parking garage at Swedish, there is a gap of true institutional use: There is a playing field, some student housing, and a few administrative buildings, all of which are zoned with height limits that are much more compatible with the surrounding residential neighborhood. All intense land uses that might be nearest to the scale proposed on Swedish Cherry Hill campus is relegated to the area between Cherry and Madison and 12th and Broadway.

As this is the case, the above statement may be technically true, but misleads the reader to envision a relationship of Swedish Cherry Hill to Seattle University as Seattle University is to Swedish First Hill: Seattle University between Broadway and 12th is the primary transition zone from the major institutional land uses found on First Hill and the neighborhood found east of 12th Ave. Swedish Cherry Hill is, in contrast, a historical anomaly that intrudes into an otherwise residential neighborhood.

12. “This commercial area is thriving today due to the vision and hard work of community groups working with the City and with Seattle University to create a retail and service- friendly 12th Avenue.”

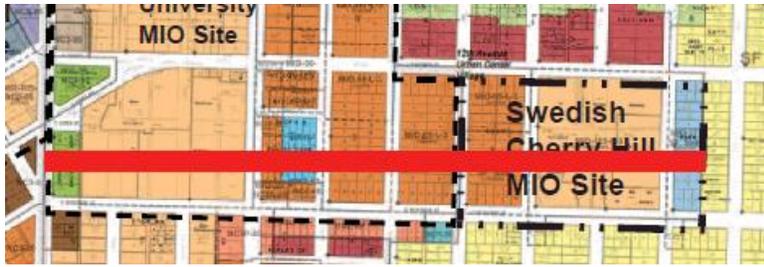
The recognition of the hard work and essential nature of the input provided to Seattle University by members of the public is noted with thanks. It would behoove Swedish and its developer Sabey to engage in the current CAC process with a similar level of openness to the concerns of the community as SU exhibited in that process. The Seattle University plan also demonstrates that the deliberative process fundamentally works: The recommendations of the CAC include a balance of the needs of the community with the needs of the institution, which included fair height limits in the transition area and primary institutional campus and proper height limits within the neighborhood transition area between 12th and 14th.

Many of the same members of the community and city staff who are lauded in this statement for their vision and hard work are currently actively engaged in the Swedish as Cherry Hill MIMP. Ellen Sollod, Bill Zosel, Joy Jacobson, and Steve Sheppard, among others, were all participants in process required to craft the successful Seattle University MIMP and all have contributed to the success and vitality of this neighborhood. I would recommend a review of any public commentary provided by these individuals in the current process to the commissioner or any other policy maker. Their input in the current process is equally as important as their input into the Seattle University process

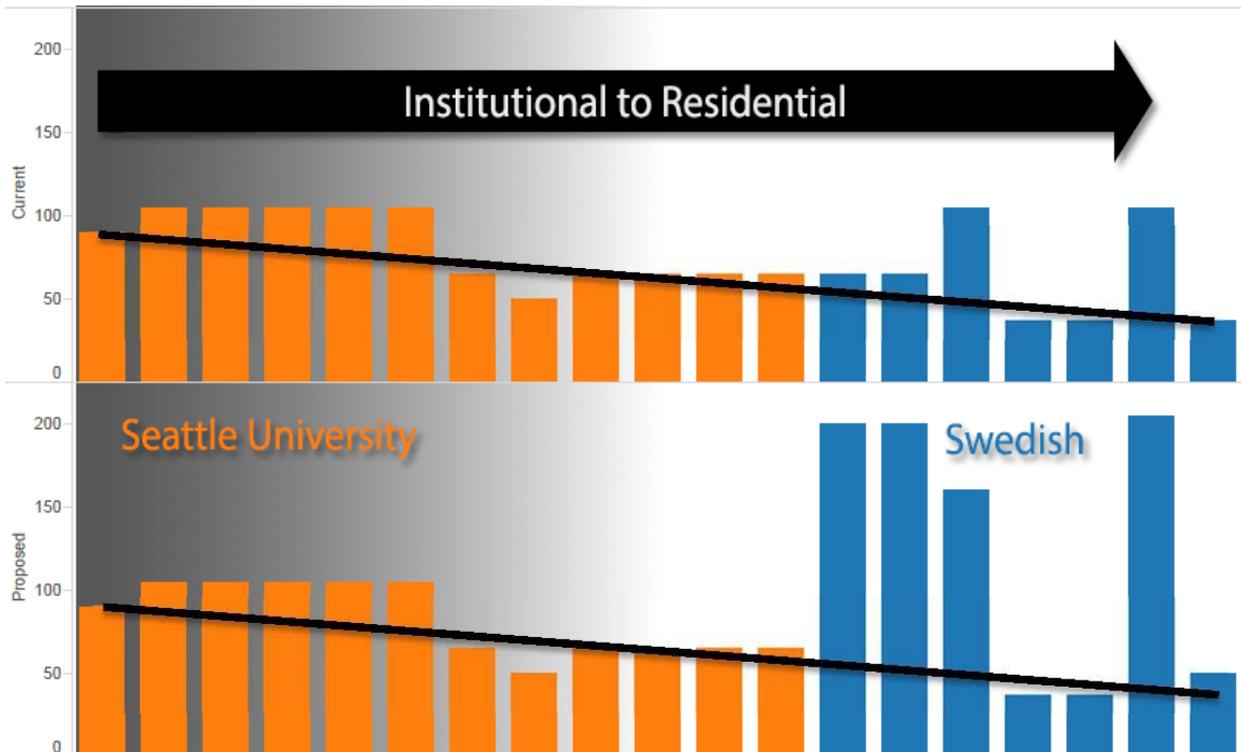
Page 7

13. <Zoning Map>

The zoning map illustrates the point made comment 11 on page 13.



The cross section indicated in red is shown below, both given the current height restrictions and the proposed minimum height restrictions (The driveway plaza in the center of campus is considered to be 37' in both cases and is the only deviation from the zoned heights). Heights are shown per half block increment, starting at the west end (Alt 10 shown). The black line on each of the charts reflects what an absolute transition would be from the 90' max on the western edge to the 37' value on the far side. The existing heights on the campus (upper) are outliers compared to the expected transition from the institutional First Hill to the residential Cherry Hill. All of the current alternatives presented represent the creation of an even stronger differentiation between the expected transition and the actual built environment. While in the past the variations have been accepted out of respect for the landmark James Tower, the current proposals is out of sync for the neighborhood context and the prevailing pattern of transition from institutional uses on First Hill to the residential uses of Cherry Hill.



14. "23.44.010 Lot Requirements – SF D. Maximum Lot Coverage of 35% of lot area

Yes, Swedish is requesting a modification to remove the maximum lot coverage of 35%. The current lot coverage is 52%. The underlying zoning lot coverages are insufficient for institutional buildings. Swedish is requesting an increase in coverage in order to not expand its boundary. Lot coverage will be calculated for the entire MIO district, Swedish is proposing a maximum lot coverage of 76%."

Lot coverage should only be calculated for the area that is under the control of Swedish/Sabey within the MIO, not the entire MIO area. Open space on the Seattle Medical Post-Acute Care facility should not count to the advantage of Swedish, as they have at this point made the decision not to pursue the purchase of that facility and have specifically designed the current alternatives to limit the use and value of that property. This shortsighted decision should not further produce a benefit for the institution.

In addition, the driveway plaza in the center of the campus should not be included as open space in the calculation of lot coverage or open space requirements. The driveway is used for circulation and city code prohibits areas used as driveways from being included as open space. In the past few years, the plaza has been shut down for a public event once or twice, but less often than 17th Ave. is shut down for community events. As 17th cannot be counted as "open space" or "park" despite being used as open space more frequently than the driveway plaza, the driveway plaza is even less of a candidate for that title. The area of the plaza should be excluded from these calculations and should not be used in a way to benefit the institution in this area.

15. "23.44.012 Height Limits – SF

Swedish is requesting to establish heights pursuant to MIO districts listed in 23.69.004 Major Institution Overlay District established for MIO 50, 65, 105, 160, 200 and/or 240. See Figures C-4, C-6, and C-8."

As suggested with the height study illustration on page 15, the institution is making an exceptional request in requesting these height limits. This is especially true for the 200' and 240' foot limits. 160 may end up being appropriate on the western most edge of the campus, but there are no examples of another MIO in the City of Seattle where the height bulk and scale is as out of sync with the surrounding community and with as much unmitigated impacts as in this proposal.

The table on the following page is a summary of recent MIMP approved in the City of Seattle and their respective maximum height limits. Final plans were retrieved from <http://www.seattle.gov/neighborhoods/mi/miac/> on 2014-05-26. Zoning derived either from the maps contained within the master plan or from the general Seattle Zoning Map.

As shown in the following table, the current MIMP for Swedish Cherry Hill is out of sync with what has historically been accepted as reasonable heights and reasonable mitigations for unusual heights.

Institution	Year Adopted	Max Height (ft.)	General Surrounding Context	Highest Zoning Intensity Adjacent to Campus
Swedish - Cherry Hill	TBD	200'/240' (Proposed)	Urban Residential (LR-3/SF-5000)	MIO-65'
Swedish - First Hill	2005	240'	High Rise/Institutional (HR/NC3-160)	HR (160' to 240')
Seattle Children's Hospital	2008	160'	Suburban Residential (LR-3/SF-5000)	NC2-40'
Virginia Mason	2012	240'	Institutional/High Rise (HR)	HR (160' to 240')
Harborview	2000	240'	Institutional/High Rise/ Multi-family (HR/MIO-105/L-3)	HR (160' to 240')
University of Washington	2003	240'	Multi-family/Commercial (LR3/NC3P-65/MR)	NC3-65
Northwest Hospital	1991	105'	Suburban Residential (SF-7200)/Graveyard (LR3)	LR3-PUD
Seattle University	2013	160'	Institutional/Neighborhood Commercial (MIO/NC2/LR3)	MIO-240'

Seattle Central Community College	2002	105'	Multi-family/Commercial (NC3P-40/MR)	MR (60')
Seattle Pacific University	2000	65'	Urban Residential (LR-3/LR-1/SF-5000)	C2-40'
North Seattle Community College	1995	105'	Suburban Residential/Commercial (SF-7200/LR3/MR-85)	MR-85'
South Seattle Community College	2006	105'	Suburban Residential (SF-5000/SF-7200)	SF-5000

The current proposals for Swedish Cherry Hill are out of sync with historical precedent. All other MIMP currently approved do not have the same type of mismatch as the currently plan does between neighborhood context and the proposed development.

The closest comparable example would be Seattle Children's Hospital, which has a maximum height four times the tallest surrounding zoned use (as opposed to the 3.69x or 3.08x height difference ($3.69x = 240/65$, $3.08x = 200/65$) between the tallest height proposed for the Swedish campus versus the tallest surrounding zone). However, this difference in height is mitigated through thoughtful placement, substantial setbacks (75' to the nearest MIO, which is a MIO-37), and other amenities not included in the Swedish Cherry Hill plan. If the height for Cherry Hill is determined to be 200', then the only other MIMP that has a higher maximum MIMP height to maximum height of adjacent zoning is the University of Washington. However, this is skewed by the fact that the 240' zone in that plan is a minor area of the campus and only abuts other institutional uses (UW Medical Center). The rest of the campus has a max MIMP height to surrounding max height ratio well under any Swedish Cherry Hill proposed alternatives, as does every other MIMP currently available on the MIAC website.

Institution	MIMP Max height to Surround Max Height Ratio	Notes
Seattle Children's Hospital	4.00	Massing is located away from the majority of the SF5000 homes towards the arterial. Includes 75' setbacks along edges that abut SF5000 zoned land and the MIO along the SF5000 edge transitions from the setback to an MIO-37 zoning.
Swedish - Cherry Hill	3.69*/3.08**	* $3.69 = 240'$, ** $3.08 = 200'$. Three of four edges are LR-3/SF-5000. Using that, the as a basis instead of the outlier edge would provide a ratio of 5.33x ($240/45$) or 4.44x ($200/45$). Maximum setback proposed: 25'.
University of Washington	3.69	The 240' maximum height is for the University Medical Center, which is entirely surrounded by the UW. The majority of the campus is 105' or less.
South Seattle Community College	3.00	100' setbacks provided along SF-7200 edge. Other edge is an arterial.
Northwest Hospital	2.63	Massing is centralized or located near long term residents unlikely to complain (graveyard)
Seattle Central Community College	1.75	N/A
Seattle Pacific University	1.63	N/A
Swedish - First Hill	1.50	HR height limits vary from 160' to 240', depending on public amenities provided.
Virginia Mason	1.50	Virginia Mason has already been approved for 240' heights.
Harborview	1.50	The Yesler Terrace Redevelopment Project has eliminated the L-3 zoning adjacent to the campus. See note on HR zoning in Swedish First Hill note.

North Seattle Community College	1.24	The average setback is 495' from the edge of the campus.
Seattle University	0.67	MIO-240 is Swedish First Hill, which is near the eastern edge of First Hill.

The Cherry Hill neighborhood is unique in its mix of urban and residential character. These qualities are part of the reason the area is so highly sought after, but the neighborhood deserves similar consideration to what other neighbors have received when accommodating the needs of a major institution. This plan does not reflect similar consideration or mitigation in this area (and many others). “23.44.014 Yards – SF Yes, Swedish is requesting a modification to allow the establishment of building setbacks in lieu of yards.”

As just mentioned, the setbacks contained in this proposal do not reflect a similar level of consideration as what has been provided other neighborhoods when accommodating institutional needs. In particular, the setback along the eastern edge remains an open question. In previous meetings I have stated that I believed that a 25’ setback would be appropriate, but on further consideration, I have come to the conclusion that a minimum setback of at least 35’ and a height restriction of 37’ would be more appropriate. Neighbors rightly point out that although the height may be similar to what the underlying coding, the impacts associated with a commercial facility are not in line with the impacts that the underlying zoning is meant to mitigate. As such, the underlying coding is not the measure that the current MIO should be designed to.

16. “23.45.570 Institutions No, Swedish is proposing MIO heights varying from 50 to 240’.”

Factually inaccurate. MIO heights are being proposed between 30’ and 240’. Sections A2, A6, B4, C1 (Alt 10), C3, and C5 listed on page 42 of the plan are all proposed to be less than 50 feet.

17. Alternative 8 & 9: “Setback A-A New proposed setbacks of 0 feet from property line up to 6’-0” high for partial underground parking. 10 feet setback to 37’-0” high and 20’- 0” setback to 50’-0” high (reference similar condition of commercial to residential, SLUC 23.47A.014.B.2). This landscape setback will be designed to promote security and privacy for the residential property to the east.”

This proposed setback is wholly unacceptable as it will result in up to a 6 foot wall along parts of the property line and provide for a total 10’ setback for the rest. This is not in line with any other MIMP in the city and does not even attempt to mitigate the impact of the building. The height, bulk, and scale of the building are further magnified by the slope of the 18th/19th block in question, which will result in a looming presence.

Note on Alternative 8 and 9

No further commentary on Alternative 8 or 9 will be provided. These two alternatives include the Section A-A setback segment, along a variety of other features that are non-starters with members of the community (e.g. The “wall” of 18th proposed as MIO-50 with the A-A setbacks just mentioned and in Alternative 8, the 240’ height limits).

The community and members of the CAC have, on numerous occasions directly stated that these alternatives were not acceptable and that the height, bulk, and scale of the proposals was out of sync with the neighborhood. The particular issues surrounding the proposed developments have been repeatedly communicated to Swedish through both written communication and verbal communication at CAC meetings. As a former CAC member, I have heard members of the public speak repeatedly about the variety of issues that they have with the plan and the unacceptable nature of these proposals (specifically Alternatives 2 through 9).

The institution started this process by presenting alternatives that were far beyond what any reasonable person would consider appropriate for this neighborhood context and **in particular**

Alternative 3 should never have been presented, as it clearly was going to alienate members of the public. It served no positive purpose for any stakeholder, including the institution.

It would have shown respect CAC members and the members of the public if the institution had started this process with more realistic proposed alternatives, instead of wasting the collective time of the CAC members, members of the public, and the time of the dedicated publicly paid city staff on alternatives that could rightly be described as belligerent towards the neighborhood.

Alternative 10 and Alternative 1a are the only alternatives currently proposed that could possibly lead to a

solution in this process. Alternative 10 remains unacceptable to many members of the community, including myself, but it will be commented on in detail. The other two alternatives are at once too similar and too far from any reality that could create consensus to be worthy of devoting more time to. It is unfortunate that Swedish has not devoted more time to creating alternatives that reflect the needs of the community balanced with the needs of the institution. If Alternative 10 is the best, last alternative that the institution puts forward, then it is difficult to see a future where the hospital is viewed as a good neighbor and welcome member of the community.

18. "Setback A-A" (18th Ave half block eastern edge)

The proposed setback of 25' would be similar to the setback found in the underlying zoning. While this is true, the impacts of the commercial use of the building in this half block area are not comparable with a normal residential use. A larger setback has been requested by the neighbors that are directly next to the proposed new building and should be provided.

19. "Setback C-C" (18th Ave half block, southern edge)

There is no need for a setback on this side, unless the setback is used to enable some sort of permeable use, such as a café or other small neighborhood commercial. Setback A-A is the setback to focus on.

20. "Setback D-D" (18th Ave, west edge)

During a recent meeting of the CAC, the possibility of a partial street vacation was discussed. The idea being that a partial street vacation could provide for the space needed, in terms of building width, while also providing a sufficient setback that is greater than the 25' setback proposed. This proposal is not reflected in the MIMP and does not appear to have seriously been considered.

21. "Zones at the perimeters of the MIO District are proposed to step down from the greater internal heights to be a transition to the surrounding blocks."

As mentioned previously in comment 15, starting on page 16, the transitions being proposed are significantly out of place for this neighborhood context. No other MIMP or existing MIO attempts to mix the heights described with a similar surrounding residential neighborhood effectively without mitigation, as this MIMP does.

22. "Existing buildings not intended to change within the MIO district under the MIMP are indicated on the plan below."

The list of buildings included in this description of additional height conditions are: The John Carmack House, Seattle Medical Post-Acute Care Rehabilitation Clinic, the central Plaza, the powerhouse, the bellow of James tower, and a 15' section in the 18th Ave half block.

Of these additional restrictions placed on development of the campus, one in particular stands out as shortsighted and detrimental to the MIMP: The Seattle Medical Post-Acute Care Clinic (555 16th Ave, Seattle, WA 98122) is a natural and logical extension of the campus and would provide Swedish with land that could be efficiently developed. The general story presented when this property is discussed is that the current owners are asking too much, which appears to have elicited a response of punitively restricting any possibility of development on that site, despite the fact that it may be a logical and desirable way to limit the impacts in other areas of the project.

The punitive and arbitrary nature of this restriction should be called into question. In crafting a 30 year plan, it is foolish to purposefully restrict any possibility of a future sale just because today the current owners are not willing to sell. The Hospital did not hesitate to assume (incorrectly) that it could orchestrate the purchase of numerous homes along 19th, Cherry, and Jefferson in Alternative 3, but in Alternative 10 we are to assume that there is no possible way to incorporate this parcel? The restriction placed on this lot appears punitive in nature. The aim appears to be to limit the use and value of the building to such an extent that the present owners eventually sell. The MIO and the legal power that enforces it should not be a tool of business politics. The MIO should be crafted to accommodate the best possible outcome and this restriction does not appear to serve the interest of the public, as the failure to redevelop this parcel places pressures on the height, bulk, and scale of the project in other areas.

In other words, the height limits on Seattle Medical Rehab clinic leads to a sub-optimal outcome without any real benefit, except that the reduced utility of the parcel to the present owners may allow Swedish to purchase the parcel at a lower price and then seek a new plan or amendment to the plan to allow for height to be built. Swedish put forth alternatives that sought to include a similar sized parcel outside of the current campus in previous proposals. It seems illogical to purposefully *exclude* a similarly sized, and potential useful, parcel inside the existing boundaries from any serious development in the future. This is a shortsighted

request to make. Height should be added here in order to accommodate lower height limits in other areas of the campus, including a reduction in total allowable height.

23. 1910 Power House and smoke stack

This conditioning is appreciated. These buildings should remain as is or be renovated while keeping architectural and historic features intact.

24. “The proposed maximum lot coverage development standard for the MIO is 76%. The basis for this calculation is the entire MIO and not for individual future projects sites.” Swedish/Sabey should not gain a benefit for using the MIO process to prevent Seattle Acute Care Rehabilitation Clinic from potentially redeveloping their site in a sane and sensible part of a cohesive campus. The lot coverage would be better calculated based on those parcels that Swedish or Sabey own or directly control in the MIO district. Looking at the illustration on page 45, it is clear that a substantial part of meeting this open space requirement comes from the Seattle Acute Care Rehabilitation Clinic parcel and the Carmack House. Alternatively, these properties should be excluded from the current MIO. The MIO boundaries could be drawn to exclude these properties, which would also alleviate the issue. We are basically being asked to accept the following statement as OK:

“I covered my *entire* lot, but it’s OK because my *neighbor’s* lot is undeveloped... and because I covered my lot, my neighbor can’t develop theirs.”

There is also a question of whether 76% lot coverage, and the associated development that comes with it, is appropriate for this context. The lot coverage should be lower in order to encourage the hospital and their developer to meet this standard through some of the methods that have been recommended by the CAC and requested by the community. At the last meeting that I attended, the CAC and members of the public requested options for the 18th Avenue half block that include additional smaller buildings. Consideration of these requests appear to be absent from the documents that have been provided.

It should also be noted here that the central plaza is *not* open space. The plaza is circulation space for automobiles, in other words, a grand driveway. Seattle code does not allow for driveways to be used to satisfy open space requirements, although it appears that Swedish is attempting to make the claim that their driveway is open space (See DEIS 3.3-12). The plaza should count against both lot coverage and any/all calculations that use open space as a basis (e.g. FAR).

25. “Enhanced pedestrian level lighting will be added throughout the campus and along the campus boundaries, especially at the intersections.”

Lighting on campus should be dark sky compliant (<http://www.darksky.org/>). In addition, the plan should acknowledge some type of automatic light control for spaces along the perimeter that may cause light pollution to neighboring parcels. In particular, some lights on higher levels are directly visible and past experience reported by neighbors is that these lights are not always turned off at night. Uses that require a night time presence should be located away from the perimeter and electronic controls on lighting should ensure that lights automatically shut off if not in use.

26. “The plan below represents campus amenities draft proposal for review by the community, facilitated through the CAC (Community Advisory Committee). The proposal contains the areas at the campus perimeter (landscape and sidewalks) plus the cross campus connectors and open space areas.”

Amenities provided by other institutions of similar size and scale should be reviewed to provide a comparison, but this amenity package does not either address impacts or the needs of the community. It is also a very unambitious package when compared to Seattle Children’s funding of street improvements in the surrounding neighborhood.

27. “The perimeter Health Walk path on E. Cherry Street, 15th Avenue, E. Jefferson Street and 18th Avenue through sidewalk markers and information stops.”

Has anyone expressed any interest in this amenity? This amenity is –literally- a waste of money. Who are the users? There is no case where this walk is the best available option for someone looking to walk for health. Zero people want to walk along Cherry and Jefferson just for fun. In all cases, there are better routes and better walks in the neighborhood from any point in the neighborhood, including originating at the hospital itself.

The designers must be under orders to only consider possible projects that are on the campus itself. This is natural, as the campus is the campus. However, this is a fundamental flaw of the design process and an ongoing critique of the hospital: If the world that you plan for ends at the MIO border, then you are not acting as a neighbor embedded in a neighborhood. Amenities for the public are only valuable if the public wants to

use them. Who is the user group for this amenity and why would they opt to walk along this route as opposed to the multitude of other more pleasant options? Even patients with limited mobility have better options (for example, Union and 18th is a moderate distance, flat, and contains an excellent non-clinical destination: Tougo Coffee).

28. “The Providence Annex into a community center and/or retail storefront on E. Jefferson Street.”

This, in contrast, has some potential. The building has historical value which means that the form factor and some of the details will remain the same. As such, the building is not well suited for large scale institutional uses. A community center and/or retail opportunity would be interesting possibilities.

However, I would caution against focusing on a community center. There is already a community center at 23rd and Cherry and the Boys and Girls Club is also nearby. Swedish would need a clear partner to fill the space with services/activities that are appropriate and differentiated from the other public services in the area, lest it fall into the same issue at the “health walk”: No users and no purpose.

29. “Pocket parks located along the perimeter health walk will have criteria developed to ensure that the spaces will be sites adequately scaled and effectively spaced to offer usable public spaces.”

Sadly, there is one user group that may use these parks (as there is one user group that regularly uses the existing bench at the new 17th Avenue pedestrian entrance): Smokers from the institution.

Otherwise, these pocket parks are not well situated along Cherry Street. On 18th Avenue or 15th Avenue have greater possibilities, but other neighborhood locations off campus may be superior still.

30. “The Seattle Land Use Code defines designated open space as...”

Please reference the specific code when making similar statements. In this case, SMC 23.69.030.E.4.b. If the text is from the code verbatim, it should be quoted as such. As is, it suggests that there may be some institutional interpretation of the language, instead of the raw language (which in this case the text matches the code).

31. “The designated open space is the central plaza and main hospital entrance off of East Jefferson Street.”

The majority of the central plaza is not open space. It is a central focus point for people arriving by car, but the majority of the plaza consists of space dedicated to circulation. A driveway is not listed on the approved types of public open space (SMC 23.49.016.C.2.A). Additionally, SMC 23.48.020.C.6 (which applies to residential zoning) would not allow the use of the entire plaza as open space. Seattle Children’s MIMP also directly addresses this issue by stating, “Parking areas and driveways are not considered usable open spaces” (http://masterplan.seattlechildrens.org/documents/4_DevelopmentStandards.pdf, Page 84). “The drop-off zone on the plaza is included in this area because it can be closed to auto traffic for campus events.

No.

The criteria that it *can* be closed to auto traffic means that it is open space, if taken seriously and applied at the city level, would mean that Seattle has roughly 30% of the city’s total land area covered by open space. Reductio ad absurdum follows from this because we know that the approximate 30% of the land area used for transportation and circulation in the form of roads is not considered open space by anyone, either informally or formally.

However, even if the plaza *has been* shut down for an event on one or two occasions does not make this a public open space. If shutting down a street qualified a road as “open space”, University Way would be considered “open space” due to the fact that it is regularly shut down for community events and markets.

17th Avenue would also be “open space” because parts of it are shut down at least once a year for National Night Out, which is organized by neighbors. We know this is not the case for either, resulting in, again, an absurd logical conclusion. The central plaza is mainly a driveway and will remain part of the primary circulation for the campus (See DEIS C-56). Parts of the plaza may be open, but a nice driveway is a driveway still and does not count as open space under SMC.

The plaza has never been shut down for any significant period of time or with any significant frequency and remains an integral part of the core functioning of the hospital that prevents its use as an open space with the frequency or duration needed to possibly qualify as “open space”. As such, this statement should be rejected. It does not make sense.

Also, the calculations used to determine landscaped open space for existing conditions versus the alternatives is sleight of hand. The calculations assert 75,571 square feet of additional open space, which is implausible. Swedish has not provided a map of what they currently include as “landscaped open space”, which makes identifying the exact source of this error difficult, but it is difficult to believe that Swedish is

able to increase lot coverage from 56% to 76% (as requested) *and* also create 1.73 acres of *new* open space (roughly the area of Yesler Terrace Playfield). See page 30 for more info.

32. “4a Transition in height and scale between MIO and surrounding area

Swedish is proposing to mitigate building massing by the following (see Structural Setback sections).”

Please see commentary on setbacks found on pages 16, 19, and 21.

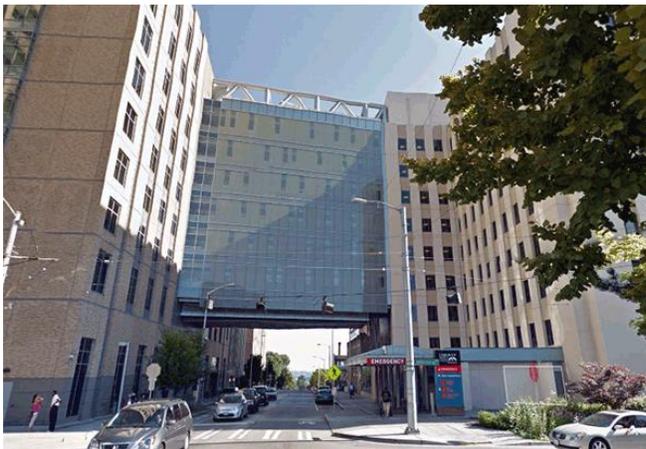
33. “4b. Building width and depth limits Elimination of the LR-3 requirement to limit width to 60 feet without a Green Factor and 150 feet with a Green Factor of .5 or greater. In keeping with the intent of the LR-3 requirement, Swedish is proposing that un- modulated facades be limited to a maximum façade width of 150 feet.”

This should not be allowed. The intent of the LR-3 requirement is that buildings are allowed an exception to the 60 rule under the condition that there is mitigation in the form for including “Green Factor” of 0.5 or greater. This proposal would actually *defeat* the intent of the LR-3 requirements by allowing a 150 foot wall *without mitigation*. It would be similar to a developer requesting that they be granted a height bonus offered as an incentive to provide public amenities without providing the public amenities. To have them further claim that allowing the extra height *without* the amenities is the *intent* of the code would challenge belief.

34. “4e View corridors or other specific measures intended to mitigate impact of MIO. ... Any proposed sky bridges should be limited to single corridor, two story and be transparent.”

This is actually a lost opportunity. Harborview provides an excellent example of how a skybridge can be integrated into the institution. This feature provides useable space that may be used to offset the height, bulk, and scale of the project. By limited skybridges, especially over 16th, the institution is failing to capitalize on an opportunity to reduce critical impacts while incurring marginal impacts. If the campus is developed along the line envisioned by Swedish/Sabey, then the photo below will become a canyon and will already add to the institutional feel of the campus. Creating usable space in the form of a bridge over this street at mid-block, while also reducing height, would provide greater overall mitigation of scale and shadowing impact to the community than avoiding a skybridge completely.

Consider this: Would the photo below be significantly more inviting if the skybridge did not exist? If this facility was located in a residential neighborhood and the building heights were even greater, would the impacts of such a skybridge outweigh the benefits of lowering overall heights?



Views of the James Tower will be maintained along 18th and from the central plaza. James Tower is a landmark of the neighborhood. Views of the tower from the Jose P Rizal Bridge should be considered, as well as from 14th Ave. The hospital has always been the landmark on the hill, but the fact that the tower is historic is meaningful. The replacement of a view of the historic landmark tower with a relatively generic medical building detracts from the character of the neighborhood and reduces the overall meaning of the campus to the neighborhood.

James Tower has long been part of the identity of the neighborhood, something that people liked pointing to from the Space Needle as a landmark that identified the rough location where they lived. The new buildings

will not evoke the same feelings as the historic bell tower.

35. “4f. A bicycle and pedestrian wayfinding plan, including directions to the soon to be operating streetcar and bicycle facility locations will be developed.”

The author is once again confused about the location of the project site. The streetcar that will be opened is more than a quarter mile away and separated by a 100 foot elevation *gain* in *both* directions². In this case, the commute specified could literally involve walking uphill both directions. As a result, including wayfinding to the streetcar that is so far off is not going to do anything. Otherwise, more wayfinding is welcome, as would bike racks on the central plaza. Currently there are none.

36. “1. Alternative Proposals for Physical Development – The following (Table DP.1) new squarefootageoverthenextthirty (30)years.Theabilityoftheproposedalternativesto meetthesquarefootagegoalsisfundamentaltothemedicalcenter meetingitsneeds.”

This is an odd passage. In this sentence, we are told that 3.1 million square feet is “fundamental to the medical center meeting its needs”, which suggests an absolute. However, on the same page, we are told that two of the three alternatives will provide 2.75Msf and the remainder being (alternative 8) being a non-starter in terms of being the grossest mismatch between the surrounding neighborhood and what is being proposed.

Since these alternatives do not meet the square footage that is “fundamental to the medical center meeting its needs”, their presence indicates that there is something wrong in the argument being made. Either:

- 1) The hospital has over stated its needs and 2.75M is sufficient in their actual estimations of the square footage that is “fundamental to the medical center meeting its needs”.
- 2) The hospital is proposing alternatives that will not meet its own needs.
- 3) Alternative 9 and 10 are not real alternatives to Swedish, since these do not meet the 3.1Msf requirements.

² Calculated from Broadway to 16th, along Jefferson. Approximately 106 elevation gain and 67 foot drop over the course of 2300 feet total.

Possibility 3 would be blatant sabotage of the CAC process and is unlikely. Option 2 seems to be a bad business practice and also unlikely. This leaves the possibility that the estimates provided the CAC, members of the public, and city are overstatements of their *actual* need. This exaggeration, if it is the case, would not be in the spirit of transparency or the deliberative planning process. At time of writing, 5,000 square feet in the Jefferson Tower was available for rent to the public by Sabey.

In addition, some of the aspects of the plan (e.g. Seattle Rehab being severely limited) does not reflect a 30 year mindset for planning for the campus.

As has been mentioned repeatedly in comments both from myself and from neighbors, the question of need is a significant one. The unusual alliance between the hospital and a for profit developer makes it difficult for members of the community to take the assertions of need at face value and if these space requirements are true measurements of need, then one possible outcome of this process is that Cherry Hill is not a suitable location for the hospital. The hospital has a duty to be a good neighbor and honor the agreements that it makes with the community in terms of mitigating impacts and the scope of development.

37. “Swedish is requesting exemption from FAR consistent with other MIMPs.”

The table on the following page represents the exemptions made for other MIMPs (only those found in the documents are listed). The purpose of this table is to illustrate that what is being requested is not, in fact exemptions that are “consistent with other MIMPs”. In particular, the unbound exemption for server areas is an issue.

Sabey Corporation runs datacenters. Data centers are filled with servers. An exemption for server space allows Sabey to effectively build a data center at Swedish Cherry Hill or create rentable spaces for technology intensive companies that focus on the medical industry. For example, if Sabey partners with McKesson Corporation, the present MIMP wording would allow for the development of a building that contains significant server space needed to run their electronic records system for the region.

While this would normally be dismissed as a remote possibility, the same entity is driving plans to place 240' buildings in a residential area.

An uncapped exemption for server space is a loophole. It should not be included in the MIMP. A standard exemption for server and electrical space appears to be 3.25%, based on the plans that were reviewed.

Institution	Year Adopted	Exceptions Granted	Server Space Exemption
Swedish - Cherry Hill	TBD	Requested: Below Gr. Str., Parking, mechanical floors, levels, penthouses, closets, and interstitial space that is not occupiable, Electrical Areas (generators, transformers, closets, servers and space that is not occupiable)	Complete Exemption
Swedish - First Hill	2005	"Customary": Interstitial, mechanical floors, and below-grade space	No explicit exemption stated
Seattle Children's Hospital	2008	mechanical floor space, interstitial space, below-grade space, parking and circulation areas	No explicit exemption stated
Virginia Mason	2012	Above and below-grade parking, Rooftop mechanical space/penthouses, Interstitial space that is not occupiable (mechanical floors/levels), As an allowance for mechanical equipment, in any structure more than 85 feet in height, 3.5 percent of the gross floor area that is not exempt under subsection 23.45.510.E., Below-grade space, Ground floor commercial uses meeting the requirements of 23.45.532, if the street level of the structure containing the commercial uses has a minimum floor to floor height of 13 feet and a minimum depth of 15 feet, Sky bridge and tunnel circulation space within the public right-of-way, Other similar spaces not directly used and/or occupied by the principal medical use	No explicit exemption stated
Harborview	2000	Parking structure (p 34)	3.25% for mechanical/electrical
Seattle Central Community College	2002	Parking structure (p 34)	3.25% for mechanical/electrical



The aerial image to the left is of Sabey's Seattle based datacenters (from Google Maps). Which is based on images highlighting the buildings found here <http://sabeydatacenters.com/intergate-seattle/#east>

38. "4. Existing and Planned Future Development Open space is provided at the NW corner of 15th Ave. and Cherry St. North of the NW Kidney Center building; and at the main entry plaza south of the Center Building. Additional open space is proposed as a new courtyard shown in Figures B-22 and B-23 between the Annex Building and the James Tower."

An important note is that *all* of the "open space" listed above currently exists. The space between the Annex Building and the James Tower is, today, a landscaped open area. It is sleight of hand to count this as "new" open space, as it currently exists today and is open to the public. I would encourage the reader to visit this space at your leisure as proof. It is open to all and the area is most certainly landscaped. Swedish or Sabey could disprove this as being "landscaped" by providing their current contract with their landscaping contractor that shows that the area is explicitly excluded from landscape services.

The corner of 15th Ave and Cherry is today, semi-private "open space". The image to the right (courtesy of Google Maps) is the open space that is included in the calculation.



In the calculations found on page 52 of the DMIMP, Swedish asserts that the new alternative will add more than 75,000 square feet of new open space, which will increase the overall open space on campus by percentage. This does not seem possible given that the vast majority of the space claimed as open space is either not legal to consider open space (the driveway plaza) or currently existing. Swedish claims that they will add open space equivalent to the size of

Yesler Terrace Playfield (http://www.seattle.gov/parks/park_detail.asp?ID=4563). This does not seem possible. The assertion that more open space will be provided after adding millions of gross square feet to the campus and increasing lot coverage from 56% to 76% is difficult to believe.

Given the statements above, appears to rest on a shell game of open space where driveways are open space and existing open space is not counted as existing today. The DMIMP has significant issues surround claims of open space that cannot be resolved and are not simple clerical errors: These errors reflect flaws in the fundamental assertions about the nature of the campus. It is greatly concerning that the alternatives presented are based on this false premise, along with the others. "

. Planned Development Phases and Plans - The timing of projects on the Cherry Hill Campus is subject to extreme variability due to the uncertainty of funding and the rapid changes in the healthcare environment"

During the course of writing this document, all of the existing and recent MIMPs have been reviewed. This review was essential for creating the tables and analysis presented on the previous pages. All other MIMP documents seem to have a clearer picture and long term plan for their campus. Their proposals are more concrete and present a clearer vision of the future. An issue with the current MIMP is that Swedish/Sabey either do not appear to know what they actually want from this campus or are unwilling to divulge their actual intentions. Even MIMPs that have been developed after the changes to the SMC that allow for more generic and vague MIMPs have a clearer vision of the future and their intentions for expansion at their campus. These plans appear to more directly respond to the needs of their respective institutions because the projects planned are more fully developed and presented with a stronger sense of vision.

In comparison, the Swedish MIMP has amounted to a vague description of the future that seeks to maximize all aspects of the project because the institution appears not to have that same sense of urgency or direction. The current MIMP process does not appear to be driven by the needs of the hospital, but rather the requests of their developer. If it was driven by the needs of the hospital, we would expect to see a clearer timeline of projects that address a vital business need. The only phase of the project that has any clarity is the 18th Avenue half block, which has been an area that neighbors and the institution have fought over for an extended period of time (including lawsuits). The rest lacks clear vision and purpose when compared to similar institutions and their master plans.

One of the issues with this lack of vision is that it does not give the neighborhood the security of being able to predict changes in the neighborhood. The purpose of the MIMP is to give this exact type of predictability and clarity to neighbors and the City. In this sense, the MIMP appears incomplete.

"23.069.002.A Response: The MIMP minimizes the adverse impacts associated with development with the use of Development Standards that transition the height and scale between the MIO and the surrounding area."

The proposed development standards are insufficient to guarantee this outcome. The height and scale, while “transitioning” within the campus, is far outside the height, bulk, and scale of the surrounding neighborhood. As discussed previously, there is no other MIMP current in effect in Seattle or in draft that has a similar level of intensity combined with a lack mitigation effort. This document has a paucity of explicit mitigation efforts and where those efforts are identified, they are insufficient.

In particular (i.e. including, but not limited to the following):

- Insufficient setbacks directly next to residential properties.
- Unmitigatable impacts due to shadows caused by the height, bulk, and scale of alternatives presented, which would significantly impact the vibrancy and livability of the neighborhood.
- The sheer mismatch of scale caused by a misunderstanding of the neighborhood context (i.e. “Eastern First Hill” vs. Cherry Hill).
- An insufficient and unambitious transportation management plan.
- Questionable calculations used for FAR and open space calculations, resulting in overstated benefits caused by the MIMP and understatement of actual FAR

It should also be noted that height, bulk, scale, and transition are not the only areas that are identified for mitigation. The code calls for a mitigation of impacts, not just three or four MIO height limits that graduate from tallest to least tall.

“23.069.002.B Response: The MIMP protects the livability and vitality of adjacent neighborhoods by providing open space, landscaping and site amenities.”

If these are the mitigation measures that protect the “livability and vitality” of the adjacent neighborhood, then the plan has failed.

- The open space calculations overstate open space on campus by incorrectly including the driveway plaza as open space and excluding existing open space (the area between James Tower and the Annex) in the calculation of the existing open space. The result is that the open space provided by the alternatives is greater than it actually is.
- The open space *on campus* does not necessarily imply an effect on the preservation of the livability or vitality of the surrounding neighborhood. A link between the two has not been shown.
- The health walk proposed lacks the most basic market analysis: No one will use it because there is no logical user group that would want to use it. Any and all user groups that are not located on Cherry Hill campus due to healthcare needs are better served by any of the residential streets in the surrounding neighborhood (i.e. any neighborhood street provides similar benefits in a more pleasant environment than the health walk). This is *not* a case of “build it, and they will come”.
 - If the sole user group that may use the health walk is people on campus for business reasons, then it is not a real public amenity and would be justified as providing a service to patients.
- Landscaping on campus (e.g. the traffic circle in the driveway plaza) largely does not impact the neighborhood. Only in certain situations does this become a true mitigation measure.

“Discussions include the establishment of a community retail use within the current annex building that could potentially have sidewalk access as well as access to a new public garden to the north of the annex.”

Improving an existing open space does not equate to creating a new open space.

“The proposed campus perimeter health walk will upgrade sidewalks and landscaping to offer safer pedestrian experience and promote individual health achievement.”

Swedish Medical Center may already be responsible for the condition of the sidewalks adjacent to its property by SMC 15.70.020, which reads:

“Whenever a portion, not longer than one (1) block in length, of any street (the word “street” as used in this chapter, includes any boulevard, avenue, street, alley, way, lane, square or place) is not improved by the construction of a sidewalk thereon (the word “sidewalk,” as used in this chapter includes any and all structures or forms of street improvement included in the space between the street margin and the roadway), or the sidewalk thereon has become unfit or unsafe for purposes of public travel, and such street adjacent to both ends of said portion is so improved and in good repair, and the City Council by resolution finds that the improvement of such portion by the construction or reconstruction of a sidewalk thereon is necessary for the public safety and convenience, the duty, burden and expense of

constructing or reconstructing such sidewalk shall devolve upon the property directly abutting upon such portion (which term "property directly abutting" or "abutting property," as used in this chapter, shall be deemed to be all property having a frontage upon the sides or margins of any such portion); provided, that such abutting property shall not be charged with any costs of construction or reconstruction under this chapter in excess of fifty percent (50%) of the valuation of such abutting property, exclusive of improvements thereon, according to the valuation last placed upon it for purpose of general taxation."

The relevant definition of "block in length" is contained in SMC 23.84A.004, which reads:

"Block." In areas outside downtown zones, a block consists of two (2) facing block fronts bounded on two (2) sides by alleys or rear lot lines and on two (2) sides by the centerline of platted streets, with no other intersecting streets intervening, as depicted in Exhibit 23.84A.004 A1."

It may be possible that Swedish/Sabey has allowed sidewalks to deteriorate to such an extent that the limitations of the "no longer than one block length" becomes relevant, but if so, then this would be a failure of the organization. Barring that exemption, the code reads that if the sidewalk and the replacement of the sidewalk is the issue of the adjacent property owner. If, in the process of development, the sidewalks are made unfit, then they clearly would be expected to be replaced (in compliance with current standards) by the developer.

As such, is bringing the sidewalks up to current standards to provide a "safer" pedestrian experience truly a mitigation feature of *the plan*, or is it just compliance with current regulations? The other aspect, the health walk, has already been discussed as not an effective mitigation measure.

"The Medical Center has encouraged significant community involvement by meeting with the Citizen's Advisory Committee (CAC) and taking their recommendations into consideration."

As a former member of the CAC and planning practitioner, I am uniquely qualified to speak to this area. There is a difference between community involvement and compliance with mandatory regulations related to public meetings. The Appendix E provided demonstrates the latter, but not the former.

After more than a year of meetings, the Swedish MIMP has not fully integrated the comments and concerns of the community. The starting position of the institution could be described as "belligerent" towards the neighborhood. This resulted not in community involvement, but a feeling of community defense. Neighbors surrounding the campus were put through unproductive and at times hurtful meetings where these most offensive alternatives were slowly rolled back. Presuming Swedish was acting with cognizance of the neighborhood context these alternatives should have been deemed unacceptable by stakeholders within Swedish Medical Center and never put forward.

In addition to selecting a starting position that was a distraction from meaningful conversation by CAC members and members of the public, Swedish Medical Center has taken positions that have been detrimental to the public discourse through such acts as: denying requests for information by the CAC; denying requests for materials produced by their contractors; failing to deliver requested materials related to the PDEIS to CAC members; scheduling meetings outside of the neighborhood to discuss critical documents³; failing to maintain a properly updated website with materials and resources for community members to review; and suggesting in e-mails that CAC members were acting "outside of the code" when attempting to contribute ideas and commentary for consideration in the process (Example, 2013-08-09T11:29-8:00 from Marcia Peterson).

There has been a consistent and strong turnout by members of the community, but community involvement was not because Swedish had invited them to participate in the formulation of the plan. These community members attended because the alternatives presented were so far beyond what they would find acceptable that they felt compelled to attend in order to prevent lasting and irrevocable harm to the neighborhood. The input that the neighborhood has given has been largely ignored or incorporated to a minor extent in the alternatives, but not in a configuration that would result in dramatically different and potentially acceptable alternatives. From my perspective as a former CAC member, it seems like each alternative had a "poison pill" that would prevent it from moving forward. Commentary on specific aspects that were acceptable never spurred "cross-pollination" between the different alternatives leading to new alternatives that embodied the best of the previous alternatives.

As examples of "poison pills":

- Alternative 1a was dismissed prematurely.
- Alternative 2 placed 90 foot buildings within 25' of the property line of SF 5000 properties.
- Alternative 3 proposed boundary expansions that were the source of strong, justified, and

predictable opposition by the neighborhood. This alternative should never have been proposed.

- Alternative 4 (which was in response to a suggestion that I made) was poorly executed: It placed 105' buildings along properties with LR-3 zoning and 90' buildings along SF-5000.
 - The plan also utterly fails to take advantage of the key, defining feature of the plan: A boundary expansion to the half-block between 17th and 18th just north of Cherry Street. In the alternative, this area is proposed as a 37' foot height, which completely missed the nature of my suggestion that this area be used as the "empty chair" and developed to a moderate height (65") while restricting over all height across the campus.

³ The meeting was rescheduled to provide Swedish time to decorate for a holiday party that was to take place on the day after the meeting. Neighborhood residents who showed up to the regular meeting locations walked into rooms that were not being actively decorated, only partially decorated, and that could have easily accommodated the meeting.

- Alternative 5 proposed a street vacation and then designed the alternative *not* to use the additional land area granted by the street vacation in any significant way. It also placed 105' buildings next to LR-3 homes.
- Alternative 6 was nearly identical to Alternative 5.
- Alternative 8 proposes redeveloping the historic annex into a new office building and the greatest heights of any alternative.
- Alternative 9 and 10 retain, as do all others as a minimum, the 50' full half block development on the 18th. Heights remain too tall for the context of the neighborhood, but far closer than the original proposals.

Alternative 9 and 10 is the type of alternative that should have been presented at the *start* of this process, as it is an imperfect, but contains potential. If the CAC and community had been able to channel their efforts and ideas towards this and if this idea had been refined over the past year, I believe that we would be in a place where an effective compromise might have been possible.

In summary, it is true that public meetings were held and that they were very well attended by the public, but this does not mean that the CAC was collaboratively or "significantly" involved in the creation of a viable alternative that balances the needs of the institution with the needs to the community. The progress on creating such an alternative was hindered primarily by the ill-conceived alternatives and a seemingly recalcitrant attitude towards the process by the institution/developer. An alternative that creates a reasonable balance between the institution and neighborhood does not currently exist and has not been put forward in the current DMIMP.

"Make the need for appropriate transition primary considerations in determining setbacks: The MIMP's proposed setbacks provide appropriate transition to the surrounding area."

This author disagrees. Please see previous commentary on pages 19 and 21, among others.

"The proposed TMP is intended to reduce SOV trips to 50 percent, reduce parking demand, and increase the use of alternative modes of transportation (Transit, walking and bicycling)."

This is the same goal that Providence set in 1994 and has failed to meet in 2014. There is low faith in that Swedish will be able to meet this goal. Swedish Medical Center must demonstrate what is going to be different this time around and why such an unambitious target has been adopted. Seattle Children's has, over the same period of time that Swedish has failed to meet this



goal, reduced their SOV share of commute trips from 73% in 1995 to 38% in 2013 (See Seattle

Children's Master Plan, page 39). It should also be noted that Seattle Children's is located in a more auto-oriented neighborhood with fewer transit options. The map above shows areas accessible to each campus (Cherry Hill on left, Children's on right) within a 60 minute transit trip (via www.mapnificent.net). In short, Swedish is asking us to believe that they can accomplish in the next 30 years what they promised to do in 1994 and that Seattle Children's has already done in the meantime despite a less conducive location. Swedish has not during the MIMP process *demonstrated* any real zeal in changing the culture of transportation at the Cherry Hill campus or addressing ongoing public concerns about existing conditions⁴. Promises have been made, but they were also made in 1994. Detailed comments on the TMP will follow.

⁴ After much conversation about transportation by the CAC, they did eventually send out an e-mail, hold a "transportation fair" with a bike workshop on campus, and have contracted with Commute Seattle to work on their TMP. While these are positive initiatives, it would have been better if these initiatives had been incorporated into the transportation culture of Swedish at Cherry Hill years ago. Issues surrounding Parking and enforcement of parking remain untouched to my knowledge.

"Through the MIMP: 1) give clear guidelines and development standards on which the major institutions can rely for long-term planning and development; 2) provide the neighborhood advance notice of the development plans of the major institution; 3) allow the city to anticipate and plan for public capital or programmatic actions that will be needed to accommodate development; and 4) provide the basis for determining appropriate mitigating actions to avoid or reduce adverse impacts from major institution growth. Response: Swedish's intent in requesting approval of a new MIMP is to do just as this purpose and intent statement states."

Please see comments on page 31.

"The purpose of providing a decentralized network of primary care clinics is to make the first step that patients take in accessing health care a convenient, personal and efficient one."

This language appears to be directed towards the critique that Swedish should investigate a strategy of decentralization for Swedish at Cherry Hill. However, it misses the point of the critique. The point is not to claim that Swedish is *not* a healthcare network with multiple locations. It is that given the magnitude of the requested space and needs and the incompatibility of the height, bulk, and scale of the alternatives presented with the surrounding neighborhood, Swedish should look at alternatives that lead to a less intense use of Swedish Cherry Hill through decentralization.

This comment does not dismiss this criticism. While the future of Swedish Cherry Hill will be a more intense use than it is today, it must also be one that effectively balances the needs of the hospital with the needs of the community. Swedish Cherry Hill exists in a residential neighborhood thanks to a fluke of history, but there is a limit to what a residential neighborhood can support in terms of institutional utilization before the impacts on vibrancy and livability manifest in a negative way. It is my belief that the present alternatives do not do enough to mitigate the impacts of the proposed development and that the total scale (high rise commercial buildings next to low rise residential) is out of place in this neighborhood. The hospital should consider whether the need stated could be accommodated elsewhere in the network in order to create a balance between the needs of the institution and the public.

Community Space: Under the proposed MIMP, the expanded Cherry Hill campus will feature enhanced public green space and a neighborhood health walk that encourages residents, staff, patients and visitors to seek health through activity.

The majority of the former exists on the current campus and the latter is not an amenity that serves no one.

The new MIMP also proposes a One Bus Away kiosk for bus commuters, a summer months farmers market, a quarterly transportation and commuter fair and a Swedish community transportation liaison.

The One Bus Away is welcome. This is the first and only mention of a farmers market in the MIMP. However, this is still not enough to call this driveway open space. Please see page 25 for my rebuttal. The rest are welcome.

Part D: Transportation Management Plan

General Comments

The transportation management plan presented is simply not ambitious. It represents effectively the bare minimum that an institution could do in terms of crafting a TMP and pales in comparison with other TMP plans, especially the notable and exemplary work done by Seattle Children's. While Swedish is proposing to retain the 50% goal from 1994, Seattle Children's (which also set that same goal in 1995) is currently at 38% SOV ride share. If anything, Seattle Children's is in a potentially more challenging location than Swedish at Cherry Hill (See page 36). Their success reflects a success of their ability to manage cultural

change and adhere to standards that make them leaders in the major institution community. Their current goal under the new MIMP is 30% SOV mode share.

The table below contains a summary of the different current goals and current SOV rates reported in TMP plans from other MIMP. Included here are Seattle Children’s, Virginia Mason, Seattle University, Seattle Central Community College, Harborview Medical Center, and Swedish First Hill.

Institution	Old	New	Actual	Notes
Virginia Mason	50%	30%	27%	Virginia Mason has maintained this rate for over a decade.
Seattle Children’s	NR	30%	38%	Includes day shift employees only. Excludes patients
Seattle University	40%	35%	39%	Includes all campus users. Staff/Faculty is 39% SOV.
Seattle Central Community College	50%	50%	49%	Includes Staff, Faculty and Students
Swedish Cherry Hill	50%	50%	56%	
Harborview Medical Center	45%	45%	Not Reported	Includes day shift employees only. Excludes patients
Swedish First Hill	50%	50%	Not Reported	Includes day shift employees only. Excludes patients

According to the information reporting the individual MIMP documents, out of these institutions Swedish Cherry Hill is the only major institution that has failed to meet their previous SOV target. All other institutions met or exceeded their goals. While Virginia Mason may be uniquely situated to take advantage of excellent transit service, Seattle Children’s, Seattle University, and Seattle Central Community College all are in similar transit services areas with similar levels of connectivity to the surrounding community. If anything, the academic institutions have a handicap because they include students in their standards, not just day time employees as Swedish does.

Being a world class institution means leading the way and striving for excellence in all areas of operation, including in the functioning of the transportation management plan that is required and forms part of the underlying rationale for the type of heights and development standards allowed by a MIO zoned area. It is clear that Swedish has not lived up to the standards of a prestigious institution in this area, as it has failed to meet the goals of the TMP while all other institutions have seen success at reducing their SOV rate below the mandated 50% goal. Swedish must take the TMP more seriously and *demonstrate* that they are serious at living up to their obligations under the plan. A 40% goal would be an excellent place to start. The expertise exists and transportation management plans are no mystery. Successful institutions reflect a culture of excellence and a commitment to their plans.

Will Swedish integrate their TMP into their operations and culture this time around? That will depend largely on how they view themselves. Do they strive to meet the minimum required by law or do they wish to lead as a forerunner in the major institution community? Currently, the two least ambitious (and the least successful) transportation management plans belong to Swedish campuses. Is this acceptable in the eyes of Swedish management? It should not be.

“The 2013 Recommended Bicycle Master Plan identified 18th Avenue as a neighborhood greenway”

In Appendix D Table 1, Policies T6 it indicates that Swedish would provide “pedestrian and bicycle enhancements along the site frontage consistent with the greenway designation”. While nice, this does not reflect leadership in this area by Swedish. In contrast, Seattle Children’s donated more than

\$3,000,000 to the City of Seattle to fund bike and pedestrian improvements in the surrounding neighborhood, which resulted in the implementation of the 39th Ave Greenway. These donations were written into their MIMP (page 95) and are only part of their overall TMP.

Swedish is encouraged to research the positive results that these efforts have brought to Seattle Children’s, both in terms of physical improvement in the neighborhood and the positive attention that has been brought to their institution as a result.

“The campus currently provides 132 bicycle parking spaces for visitors and employees.” Oddly, none of these appear to be provided on the driveway plaza. A great mystery is why there is a concrete slab very obviously sized for bike parking in front of the James Tower, but no racks. During several of the CAC meetings, members of the public biking to the meeting were forced to chain their bikes to a lamp pole instead of a secure rack.

“Based on future population projections presented previously in this MIMP for Alternatives 8, 9 and 10, the plan would require 131 to 128 bicycle parking spaces, respectively”

Is this meant to say 131 to 128 *additional* bicycle parking spaces, or is this sentence stating that after adding millions of square feet of additional space Swedish may remove between 1 and 4 bicycle parking spaces and still meet the bare minimum required?

If the latter, how does Swedish intend to increase bicycle usage on campus when they make it difficult to park bicycles?

“Depending on the overall effectiveness, these programs may be considered for ongoing implementation.”

“Do. Or do not. There is no try.”

-Yoda

Discussion of “pilot” programs is problematic. A program that lacks institutional commitment will fail. Successful TMP programs require consistent and prolonged effort to achieve results. The “pilots” described are not innovative new programs, but tried-and-true, off-the-shelf defaults that nearly every transit management plan has because they are widely known to be effective. Why “pilot” these changes when the successful institutions have already done these things and achieved their goals?

However, what is worse is that as described these “pilots” can be predictably said to not be aggressive or ambitious enough to cause significant change. In other words, they will not move the needle and the language of the MIMP creates a pretext for saying, “Well, despite the fact that *all* other institutions can figure this out, Swedish Medical Center cannot reduce SOV commutes. We tried!” Swedish medical center needs to demonstrate commitment and the will necessary to implement serious changes to their transportation management. Bold measures are required, not incremental “pilots” that end up being flashes in the pan.

Those neither affect change nor instill confidence.

Transit: Provide all tenants with access to a minimum 50 percent subsidy of transit pass cost including ferry, rail and increase this subsidy, if necessary, to achieve the SOV goal.

A clear new subsidy should be established as part of the MIMP. History has clearly shown that 50% is not sufficient to adjust the SOV rate at Cherry Hill. Seattle Children’s provides a 100% subsidy. Seattle University provides a 90% subsidy. As a starting point, Swedish should commit to providing a 100% subsidy for transit passes until the SOV rate drops below 50% through the combined measures contained in the TMP.

Bicycle: Bike lockers for a fee

The fee should be nominal (\$20/quarter, perhaps).

Bicycle: Commuter Incentive Pilot: Work on a biking and walking incentive program. Work with onsite retail to offer bicycle benefits or other commuter incentives (e.g., Starbucks, gift shop, cafeteria)

As mentioned, we already have examples of success in this area. A successful incentive program would include:

- A cash bonus for each day where the commute is completed by a non-SOV means (Seattle Children’s currently pays \$65 per month)
- A free bike for employees who commit to using it for their commute.
- A \$100 per year bonus for commuters who walk or bike
- Instead of negotiating with the onsite shops for x%, why not simply deposit money onto Starbucks cards that belong to employees who are biking/walking?

Parking: Restricted access to monthly parking passes.

Access should be severely restricted and priced at least 1.5x a one-zone peak transit pass (currently \$90).

Neighborhood Parking Reduction: Regular contact with City parking enforcement to encourage patrolling

Swedish Medical Center should simply pay for additional patrolling in the neighborhood or provide something like a 0.75FTE position that is in charge of enforcement On Jun 4, 2014,

Dear Steve,

I have an important legal question regarding the MIMP.

It is my understanding that the MIMP process is expressly meant to benefit Major Institutions such as schools and hospitals, which are non-profit (by law) and meant to serve the public good. By this process, Major Institutions are allowed to expand and develop beyond what would be allowed for a regular developer *because they do serve the public good*.

I am very confused about the role that Sabey Corporation is playing here.

Is it *legal* for the Swedish Cherry Hill MIMP to include development of *buildings* which will be owned by Sabey Corporation, on *property* that is owned by Sabey Corporation?

If the MIMP is specifically meant to grant zoning exemptions for organizations that are defined by law as non-profit and serving the public good, then how can Sabey Corporation, which is clearly *profit driven*, and *works for its own benefit and not for the public good*, be granted exceptions under the process meant to benefit only the Major Institutions?

It is my fear, that should it be allowed to develop its property under this MIMP, Sabey Corporation will not be bound by law (and certainly not by its word) to follow through on its commitment to Swedish Cherry Hill, but could walk away the day after construction is completed and use the developed property for its own purposes. There is not a lease or contract in this country that cannot be broken.

I would like an answer to the question about what the law says about this. If you do not know the answer to my question, I request that you forward this to someone who does.

Thank you for your time and effort on this very difficult job.

Sincerely,

Aleeta Van Petten

June 2014

This is not semantics. At best, it is sloppy, sloppy writing on their part. At worst, if the MIMP were to be approved, it lays the groundwork for their attorneys to argue that changes in the underlying zoning were authorized in the MIMP. If Swedish and Sabey had not earned a well-deserved reputation for being dishonest and malevolent toward the neighborhood, one might believe that this was an innocent, albeit, sloppy, framing of their request. Given how they have "lawyered up" AND hired a lobbyist who is registered on their behalf with the City, it leaves little doubt in my mind that this is a calculated tactic and one that must not be allowed to stand. I request that, at the very least, the City demand that this language be changed in this document to refer solely to the MIO. (Even if they do, I will be opposing the substance of this request for change since it represents a completely inappropriate amount of lot coverage, set backs, etc.)

I have gone from being someone who believed that we needed to work with the institution to find a balanced approach to understanding that from Swedish/Sabey point of view, there is no regard for the neighborhood. They made their position known clearly at the last CAC meeting. It gives the neighborhood no choice but to oppose anything and everything that they have proposed. They are predatory and profit driven, in the business of selling medical services and developing and renting commercial medical office space. Swedish, in its alliance with Providence, refuses to abide by state laws relative to the Death With Dignity Law and reproductive rights. It is difficult for me to see how they still qualify for their non-profit status when their CEO is among the highest paid hospital administrators in the state. With the hospital uses of the proposed MIMP representing less than 1/2 of the proposed square footage, it is hard to see how their proposal complies with either the intent or the letter of the Land Use Code. They may not need to justify their "need" to the CAC but that doesn't mean that there is any validity to their claims.

Sincerely,
Ellen Sollod

On Jun 5, 2014, at 8:40 AM, "Sheppard, Steve" <Steve.Sheppard@seattle.gov> wrote:

This is semantics. The modifications are normal in that the MIO supersedes the underlying zoning for development done by the institution or that is found to be functionally related. All others must adhere to the underlying zoning. If the institution wishes to change the underlying zoning classification they must actually request so – ie. Change the SF500 to NC3:60 for the block bounded by ---. I do agree that it might be very helpful to include a statement under the lead in to B2 on page 20 something like: (additions underlined)

Swedish has requested modifications to some of underlying development standard as described in Development Standards Table B-1. These include new setbacks, heights, lot coverage, landscaping, and open space requirements. These changes would apply exclusively to development by Swedish within the MIO or by others proposing development that is determined to meet the criteria for functional relationship contained in Section 23.69.008B of the Seattle Municipal Code. All other development would continue to be bound by the underlying zoning. The modifications are requested to allow Swedish to

develop its needed area without expanding its campus boundaries. Unless otherwise noted, SMC is proposing no changes to the underlying zoning classifications as they would apply to non-institutional development at this point.

6/14

Please include this as part of the public record for the DEIS and please forward this to CAC members. I will be presenting this to the CAC as my public comments tonight.

The matter before the CAC today is to comment on the DEIS.

The DEIS is supposed to be a finding of facts with an unbiased analysis of potential impacts to provide an effective tool for the City to evaluate the MIMP and the public to understand the consequences of a potential project. Instead, it is a document riddled with factual inaccuracies accompanied by an Orwellian interpretation of impacts.

Three examples

1. It states that land uses of up to 200-240' are compatible with surrounding land uses, when the surrounding uses are zoned as residential with heights not exceeding 30'.
2. That the campus is well served by transportation options when most of the mass transit options are far outside of a reasonable walk shed.
3. The DEIS chose not to evaluate energy impacts when medically-related uses have some of the greatest energy demands.

The document, technically prepared for the City, was effectively laundered because it was bought and paid for by Swedish/Sabey. It serves Swedish/Sabey by attempting to make their case by waving lots of smoke and mirrors. This deceptive approach of interpreting things when it favored Swedish and either leaving things out or reframing them when it did not, is both disingenuous and counter productive. As it is, the DEIS is not useful for the City. It should be rejected.

The purpose of the MIMP is to balance the needs of the institution to grow with the public benefit it is supposed to provide with preserving the vitality and livability of the neighborhood. With buildings from 200-240' with minimal setbacks, the proposed campus that looms high above the neighborhood and practically continuous walls at ground level creates a bunkerized feeling that substantially and negatively impacts the character of the neighborhood. It effectively makes Swedish a fortress --all it needs is a moat

Lawyerly in its approach, the MIMP is completely one-sided, elevating their purpose above the needs of this community of 100 year old homes. NOTHING meaningful is proposed to mitigate or benefit the neighborhood. No balance is proposed or achieved.

I'd like to remind the CAC that Children's Hospital height limit is 125'. There is absolutely NO reason why Swedish's alleged needs trump Children's or why this neighborhood is any less deserving of protection than Laurelhurst.

SU's adjacent MIO is 65'. Swedish's boundary adjacent, north and south, are residential uses and the MIO should conform to SU's height limit.

The draft MIMP as written should be rejected.

Finally, I encourage CAC and DPD to review carefully Bob Cooper's and Nicolas Richter's comments on the DEIS and MIMP.

Sent from my iPad. Spelling errors courtesy of Apple!

Ellen Sollod

Project Number: 3012953 Project Address: 500 17th Avenue

Dear Mr. Sheppard, Ms. Haines, and Members of Swedish Medical Center,

Recently while visiting the Cherry Hill website maintained by Swedish to provide information about the project, I was greeted with an invitation to "become a supporter". In addition, my understanding is that there has been a direct mail flyer sent to some (but not all) residents with information about how to "become a supporter" of the project. While Swedish is entitled to conduct this type of marketing, the lack of information provided by the flyer (a common theme with other documents in the MIMP process) does not provide the recipient with sufficient information to make an informed decision about whether to support the plan or not. In addition, the timing of the flyer does not reflect the type of community engagement that is held in high regard. It is, in short, a political stunt as demonstrated by the fact that this is the first mail notification sent to the broader community asking for engagement in this two year process.

To address the first point, there is no information provided about the actual plan, such as a rendering, that would allow the recipient to have an understanding of the height, bulk, and scale of the plan being proposed. The hospital is asking the

recipient to endorse their plan based on the fact that they are a hospital, and not on the merits of the plan itself. While Swedish does provide a value community service, the purpose of the CAC and the MIMP process is to ensure that the physical design of the facilities balances the needs of the community and the hospital. A key component of this is whether the height, bulk, and scale is compatible with the surrounding community. As mentioned in previous documents, the present MIMP is unprecedented in Seattle given the amount of development proposed and the surrounding context. There is zero information presented in this flyer that would allow a “supporter” to actually understand what they are supporting.

In addition, the webpage prompts the user to sign up as a supporter in order to receive updates and access the website. This marketing practice, more at home on click bait websites like buzzfeed and other low level news aggregators, again does not allow the user to see anything that would allow them to make an informed decision. Once they are signed on as a “supporter” there is no way to remove their name from the list if they review the documents and decide that they are not in support of the plan. In contrast, members of the community who have been discussing the plan with other neighbors have printed copies of the plan and the renders that are part of the plan. This information about the plan and proposed development is presented for the neighbor’s consideration before any possible decisions about supporting or objecting to the plan are made. Furthermore, the “sign up for updates” aspect available for supporters is an odd addition as this type of update list might have been useful for members of the public that have been engaged in this process for the past two years.

In short, Swedish is asking visitors to their website and recipients of the mailer to voice their support before they know what they are supporting, which is manipulative and dishonest. It is easily foreseeable that people may sign up as a “supporter” based on false impressions about the proposed plan and later regret their “support” after seeing what is actually being proposed. Therefore, the data gathered from this exercise should be viewed as suspect, since there will predictably be bias induced by false data in the dataset.

This brings me to the second point: Even ignoring the fact that there is no information provided in the flyer or website prior to being asked to make a decision to support a most likely unknown project, the timing of the flyer suggests that the purpose is purely political. The Swedish MIMP process has been active for more than two years. During this time, zero direct flyers have been sent to neighbors advertising opportunities to contribute to the plan. This sudden interest in getting people to the meetings and speaking in favor of the plan is new. The type of deliberative planning that serves as the theoretical roots for the MIMP laws places heavy emphasis on the early and active engagement, as well as active recruitment of stakeholders with differing positions. The core concept is that early intervention leads to better plans by catching gross errors when they are most easily corrected. If SMC had been conducting earnest community engagement in this process, we would expect to see flyers come out at some point earlier in the multi-year process.

As it only appears now, after the documents have become “official” and the alternative have the appearance of being set, the flyer appears to be marketing and political maneuvering to pass the flawed plan that they have presented. The plan is deeply flawed and disappointing. These new voices effectively have no say in the process since the “decisions” are already made. They will not have been involved in the process, will not have spoken at any of the meetings, and, very likely, will not have reviewed the plans. When these new participants do speak, I will predict now that you will hear very little about the plan itself and much more about the good the hospital is. However, what is being deliberated is the physical plan, not the emotional value of the hospital or its effectiveness as a medical provider. This is a major institution master planning process, not a hearing for a certificate of need.

In addition, despite the fact that public commentary is available to all members of the public and that the CAC has been generous in ensuring that all members of the public are afforded time to speak at the CAC meetings, few if any people have ever spoken in favor of the plan. If there was broad community support for the hospital, we would reasonable expect to have heard more positive stories about the plan itself. However, it has been my experience that when members of the public are presented with the actual plan and asked to consider the details of the plan (be it the height, bulk, and scale, the transportation impacts, or any of the other myriad of impacts), an informed member of the community generally concludes that the plan does not effectively strike a balance that preserves quality of life, reflects context sensitivity, and allows for expansion of the hospital.

This is conclusion that I have reached as an informed member of the public and after extensive review of the documents provided by SMC over the past two years. The current flyer and the website are not designed to provide the information needed to reach an informed conclusion. The hospital is trading on the good will generated by their role as a healthcare provider and not on the merits of the plan they have proposed.

Thank you,

Nicholas Richter

June 12, 2014

TO: Department of Planning and Development, Stephanie Haines Swedish Cherry Hill, CAC, Katie Porter, Chairperson Department of Neighborhoods, Steve Sheppard

FROM: Ellen Sollod, Sollod Studio LLC, Homeowner, Resident, Business Owner 724 15th Avenue, Seattle, WA 98122

The DMIMP violates the intent and purpose of the Major Institution Overlay District. It fails on every count to respond to the Code, with the sole exception of not extending its boundaries. It does not represent a reasonable “balance between the Major Institution’s ability to change...with the need to protect the *livability and vitality of adjacent neighborhoods*” [italics added]. The DEIS fails to reflect an understanding of this basic principle of the Code. It fails to analyze certain key components of the plan and makes incorrect or faulty conclusions on others, applying certain elements of the Code when it favors Swedish and ignoring others when it does not. Swedish Cherry Hill proposes a plan is an existential threat to the neighborhood in which it is located through:

1. Height, bulk, and scale that is inappropriate

No other MIMP includes a comparably aggressive program that is created with complete disregard for the surrounding neighborhood. Children’s Hospital is the only other MIMP located in a residential neighborhood. Maximum height on that campus is 125’ (conditioned down from 160’).

2. Failure to provide for appropriate transitions to the single family and low-rise residential neighbors.

The plan represents a failure to even understand what appropriate transition means. In fact, it is almost spiteful, demonstrating a blatant disregard for the determination by the Hearing Examiner that its previous proposal was not acceptable. Placing 50’ tall buildings adjacent to 30’ single family homes which do not even have an alley for separation and 200’ tall buildings along its western

boundary where the Seattle U MIO is 65’ demonstrates that they have either don’t understand this concept or are determined to ignore it. The height along 18th Avenue is most hateful since it provides for one, massive, continuous building bordering single family homes. The Swedish MIO on 15th Avenue should NOT exceed the SU MIO at this location. The Seattle U MIO was deemed to be consistent with providing such a buffer.

3. Failure to provide meaningful and appropriate setbacks

The setbacks proposed are inadequate in all locations and most egregious on the eastern most portion of 18th Avenue. To propose a wall from a partial underground parking lot and a 6’ high fence along the property line is unconscionable. The 25’ setback at this location (Alternative 10) with a wall and fence to the east ensures that this set back will not provide any relief to the neighbors. The set backs must conform, at a minimum with what would be required of a commercial developer adjacent to a residential use. Building to the property line on 15th Avenue with an incremental setback above 37’ to a maximum of a 15’ setback is so inadequate and inappropriate as to be silly. Allowing for 0’, 5’ and 10’ ground level setbacks on Cherry and Jefferson further demonstrates a willful disregard for the intent of the MIMP to provide for transitions between the Institution and its residential neighbors.

4. Creating shadows for much of the year that extend as far north as Marion Street and to 12th Avenue on the west and 19th Avenue on the east

The DEIS draws a narrow interpretation of the impacts of shadows since the City only identifies shadows on Parks, Schools, and the like, as specific concerns.

BUT, if the intention of the Land Use Code is to provide for the livability of the neighborhood, one with homes over 100 years old that have lush trees and gardens, it must recognize that plunging the area into shadow for parts of the year reduces the vitality of adjacent neighborhoods. Access to light and sun is a precious commodity to be protected in the Pacific Northwest. Compromising that light is an undue burden the neighborhood should not have to bear.

5. Increasing traffic burdens on the existing infrastructure that degrades the transportation network in irreparable ways

The DEIS confirms that the transportation impacts will degrade multiple intersections to a LOS “F” in peak AM and PM hours. It goes so far as to suggest that a cumulative impact may be the need to rezone Cherry and Jefferson to accommodate commercial and retail uses. This violates the City’s intention to concentrate these uses in Urban Villages. Other respondents have identified the inadequacies of the TMP. I support their comments.

6. Failure to disclose or justify why it is requesting data servers be exempt from FAR

It is a well-known fact that a primary line of business of Swedish’s development partner Sabey is data centers. Data centers put an undue burden on the energy grid, require buildings that have no fenestration and should be placed in remote locations where land is cheap. While Swedish may have a need for computerized medical records, to suggest that a data center that meets the needs of an entity larger than Swedish Cherry Hill is

functionally related or appropriate in this location is just plain wrong. The MIMP should provide limitations on how much square footage is used for data servers, storage and other “back of house” functions. These should be included in FAR.

7. Failure to provide meaningful open space, designated or otherwise, that benefits the neighborhood rather than simply the institution

The DMIMP is deficient in providing open space that benefits the neighborhood. Sidewalks and perimeter planting, drive lanes and driveways, and an internal “zen” garden are not adequate to meet open space requirements. The vast majority of open space is internal to the development. A private Starbucks outdoor seating area, and internal “public” landscape (language from the MIMP), a seating area around the driveway drop off are poor excuses for open space.

8. Disregarding impacts of energy use as well as noise and fumes

The DEIS elected not to evaluate the amount required/rate of use/ efficiency/ source and availability/ nonrenewable resources and conservation. How is it possible that a key component of a DEIS of a hospital and medical uses that are known to be significant consumers of energy, especially electricity, is specifically disregarded. Add to that the potential for data servers on the property and you have an entity that will significantly tax our public energy infrastructure. Failure to evaluate this is a significant omission.

With respect to noise, Swedish has a history of not policing its vendors to ensure compliance with the City noise ordinance. With a parking garage along 18th Avenue, the likelihood of noise at all hours of the day and night are great.

Furthermore, the impacts of fumes potentially venting from the garage on the eastern border are not adequately assessed. By the count of the number of loading docks required and the number of deliveries that will ensue, the DEIS states that these deliveries will need to occur outside of normal business hours. The sound of back-up signals of delivery trucks will disturb sleep and should not be allowed to violate the City’s noise ordinance, under any circumstance. For those who work at home or are home during the day, the relentless noise from back-up signals can be exceedingly disruptive.

9. Failure to include any provisions, goals or even discussion of measures for sustainable development practices.

While the MIMP does not require that applicants identify goals for sustainable development, it is difficult to understand why Swedish would not have included such a section voluntarily. We live in a City that has adopted principles for sustainable development in all of its public facilities. Conscientiousness in terms of storm water management, energy consumption, and sustainable materials have become expected as part of any substantial project. At the other end of 15th Avenue, the Bullitt Foundation has erected a building that sets a high bar for sustainability. It is common for buildings in the City to achieve LEED Platinum status. The failure to include such a section and grasp the opportunity to be a leader in this area demonstrates a lack of imagination as well as commitment to these principles. It is a disappointing omission.

10. Proposing meaningless and frivolous community benefits, derived not from consultation with the community but from their own speculation.

Providing a perimeter “health walk” is almost laughable. The neighbors actually know how to walk around the block without having signs to tell them how to do it. Health walk “information stops” and places where neighbors can obtain poop scoop bags are not meaningful community benefits. Furthermore, neighbors will choose to walk in the tree-lined neighborhood, not on arterial streets. The inclusion of a “retail opportunity” is unlikely to benefit the neighborhood and unlikely to attract any business that does not have a nexus with Swedish since there would not be enough customers to support it. The bikeway “enhancements” of sidewalks and street trees would be required regardless since the neighborhood already has sidewalks and street trees and development standards would require it. Furthermore, the bikeway will be compromised by the presence of multiple curb cuts and loading docks, such that it may be relocated to another street in the neighborhood.

11. Failure to include design guidelines for development in the DMIMP

By virtue of approving the MIMP, the City basically gives a “blank check” to the institution to develop as it sees fit. Other than meeting SEPA requirements, the institution is not subject to design review or to review by the Seattle Design Commission. The only tool the City or neighborhood has to ensure that Swedish develops its property in some way that is aesthetically pleasing is by providing detailed and comprehensive design guidelines. The failure to include these means that Swedish could construct buildings lacking in windows with sheer concrete walls that would meet their functional requirements but add no value to the urban fabric. This is not acceptable.

On the basis of the above and more, the DMIMP and the DEIS should be rejected.

RE: Swedish Cherry Hill MIMP Draft Environmental Impact Statement (EIS) and Draft Master Plan

Project number: 3012953

Project address: 500 17th Avenue, Seattle

Dear Mr Sheppard,

We are writing in support of Swedish's proposed master plan at its Cherry Hill campus located at 500 17th Avenue (project number 3012953). We agree that it is imperative that Swedish expands its current campus to meet the growing need for healthcare and to treat and find cures for cardiovascular and neurological diseases. Please approve this plan as quickly as possible.

Thank you!

Nathaniel and Charlene Stahl

Steve Sheppard,

I am very much against any expansion of the Sabey/Swedish Cherry Hill Campus. In the last decade they have been completely unable or unwilling to address the traffic and parking problems caused by the patrons. If they are unable or unwilling to acknowledge the current problems they are causing the area, then how can anyone expect them to handle a huge expansion. The current size campus is completely inappropriate for the neighborhood and never should have been built when Providence closed.

The last thing Seattle needs is more hospitals, let alone a hospital in a residential area. Development is unavoidable but it cannot and should not continue unchecked.

Sabey is selling its plan as a need. Where are the patients that "need" the hospital going to come from when the neighborhood has been decimated?

This sell out to developers with complete disregard for the neighborhoods is typical Seattle and why it has become a soulless and characterless.

I can only hope the districting of the city council has not come too late to save the livability of Seattle.

Jeff Kaminski

Facilities Manager

Seattle Children's Theatre

I am writing concerning the plans to expand the Cherry Hill Campus of Swedish Hospital.

The City of Seattle should not support any functions or services of Swedish Hospital while it continues to enact and enforce the Ethical and Religious Directives for Catholic Healthcare Services.

Despite their assurances to the contrary, Swedish has removed all protections for its LGBT workers and patients. They have refused medically necessary reproductive treatments and failed to provide standards of service along the same lines. These actions are inexcusable, unforgivable and intolerable in Seattle and, should not, under any circumstances, be expanded in our city.

If Swedish is to receive any public money or assistance of any kind, it **must** provide all standard reproductive care (including abortions) and respect the human rights and dignity of all of its clients and employees, as well as their families. Public money should be spent on expanding the services of those institutions which rightfully respect all citizens of our city.

Regards,

Matthew Landers

June 2014

Good morning, CAC members

First, I want to apologize for my short outburst last night during public comments, but I do not take well to people outright lying about what I and others have done in the past.

A speaker identifying herself as employed at Swedish / working for Sabey told you that the building envelope being proposed on the east side of 18th is essentially similar to what was proposed in 2009. That much is true.

She also said the Standing Advisory Committee — of which I was vice-chair — had approved the design of the building. That **is a blatant lie**. I have attached the minutes of the meeting in which said building was formally considered as well as the formal comments the SAC submitted regarding the proposal. Note that this proposal generated many of the same concerns you are now faced with regarding the parcel in question.

It was the effective rejection of that proposal that directly led to the MIMP process in which we are currently engaged. Please do not be misled into thinking anything else.

It is this kind of half-truth, deception and outright lie that creates the deep distrust in the community. Those of us who have seen this for, literally, decades, do not and cannot trust the institution.

And it is this kind of historical knowledge that Swedish and Sabey have fought to exclude from the process, effectively rejecting several of us who know that history from formally sitting on the CAC.

If any of you would like to talk more in-depth about this or any other aspect of the proposals on the table, please feel free to contact me. I will make time to meet with you.

Thank you.

Bob Cooper

Evergreen Public Affairs

Project number: 3012953

Now, a decade after selling half of its campus, and after Sabey's having brought in other uses which could exist in any number of locations other than on this campus, Swedish is asking for permission for a vast increase in the scope and scale of development on the Central Area campus. Apparently, its expansion plans for the next twenty years do not include any reclaiming of the property it sold to Sabey. Rather, the full impact of future development would be visited on the residential neighborhood.

The push that negatively impacts the immediate residences that neighborhood will result in a domino affect if it is allowed to move forward with the proposed increases in the bulk and scale of the institution in our midst and will become more of and more of an undesirable monolith in our midst with added unmitigated traffic. This area is not an Urban Center or Urban Village and is not slated to contain the infrastructure necessary for the amount of traffic that will be produced. Each MIMP continues to have some negative impact well into the future as the institution pushes east. It is time to act to preserve the neighborhood feeling of the area for area residences. The MIMP is even more alarming especially since Swedish itself has not and does not need property that it has allowed Sabey to develop on its campus.

Just one small example of how over time one change forever negatively impacts the neighborhood. Swedish before Sabey was involved was allowed to vacate 17th Avenue at E. Cherry and designed a walk way between E. Jefferson (where the main bus stops are for those who live in the E. Cherry area) and E. Cherry. This to some degree works until 9:00 PM at night when the gates close. It seems to suggest a curfew for residents. Evening and night are two of the most important times for a transit ride to have an efficient, safe path between transit stops and home or work.

Joanna Cullen,

Below is the longer version and further documentation and comments that I have heard in the community:

Vitality and livability of neighborhood:

The proposed expansion threatens both as a result of increased traffic loads on the major arterials, increased parking demands, and increased building heights incompatible with the character of the neighborhood, all documented in the DEIS. A serious issue for the neighborhood is housing affordability and access. We encourage alternative modes of transportation. The expansion proposal to 3 million square feet of primarily medical office buildings will bring many more single occupancy vehicles

to the neighborhood as daily commuters since no provision for housing or increased mass transit is included as mitigation for their expansion. Commuting workers are unlikely to contribute to the neighborhood economically and will not be participate as part of the social fabric since they will come to the facility for their shift and leave when work is over. Of particular concern is the n the proposal to build 200 foot tall structures that will dwarf the adjacent neighborhood and cast shadows that will totally eliminate sunlight during parts of the year for neighbors north of Swedish. The DEIS mistakenly characterizes the area as low-rise multi-family structures when it is really low-rise single family residences. We also note that the DEIS alludes to the potential re-zoning of both E. Cherry and E. Jefferson between the Swedish Center and 12th Avenue for commercial and retail uses.

This a patently inconsistent with the policy of the City of Seattle which designates 12th Avenue as the spine of the 12th Avenue Urban Village as a prime commercial corridor. Substantially increased traffic associated with the proposed expansion will make the existing congestion on Cherry/James (especially as it connects with I-5) significantly worse and four additional intersections in the neighborhood will operate at Level of Service "F" (extreme stop-and-go congestion) during PM peak hours. The DEIS proposes no mitigation for these impacts. Furthermore, the DEIS does not consider the cumulative traffic impacts associated with growth on the Settle University Campus, the plans for the new King County Juvenile Detention Center, and continuing growth in the area.

Finally, the DEIS does not analyze the impact of storm water run-off from increased impermeable surfaces which is of considerable concern given existing ground water problems adjacent to the Center. Consequently, rather than adding to the vitality and livability of the neighborhood, the proposed expansion will significantly degrade the environment.

Other very important history and facts:

Re: Swedish Medical Center Major Institution Master Plan

As the Citizens Advisory Committee and DPD deliberate and make recommendations on the the proposed Major Institution Master Plan for Swedish and Sabey, it is crucial that the CAC and DPD consistently look to the standard by which the institution's proposals are to be judged --- the Land Use Code sections setting forth the "purpose and intent" of the Major Institution Master Plan process:

SMC 23.69.002:

The purpose of this chapter is to regulate Seattle's major educational and medical institutions in order to:

A. Permit appropriate institutional growth within boundaries while minimizing the adverse impacts associated with development and geographic expansion;

B. Balance a Major Institution's ability to change and the public benefit derived from change with the need to protect the livability and vitality of adjacent neighborhoods;

The request by Swedish and Sabey in this MIMP process is that they be allowed to develop, by 2040, up to 2,753,000 square feet. Although the proposed MIMP does not directly state this, there's an implication that the proposal for 2,753,000 square feet would include substantial non-Swedish uses, as is currently the case on the campus.

The issue is not whether or Swedish and Sabey might be able to use 2.7 million square feet of space to satisfy their future needs. Rather, the issue is this: Is it possible that developments amounting to such a large number of square feet and with the kinds of intense uses contemplated by Swedish and Sabey can be put into a residential neighborhood (and to a significant degree, a single-family-home residential neighborhood) while also protecting the livability and vitality of adjacent neighborhoods, as the Land Use Code requires?

Or, on the other hand, is it necessary, in order to "minimize the adverse impacts associated with institutional growth" to require Swedish and Sabey to provide for some of their future needs in locations other than the 17th and Jefferson campus?

The document submitted to the CAC that is entitled "MIMP Space Needs Analysis" (but which is really a "Space Desires Argument") suggests a few places to begin. In contrast to the earlier assertions of space "needs", the most recent alternative has some measurable reduction in the amount of square feet. Now even Swedish seems to be admitting that there are several other (unnamed) non-campus locations where different components of future growth could be located.

It is the job of the Environmental Impact Statement to delve further into the Swedish proposals and to analyze *real* alternatives that would include future campus size alternatives that are meaningfully different in their impact on the neighborhood. Swedish Medical Center has three other hospitals and over twenty clinics in King County. The combined Providence Health and Services and Swedish Medical Center, according to their publicity, is one of the largest health care delivery systems in the country. On Seattle Housing Authority property quite nearby, in an urban village, tens of thousands of square feet of office space are proposed to be developed in the next twenty years. It stretches credulity to suggest that the Central Area campus is the only suitable place for *all* of the additional 2 million plus square feet that Swedish (now Providence) might want in the next twenty years.

In 2002, when the administration of Swedish determined that it would not need all of its Central Area campus, it sold about half of the campus to Sabey. In the words of the Swedish spokesman, the downsizing of the Swedish campus was a "right-sizing". (see "Seattle Times" article noted below)

The Sabey Corporation intended to develop a large biotech research hub on the land it acquired. However, that vision was not realized and Sabey was compelled to find other tenants for its space, ultimately choosing Laboratory Corporation, Seattle University School of Nursing, Accium Biosciences, and the Northwest Kidney Center, among others. (see article by Sabey Corporation spokesperson published by DJC.com noted below)

Now, a decade after selling half of its campus, and after Sabey's having brought in other uses which could exist in any number of locations other than on this campus, Swedish is asking for permission for a vast increase in the scope and scale of development on the Central Area campus. Apparently, its expansion plans for the next twenty years do not include any reclaiming of the property it sold to Sabey. Rather, the full impact of future development would be visited on the residential neighborhood.

That would be contrary to the intent of the Major Institution Master Plan provisions of the Seattle Land Use Code.

In applying the meaning of the Land Use Code to this case, a decision of the City of Seattle Hearing Examiner in the case of the Major Institution Master Plan proposed by Seattle Children's Hospital is particularly applicable. ("Findings and Recommendation of the Hearing Examiner, H.E. File CF 30884, August 11, 2009.)

In that case the Hearing Examiner stated, that "balancing the needs of an institution to change with the need to protect the livability and vitality of adjacent neighborhoods requires an appreciation of the context for the balancing." In that regard, the Hearing Examiner stated:

The City's urban village strategy, adopted as part of the Comprehensive Plan (Plan) is a "comprehensive approach to planning for a sustainable future" that is "intended to maximize the benefit of public investment in infrastructure and services". It "tries to match growth to the existing and intended character of the city's neighborhoods." Plan at 1.2-1.3. Most residential and job growth is to be directed to urban centers and villages. Areas outside urban villages are to accommodate modest amounts of growth in less dense development patterns. Plan at 1.3., 1.22.

Once a small hospital, Children's has grown into a regional medical center that has gradually expanded on its main campus and to other facilities within the area, in addition to maintaining a presence in other parts of the City and in neighboring cities. ...

Children's was part of the Laurelhurst neighborhood when the Council designated urban centers and urban villages during the comprehensive plan process in the 1990s. et the Laurelhurst area was not designated as an urban center or village.

I is apparent from the RFEIS' Land Use section that Children's expansion under the proposed MIP is inconsistent with the City's urban village strategy. Although major institutions are permitted outside urban villages/center, Children's seeks heights that exceed those of any other major institution located outside urban village or center. (citing Exhibits). The significant, unmitigated traffic, and height, bulk and scale impacts associated with Children's proposed expansion result largely from the fact that the MIMP proposes development outside an urban village at an intensity that is designed for development within an urban village. Children's is asking that the proverbial "square peg" be forced into a "round hole", but it does not fit." Page 20, Hearing Examiner's Decision.

The words of the Hearing Examiner could easily be applied to Swedish and the Central Area. This, like Laurelhurst, is not an urban village or center. Rather it is a residential area which, according to the Comprehensive Plan adopted by the City Council, is to be an area of less intense development. Here, residential uses are to be encouraged and supported, not marginalized. In other words, the neighborhood is to be maintained as a vital residential neighborhood now and into the future, unless and until the Comprehensive Plan changes.

If, over the next twenty years or so, there is to be some expansion of current Swedish Medical Center uses, the scope and scale of that expansion must be consistent with adopted City policy. Most of the great height, bulk, scale, and greater employment and patient population, along with greater traffic intensity, that Swedish proposes be located in this residential neighborhood, are required by City policy to be located in urban villages or urban centers. There is no reason to believe that Swedish and Providence, as well as Sabey, cannot find perfectly suitable locations for many of their future ne-154eds in more appropriate locations in urban villages or urban centers.

1. "Swedish to sell Landmark Old Providence Hospital to become biotech research center", J. Martin McOmber, "Seattle Times" 8/8/2002 <http://community.seattletimes.nwsources.com/archive/?date=20020808&slug=swedish08>

2. "Build it Right and They Will Come: A few essentials for a biotech makeover", Marcelo Garces of the Sabey Corporation in the Daily Journal of Commerce, 3/3/2005

<http://www.djc.com/news/co/11166007.html>

Joanna Cullen

June 13, 2014

Dear Stephanie and Steve,

I was present for a short time during the Community Ask portion of SMC/Prov Sabey MIMP on June 12. I was there on my meal break from work and didn't have time to wait in line to speak. I live at 926 18th Ave #3. This is a 4plex that I own. I have lived and owned in this neighborhood for 20+ years. I am also a SEIU delegate and SMC employee for over 16 years.

I'm opposed to many of the changes to the MIMP and DEIS for SMC/Prov at Cherry Hill. Height and Sq ft, parking and traffic. Not sure that DPD is looking out for my neighborhoods' best interest here. I will paste a recent email from Joanna Cullen sent to me today detailing these issues. These are my concerns as well.

Sincerely yours,

Ron C Cole, Jr. RN, BSN, CWCN

June 2014

To Whom It May Concern,

I currently own a home several blocks from the proposed Swedish Hospital/Cherry Hill expansion (my address is: 2007 East Alder Street). Recently, I was able to attend the open hearing at Swedish/Cherry Hill and was somewhat disappointed that many of the key issues were not directly addressed by the hospital. There were many different groups (on both sides of the issue) with their specific agendas, but they did not seem to address the core issues at stake:

- 1) **Parking.** Currently, I usually need to call the Seattle Police Department to either ticket and/or tow vehicles that are blocking my driveway (or are in violation). In almost every case, it has been an employee (or patient) of the hospital. I understand the need of the hospital to expand/grow to remain competitive and to continue to provide service. There is no question that the work they are doing is critical. However, the hospital is firmly embedded in a highly residential zone (not "light industrial without sidewalks", as was mentioned in the hearing in reference to the draft plan. I assure you there are sidewalks and there are only a few businesses vs. the number of houses in the neighborhood). Since Swedish is not required to pay taxes and will be increasing significantly in size, I do not think it is unreasonable that they make any/all accommodations necessary to increase the amount of parking available to their employees (which their union should be fighting for) and for their patients. This is just common sense. There is some in the plan, but I am not sure this amount will truly address what is needed.
- 2) **Impact on residents.** There are some residents in the neighborhood that will be severely impacted (financially and quality of life) by the expansion. Again. Swedish is a nonprofit that does not need to pay taxes. All of those directly impacted (i.e. homes will be in permanent or semi-permanent shadow) need to be compensated for their loss and/or adjustments made where/when they are reasonable/possible. I hope that the hospital does not just care about the quality of care (and life) of their patients. They should also be concerned about the diminished quality of life they are directly causing on the immediate residents.
- 3) **Scale/scope of the project.** The proposed scale of the project is completely out of scale for the neighborhood that the project will take place in. I am surprised it's even being considered. As a former project manager for condo conversions within the city, there are many other options (which will cost more money, to be sure) to reduce the footprint/impact of this project. Can't at least 100ft of the project be placed underground? Aren't there any other options? (locate some of the facility in Issaquah, with their other facility?) Again, yes it will cost more. However, if the hospital is truly concerned about being a good neighbor (which they say they are and as a Christian/Catholic organization, I would think this should be a concern). Instead of having neuro-physicians and nonprofits discuss in public hearings how great the hospital is and why the residents should just say yes to the project, they need to be less political and truly address the very tangible/real impacts of this project. That this even needs to be pointed out concerns me. This project will negatively impact a great number of people and that should be considered in the process. It will also benefit many people. Both sides need to be weighed and the issues need to be addressed.
- 4) **Accidents/traffic volume.** As this is a residential neighborhood with schools (Garfield HS, Seattle U and other smaller/neighborhood schools), I am very concerned about the very real possibility of children being hit. There is a significant amount of traffic that already travels up/down Jefferson which seems to increase as the changes on Broadway have occurred and additional construction in the area. Last year I was involved in an accident (after safe driving/no accidents for 33 years) with a Swedish worker who was late to work. She ran a stop sign. Fortunately I hit her (police cited her), before she hit a mother with small children and some cyclists about to attempt crossing the street. Many of the houses/fences in the neighborhood obscure views and with the additional cars being parked in the area, the obstructions will only increase. I have no doubt there will be many accidents (and possible) deaths as a result, if there are not some significant changes/updates to parking and the traffic flow in the area.
- 5) **Intent for building.** The additions are for office/research space, not for direct patient care (i.e. more beds). While the indirect benefit to patients from research is enormous, research can often be conducted in different locations using new technology. I am a remote worker, with my team distributed throughout the United States. I completely understand the benefit of having everyone located in one location. However, because this does not require patient rooms, there is a much greater flexibility in the configuration of the space needed for the research. This flexibility

should allow for innovative building design to balance the maximization of space with (as much as possible) minimal impact on the local residents/environment.

I truly hope our city council will carefully consider what they may be allowing to occur in the area. Let me be clear. I am not opposed to the expansion. It was only a matter of time and it sounds like it is needed.

However, there needs to be some significant review (and modifications) to insure that the neighborhood (and all who use/live/travel through it) are not unduly and negatively impacted.

Thank you,

Bryan Kern

6/14

I am writing to oppose the request by Swedish/Sabey to develop, by 2040, 2,753,000 square feet for institutional use.

I live with my family at the corner of E Columbia Street and 21st Avenue. Having lived in this neighborhood for 24 years we have seen many changes in "the face" and needs of our neighborhood, as well as the general perception of our neighborhood in other parts of the city.

Squire Park, in the Central District, is a place for families. All sorts of families live here. Many houses on our block are homes to families with children. We bike and or walk to work and school, the grocery store, the library, post office, restaurants, and coffee shops. Our children play in the parks. We worship here. Much neighborhood socializing happens spontaneously, on a sidewalk or on a front stoop. Gardeners live here who proudly sponsor the Pollinator Pathway. Parents can be seen pushing strollers and walking dogs every evening. Children learn to ride their bikes and scooters on our streets. Light posts display posters looking for lost pets. Our neighborhood is a vibrant living, changing place.

I welcome change that makes sense. This residential neighborhood is not the right place for buildings over 105 feet tall. This is not a good place for institutional structures with 50 foot high unbroken walls running the length of an entire block. Our neighborhood may be able to accommodate some additional traffic, but the proposed Swedish/Sabey development plan is not appropriate. In this old neighborhood not every home has its own driveway, and on-street parking already fills up every weekday with hospital workers.

I am also concerned with increased traffic volume. I want to keep my neighborhood a safe place for children and families. I want to be able to walk safely to our favorite neighborhood hangouts. With the daily arrival and departures of hundreds of employees and out-patients I believe we will experience an intolerable increase in traffic accidents and close calls.

Another aspect of the proposed development that concerns me is the amount of impermeable ground created and what that does to storm water drainage. This is an old Seattle neighborhood with old infrastructure. Many houses on my block, downhill from the proposed development, experience flooded basements. I am concerned that this situation will worsen with construction of this proposed size.

This requested development, as proposed, is inappropriate in our residential neighborhood.

Katherine Yasi

June 2014

To: Steve Sheppard
Major Institutions and Schools
Department of Neighborhoods City of Seattle
700 5th Avenue, Suite 1700
PO Box 94649
Seattle, WA 98124-4649

Regarding Swedish/Sabey MIMP
Project number: **3012953**
Mr. Sheppard, Ms Haines, and to whom it may concern,

I am NOT fundamentally opposed to all development projects on the Swedish Cherry Hill Campus. I can see the need and I can see reasonable venue for *some* vigorous construction.

However, the Swedish DEIS/MIMP seeks permission for colossal expansion of their facilities and their staff. I urge the City of Seattle to deny the proposals, as written, for the following reasons:

Parking: Around my house, 802/804 21st Ave, on the N.E corner of East Columbia St., where I have lived since 1990, all available street parking now disappears before 9AM, weekdays. These are not residents. These are not miscellaneous

visitors, who have every right to park here, at least irregularly. These are Swedish employees who leave their cars and walk up the hill to the hospital.

In addition to the Swedish proposal, there is significant expansion of other facilities which strain the parking situation: the replacement of the Coleman building at 23rd & E. Union; the E. Union Post Office building, to name just two.

Swedish has made no significant effort prior to their development request to facilitate and require their employees to park on-campus, or increase the commuter-vehicle occupancy rate. Other institutions have implemented significantly better employer commute and on campus parking policies, for example Children's Hospital.

Traffic: Right now, E. Cherry is a fast & dangerous street for pedestrians who must cross it. I see Swedish employees and patients every week-day in perilous crosswalk situations. I fear this will become far worse, and, while 3 additional traffic lights (at 15th, 16th, and the vacated 17th Ave crossings) might be good for pedestrians, it will be another vehicle delay.

It is not uncommon in the afternoon commute, for it to take an hour to get from 12th Ave to I-5 along E.Cherry / James street. I imagine this will significantly worsen if this plan goes forward. Will there also be several thousand dump-trucks carting away huge amounts of soil, heading down the James St dive under I-5?

There is limited and, as of late, struggling bus service to the Swedish campus (only Bus #3&4).

Height: Design alternatives I have seen vary in max. height from 160-ft to 240-ft. This is simply too high in a residential neighborhood of 30-ft tall houses. It is difficult to visualize 240-ft buildings, but one need only look to the Jefferson Tower on 16th & E. Jefferson to see a tall building, close to the street. It is only 105-ft tall, less than ½ the proposed limit. This is also (I think) the height of the St. James building makeover. **These 105-ft buildings are the tallest construction that should be allowed, and only then with an adequate formula of setbacks.**

The James Tower Steeple is a neighborhood icon. It will be obscured from many directions, and its very essence as a "tower" negated in all directions by the mass of buildings taller than itself, in close proximity.

I don't know the land-use-planning terminology for the aesthetics of discontinuity but I know that it counts for something. I feel that the proposed building heights in the DEIS/MIMP are an invasion of institution into neighborhood. It is a symbolic and visual dividing of the Squire Park/Central District neighborhood. And not by an institution with a history of civic partnership with this neighborhood but instead one whose countenance varies between indifference, incompetence and hostility. I am personally offended by this plan.

I just spoke about the height of the buildings but the size of the institution and the beehive of vehicles that will be added to the surrounding streets further degrades the neighborhood continuity.

Function: I am concerned about the nature of what will be built. Swedish says they want research facilities, hospital beds and direct hospital support facilities. But what other uses will be allowable? Some retail food, drug and medical appliances that directly supports patients, family and on-duty staff is understandable. But will Callison Architects be asked to create "A [distinctive retail destination](#)" such as they did at Swedish Issaquah? Will Swedish partner Sabey construction want to create one of their specialty [data centers](#) here? Will we see signs for commercial occupancy? I don't know how the rules get written, but it is imperative that the campus use-restrictions be dyed in the wool, and any and all remediations be secured and escrowed in advance. I believe that when they get their go they will game-the-rules in complete disregard of any civic mindedness they may pretend to during the ask-phase.

In summary: Swedish/Sabey is reaching far beyond what is appropriate for this neighborhood. They should be height-limited at 105-feet, with generous setbacks. They must be required to make radically higher transit requirement and lower SOV use rate and a requirement to park on-campus, and this must be demonstrably in-place as a precondition to their variances, and there must be recourse to hold them accountable for a long time because they will let it slide when they can. There must be improvements to traffic and pedestrian safety and mass transit, all preceding construction. It is hard to say how much new square footage should be allowed, separate from the height issue (and because for me it is the number of people, not the floor space that creates the issue). But I believe "half-again" the present 1.1M gross SF is enough to strain the Neighborhood as much as I think it should endure, and to strain the surrounding parking, transportation and utility systems to an extent that Sabey & Swedish can pay up-front to mitigate.

Sincerely,

James F. (Jim) Fife

Ms. Stephanie Haines

Land Use Manager

DPD

c/o Public Resource Center

Swedish/Sabey CAC
c/o Steve Sheppard
DON

Dear Ms. Haines, Mr. Sheppard and members of the CAC,

I'm writing to you about Master Use Permit No. 3012953, the Swedish Cherry Hill site, at 500 17th Ave. I live at 202 18th Ave, about four blocks away.

I'm very concerned about the heights and massive proportions of the buildings proposed for the edges of the campus. The proposed mostly-50-foot-high, two-block-long building along the east side of 18th Ave between Cherry and Jefferson would wall off the people living on the east half of that block, cutting them off from what bit of sky they now have to the west and crowding their space quite oppressively. This height should be capped at 30', the same as their houses.

16th Ave between Cherry and Jefferson seems to be considered all institutional, thus heights are up to 200'; yet this is incorrect – Seattle Medical and Rehab at 16th and Cherry has a good number of patients who are not able to return to their former homes, yet **are** conscious of their surroundings. This **is** their home. Since these residents also have mobility and health issues that make getting out and around difficult, it seems even more important to preserve some space and light around that building! I strenuously object to the 200' tower proposed near the south border of the SMR property and to the 105' and 160' heights for the buildings directly across 16th Ave. Even the 65' building proposed for the A1 NW quad of that block, to the west of SMR, would cut off significant sky and light, despite the lower elevation on that side of the block, I fear. Please adjust the zoning to reflect the fact that this is a residence, and limit heights next to and across from it as they would be next to the houses along the east side of the campus, to 30'.

The proposed 105' height along Cherry St. would loom oppressively across the street from homes on the north side of Cherry. While the existing building between 17th and 18th (in the B1 quad) is already 105' (I think), it doesn't face any residences, whereas building to that height between 16th and 17th would not only roughly double the height of the building there now, but create a 2-block-long wall along those homes' southern horizon.

Finally, while I have trouble imagining how the traffic could get much worse, there clearly would be much more of it. I can say that, as a bike commuter whose route passes the Cherry Hill campus, I already avoid 16th Ave before 6:00 pm because there's just too much going on. Maybe a shuttle would help, or valet parking, yet this is another factor that may indicate that this project is too big for this site.

Thank you for collecting and considering all our comments. I appreciate the difficulty of your tasks and urge you to support our neighborhood's needs.

Sincerely,
Janet Van Fleet

June 2014

Ms. Stephanie Haines, Land Use Manager
Department of Planning and Development
Attn: Public Resource Center
700 5th Avenue (Suite 2000)
P.O. Box 34019
Seattle, WA 98124-4019

Ref: Master Use Permit No. 3012953
Project Address: 500 17th Avenue

Dear Ms. Haines:

My name is Lorie Lucky and I live 2.5 blocks north of the Swedish/Providence/Sabey campus, which sits between East Cherry Street, East Jefferson Street, 16th Avenue and 18th Avenue.

The current plan for the Providence campus of Swedish is of a mass and size which is completely incompatible with the surrounding neighborhood, which is a residential neighborhood of primarily one and two-story residences. At the outset of the new Providence MIMP, the design included the closure of both 16th and 18th Avenues between E. Cherry St., and E. Jefferson St., thus creating a monolithic building in the midst of the Squire Park neighborhood that would effectively cut this Central District area into two, block access to public transit stations along E. Jefferson St., and begin a highly resisted transformation of our neighborhood into one with mass buildings and a high-rise. One of the great losses along Pacific Avenue from the Montlake Bridge to 15th Ave NE has been the extremely unfortunate construction of a building which seemingly has no clear entrances and exits for the public (except for the UW Hospital entrance), and which completely sheers the public away from easy access to Portage Bay and the Montlake Cut. The new planning for Providence shares this interest in a monolithic structure that would take up a large part of the Central Area, and yet provide highly questionable services to the area.

My critique of the Swedish-Sabey plans lies beyond the scope of what my neighbors and I are allowed to consider, either those of us who attend the meetings or those who actually sit on the Citizens Advisory Committee. According to both City and Swedish-Sabey representatives, we are not allowed to critique the actual purpose(s) of additional space at the Providence campus, nor are we allowed, except in the very broadest of terms, to know what Swedish-Sabey actually intends for any new structures and additional square feet at the Providence location.

At one of my first CAC meetings the then Chief Administrator for the Providence campus spoke in glowing terms of how happy we should be about having a “world-class center for cardiology and cardiac-related problems”, along with a “world-class neurological center” located in our neighborhood. But the overall plan for the Swedish-Sabey buildings is extremely opaque. For example, representatives for the nurses’ union #1199 have begun attending the CAC meetings, and they asserted that Cardiac services have been moved to the Swedish First Hill location. This has been confirmed by a Swedish representative at a later meeting.

What we want is more transparency from Swedish regarding the purposing of any new construction and additions to the current Providence campus.

What we want to know is what do these buildings offer our residential community? The argument regarding “world class facilities in your neighborhood” fell on somewhat deaf ears, considering that almost everyone in the immediate neighborhood is within one mile of Harborview; a universe of medical options on First Hill; and within five or six miles of the UW Medical Center. Many of us are concerned that the intent of the builders may be at least two-fold, and that is: (1) Enhanced space for offices and research facilities involved in R&D, and (2) biotech companies. The Central Area is not a neighborhood which sees itself as a home to such land use. The surrounding neighborhoods are some of the city’s most diverse, and the history of the neighborhood as an historical site for some of Seattle’s earliest Jewish settlers, followed by Seattle’s black community, is a rich history we emphatically feel must be preserved.

Additionally, the medical plans and strategy as vaguely suggested to us by Swedish-Providence representatives run contrary to the aims of both the federal Affordable Care Act (ACA) and the new local approach by Boeing to move toward an “Accountable Care Organization (ACO)”. Both of these new strategies for providing health care services are *heavily* reliant on primary care providers, and yet apart from offering a small training center for residents, there has been nothing from Swedish-Sabey to suggest that either primary care residents or physicians would be significant players in their plans for additional space.

And finally, could we not say that certain urban areas are “*medical deserts*”? That is, there may be neighborhoods that major medical institutions fail to serve in any way, be it by way of neighborhood clinics, nearby hospitals, or stand-alone emergency service-centers. One representative from Southeast Seattle attended a CAC meeting to plead with Swedish/Providence for a clinic in Southeast Seattle. According to the speaker, residents of SE Seattle often have to take one hour+ bus trips in order to reach medical offices on First Hill. Then after their medical appointment they have to take the same lengthy bus trip back to SE Seattle. I have yet to hear one official from Swedish/Providence speak to the medical desert that is SE Seattle, or any other Seattle neighborhoods which may be considered ‘medical deserts’. Not that this situation should be overlooked by Seattle’s *other* major medical providers, but we are the ones confronted by a proposed expansion by Swedish-Providence when other neighborhoods receive no consideration whatsoever. The fact that one or more Seattle neighborhoods would like an increase in medical services while we are fighting the increased bulk of Swedish/Providence/Sabey is something that should perhaps be addressed by the full City Council. The proper siting of medical facilities to treat the greatest number of Seattle citizens with efficiency should be a part of the discussion and part of the process of the City government as well.

Thank you for your attention to my comments.

Sincerely,

Lorie A. Lucky

June 19, 2014

To: Ms. Stephanie Haines, Land Use Manager
Attn: Public Resource Center
700 5th Avenue (Suite 2000)
Seattle, WA 98124-4019

Ref: Master Use Permit No. 3012953
Project Address: 500 17th Avenue

Dear Ms. Haines:

Please consider this another letter in opposition to the current Swedish: Cherry Hill MIMP due to the height, bulk and scale of the buildings proposed; corporate ownership of the campus; and increased traffic in the Cherry Hill/Squire Park neighborhood.

It is clear that the height, bulk and scale is incompatible with our residential neighborhood. I am a walker, and as I have walked through Swedish Hospital on First Hill, I have noted that the tallest buildings on that campus are far below the 160 and 200 foot heights proposed in our neighborhood. It is of note that these tall buildings are in a commercially zoned area! The tallest building close to Cherry Hill is the Cabrini Tower, located at Boren and Madison, which is 180 feet tall, still below the 200 feet proposed in the middle of our residential neighborhood. These heights are obviously wrong.

Another thing that is obviously wrong is the ownership of 40% of the campus by a for-profit developer, Sabey Corporation. It has been painful to sit through CAC meetings for two years listening to the neighbors express valid concerns, trying to negotiate, trying to compromise, but being met with no compromise on the part of the hospital/Sabey Corporation. There has been no effort to reduce square footage a realistic amount.

It is obvious that this lack of an effort to compromise is fueled by the fact that Sabey Corporation owns so much of the campus. The most egregious building plan, the monolithic, five-story, two-block structure, on the east side of 18th Avenue, is owned, solely by Sabey. The neighbors have said, many times, that if the for-profit businesses, being developed by Sabey, were moved elsewhere (research facility, laboratories, etc.), the actual hospital could expand to a square-footage that might be acceptable to the neighborhood. However, this becomes laughable due to the fact that the push for such an aggressive MIMP is *because* Sabey Corporation owns the property. If Sabey were not trying to piggy-back on the MIMP process, there is no way they would be able to develop the 18th Avenue block, to such an aggressive height, bulk and scale, on a parcel of land that is contiguous to residences. Sabey Corporation is masquerading as a major institution.

Another obvious point is the apparent lack of concern on the part of Sabey/Swedish regarding the increase of traffic. The DEIS shows, clearly, in the traffic study portion, that this neighborhood's traffic flow will be downgraded from A, B, C, and D (in the most congested areas) to an F. "F" means gridlock. A world class hospital does not build twice its square footage in a neighborhood serviced only by residential streets.

Many people have come forward in the last few meetings, patients and doctors, to speak in favor of the expansion, sighting patient care as their motivation for wanting the expansion. Patient care will suffer as a result of the expansion due to the influx of thousands of new hospital-users, and no upgrading of the institution's streets. Even bus service is being cut in half, when it needs to be expanded by more than twice its capacity.

Egregious height, bulk and scale of buildings; unethical, corporate involvement; and traffic gridlock are just three of the many reasons why this MIMP should never have gotten this far, and why it should be rejected in its entirety.

Thank you for your time,

Abil Bradshaw

June 2014

To: Ms. Stephanie Haines, Land Use Manager
Department of Planning and Development
Attn: Public Resource Center
700 5th Avenue (Suite 2000)
P.O. Box 34019
Seattle, WA 98124-4019

Ref: Master Use Permit No. 3012953

Project Address: 500 17th Avenue

Dear Ms. Haines:

I wish to express my opposition to the planned expansion of the Swedish Cherry Hill Medical Center as set forth in the Draft Major Institutions Master Plan and the Draft Environmental Impact Statement.

This expansion is unacceptable in terms of height, bulk and scale. It does not balance the needs of the neighborhood with the needs of the institution.

Along with the increase in the height, bulk and scale, there will be an increase in traffic (5,000 commuters or more daily) that is not mitigated and will adversely impact anyone living in, working in, shopping in, recreating in or travelling to or through this neighborhood for any reason. This does not include the number of delivery trucks coming into the neighborhood each day, travelling in and out of the neighborhood and idling while waiting to unload. The increase in traffic will cause long waits at intersections during peak hours, more traffic on neighborhood side streets, more auto accidents, more pedestrian-vehicle accidents and more cyclist-auto accidents.

There will be dramatic shadowing of the surrounding area that will impact the livability and quality of the neighborhood affecting not only humans, but also the plants and animals that make our environment more pleasant. Ironically, this is coming at a time when the city is trying to become more "green".

Even without the shadowing, the height of the buildings will block views of the sky for most of the neighborhood greatly damaging the aesthetics of the neighborhood.

There will be an unacceptable increase in light pollution, air pollution, noise pollution and probably even a change in air movement across the campus. This will, of course impact the thousands of people who live in and who come into the neighborhood each day. Swedish/Sabey had offered no solid plans to mitigate these effects.

The environmental impact of the increased energy consumption from the expansion is not even mentioned in the DEIS. I do not understand how this can be acceptable.

Runoff from the impermeable surfaces of the campus will very adversely impact the neighborhood. Currently the runoff is uncontrolled during heavy rainstorms and the DEIS offers no solution to this, or to the added runoff that will accompany the expansion. The flow of the well known underground stream near the campus has not even been considered. I understand that this is the same underground stream that was involved in the drowning of a woman in Madison Park in her daylight basement several years ago, so it seems unreasonable that it should be ignored.

The setbacks planned are inadequate. There is inadequate or no transitioning to the neighborhood of primarily single family dwellings. The only apparent concern of the developer seems to be the developer's needs, not the neighborhood's.

The original James Tower, which is a historical landmark will be obstructed from view from 3 directions. This is completely ignored in the DEIS.

In the Children's MIMP there was mitigation of traffic in the form of off campus parking for staff, support for bicycle commuters, subsidies for transit users, etc. It is my understanding that Children's paid \$3 million in mitigation to the community. Swedish/Sabey has offered virtually nothing for mitigation in this plan. The committee that they have proposed to "study" traffic generated by the expansion cannot be seriously considered as a solution to the problem.

Swedish/Sabey has repeatedly failed to listen to the concerns of the neighbors. It has not shown any real inclination to negotiate or compromise. It has not fully examined other options to satisfy its purported need for more space, which should include moving some of its functions off campus.

The DEIS fails to address these and more issues adequately. It is filled with misleading statements, omissions, inaccuracies and exaggerations. Those have been explored in detail by other neighbors opposing this plan: Bob Cooper, Nicholas Richter, Bill Zosel, Vicky Schianterelli, Ellen Sollod, Jerry Matsui, and others. I endorse their observations and conclusions. These misleading statements, omissions, inaccuracies and exaggerations are so glaring that they call into question the competency or the objectivity or both, of URS, the company that Swedish/Sabey chose to write the DEIS. Frankly, the report seems extremely biased toward the company that bought the report.

In view of the above, I urge you to reject this DEIS and MIMP completely. They are egregious in their lack of attention to their true purpose. Because of the poor performance of URS, I suggest that the DPD itself choose another independent entity to repeat the EIS and have Swedish/Sabey pay for another.

Sincerely,

Aleeta Van Petten

6/25/14

Project Number: 3012953 Project Address: 500 17th Avenue

Dear Mr. Sheppard, Ms. Haines, and Members of Swedish Medical Center,

Recently while visiting the Cherry Hill website maintained by Swedish to provide information about the project, I was greeted with an invitation to "become a supporter". In addition, my understanding is that there has been a direct mail flyer sent to some (but not all) residents with information about how to "become a supporter" of the project. While Swedish is entitled to conduct this type of marketing, the lack of information provided by the flyer (a common theme with other documents in the MIMP process) does not provide the recipient with sufficient information to make an informed decision about whether to support the plan or not. In addition, the timing of the flyer does not reflect the type of community engagement that is held in high regard. It is, in short, a political stunt as demonstrated by the fact that this is the *first* mail notification sent to the broader community asking for engagement in this *two year* process.

To address the first point, there is no information provided about the actual plan, such as a rendering, that would allow the recipient to have an understanding of the height, bulk, and scale of the plan being proposed. The hospital is asking the recipient to endorse their plan based on the fact that they are a hospital, and not on the merits of the plan itself. While Swedish does provide a value community service, the purpose of the CAC and the MIMP process is to ensure that the physical design of the facilities balances the needs of the community and the hospital. A key component of this is whether the height, bulk, and scale is

compatible with the surrounding community. As mentioned in previous documents, the present MIMP is unprecedented in Seattle given the amount of development proposed and the surrounding context. There is zero information presented in this flyer that would allow a "supporter" to actually understand what they are supporting.

In addition, the webpage prompts the user to sign up as a supporter in order to receive updates and access the website. This marketing practice, more at home on click bait websites like buzzfeed and other low level news aggregators, again does not allow the user to see anything that would allow them to make an informed decision. Once they are signed on as a "supporter" there is no way to remove their name from the list if they review the documents and decide that they are not in support of the plan. In contrast, members of the community who have been discussing the plan with other neighbors have printed copies of the plan and the renders that are part of the plan. This information *about the plan and proposed development* is presented for the neighbor's consideration *before* any possible decisions about supporting or objecting to the plan are made. Furthermore, the "sign up for updates" aspect available for supporters is an odd addition as this type of update list might have been useful for members of the public that have been engaged in this process for the past two years.

In short, Swedish is asking visitors to their website and recipients of the mailer to voice their support before they know what they are supporting, which is manipulative and dishonest. It is easily foreseeable that people may sign up as a "supporter" based on false impressions about the proposed plan and later regret their "support" after seeing what is actually being proposed. Therefore, the data gathered from this exercise should be viewed as suspect, since there will predictably be bias induced by false data in the dataset.

This brings me to the second point: Even ignoring the fact that there is no information provided in the flyer or website prior to being asked to make a decision to support a most likely unknown project, the timing of the flyer suggests that the purpose is purely political. The Swedish MIMP process has been active for more than two years. During this time, zero direct flyers have been sent to neighbors advertising opportunities to contribute to the plan. This sudden interest in getting people to the meetings and speaking in favor of the plan is new. The type of deliberative planning that serves as the theoretical roots for the MIMP laws places heavy emphasis on the early and active engagement, as well as active recruitment of stakeholders with differing positions. The core concept is that early intervention leads to better plans by catching gross errors when they are most easily corrected. If SMC had been conducting earnest community engagement in this process, we would expect to see flyers come out at some point earlier in the multi-year process.

As it only appears now, after the documents have become "official" and the alternative have the appearance of being set, the flyer appears to be marketing and political maneuvering to pass the flawed plan that they have presented. The plan is deeply flawed and disappointing. These new voices effectively have no say in the process since the "decisions" are already made. They will not have been involved in the process, will not have spoken at any of the meetings, and, very likely, will not have reviewed the plans. When these new participants do speak, I will predict now that you will hear very little about the plan itself and much more about the good the hospital is. However, what is being deliberated is the physical plan, not the emotional value of the hospital or its effectiveness as a medical provider. This is a major institution master planning process, not a hearing for a certificate of need.

In addition, despite the fact that public commentary is available to all members of the public and that the CAC has been generous in ensuring that all members of the public are afforded time to speak at the CAC meetings, few if any people have ever spoken in favor of the plan. If there was broad community support for the hospital, we would reasonable expect to have heard more positive stories about the plan itself. However, it has been my experience that when members of the public are presented with the actual plan and asked to consider the details of the plan (be it the height, bulk, and scale, the transportation impacts, or any of the other myriad of impacts), an informed member of the community generally concludes that the plan does not effectively strike a balance that preserves quality of life, reflects context sensitivity, and allows for expansion of the hospital.

This is conclusion that I have reached as an informed member of the public and after extensive review of the documents provided by SMC over the past two years. The current flyer and the website are not designed to provide the information needed to reach an informed conclusion. The hospital is trading on the good will generated by their role as a healthcare provider and not on the merits of the plan they have proposed.

Thank you, Nicholas
Richter

Ms. Stephanie Haines, Land Use Manager
Department of Planning and Development
Attn: Public Resource Center
700 5th Avenue (Suite 2000)
P.O. Box 34019
Seattle, WA 98124-4019

Ref: Master Use Permit No. 3012953

Project Address: 500 17th Avenue

Dear Ms. Stephanie Haines, Citizens Advisory Committee, and all other concerned parties:

I am very concerned about the proposed expansion of the Swedish-Sabey Cherry Hill business campus.

As an educated citizen of Seattle, I have attended many of the C.A.C. meetings and city hearings with an open mind. I have listened closely to both sides of the issue. But after much research and deliberation, I do not believe that Swedish-Sabey has made a very strong argument as to why they need all this additional space and, more importantly, why they need that space in our neighborhood.

Time and time again their staff and patients have testified to the "world class" care they provide and receive. But then they tell us how much of that care goes to people who come from very far outside our Seattle community. Their surgeons and staff all stressed that they pull in business from as far away as Alaska, Idaho, and Montana. And even the so called "local" customers who chose to speak seemed to come from Bothel, Kirkland, Renton, Bremerton, etc.

Therefore, I ask why is there this push to do this expansion at the current Cherry Hill location? It seems their customer base would be much better served in a downtown setting, or near SEATAC airport to accommodate the distance they must travel.

But the answer to this question stems from Swedish's business partner and major commercial developer -- the Sabey Corporation. It is a well-known fact that Swedish (a non-profit hospital) sold off much of their campus to Sabey (a for-profit company). Sabey has used this opportunity to expand their business operations surreptitiously into a residential neighborhood. Most of Sabey's tenants have little or nothing to do with Swedish's operations. Sabey has just piggy-backed their business operations onto Swedish to try to circumvent the high cost of downtown real estate at the expense of the livability of our central district neighborhood

Sabey knows they would never be allowed to come into a residential neighborhood and start building a 200-foot commercial office complex on their own. But they think can get away with it if they do it under the guise of Swedish's master plan. So if Swedish really does want more space, they could easily obtain all they need by using existing Sabey-occupied space.

It is my understanding that Sabey also plans to develop some of this space for retail purposes. As a longtime homeowner in the Squire Park neighborhood, I find this very disturbing. When I purchased my house back in 1992, I knew full well that Providence Hospital was less than a block away. I looked forward to living near this beautiful historic building and was proud to have it as my neighbor. But I never imagined that a hospital would turn into a major office building with street-level restaurants, retail shops, and Starbucks coffee. This would be totally out of character with our historic neighborhood and again contradicts Swedish's claims that they need the space for "hospital" purposes. Note: if they are allowed to have retail businesses on-site, their "store fronts" should only be accessible from within the campus. We, as residents of the neighborhood, should not be directly subjected to their commercial operations.

So this leads me to the main point of this letter: The size, bulk, scale and height of the Swedish/Sabey plan is just too ambitious and massive for our Seattle's central district neighborhood. It was just few years ago that Swedish sold the flagship campus building to Sabey, who then doubled its size by enclosing the beautiful old U-shaped building. Now they are trying to double the size again. They talk about their needs for hospital beds, but they don't want to make any concessions about non-hospital use space

There seems to be no regard or thought to this being a historic, single-family neighborhood. It is very important to the city of Seattle to keep some affordable housing with a diverse population close to downtown. And our neighborhood fits that bill. We are a proud neighborhood with a long history of different ethnic groups coexisting in relative harmony. And we have co-existed with the hospital for all these many years too

But Swedish/Sabey has not always been a good neighbor. Their employees park illegally on our streets (often with bogusly obtained handicapped parking placards). These same employees litter our yards with their trash and cigarette butts. (Since they are not allowed to smoke on their property, they walk across the street into the neighborhood to smoke.)

If their unabated plan goes through, these conditions will only get worse. And the result will only bring more traffic to an already stressed area.

So please do the right thing and reject the proposed Swedish/Sabey expansion. The plan needs to be scaled back to something that does not destroy the integrity of our livable Seattle neighborhood. A hospital is important. But it is also important that working families can afford livable areas near downtown in this great city.

A business should not be allowed to negatively affect the quality of life of your citizens. The city of Seattle needs to preserve this single-family neighborhood.

Thank you for your time and consideration.

Regards,

Thomas Wasserman

July 4, 2014

TO:

prc@seattle.gov

Stephanie Haines, Land Use Manager

Department of Planning and Development

Attn: Public Resource Center

PO Box 34019

700 5th Avenue, Suite 2000

FROM: Greg Harmon

RE: Swedish Medical Center Cherry Hill Campus Master Plan

project number: 3012953

project address: 500 17th Avenue

I oppose the alternatives presented in the May 22 DMIMP, and they should be rejected. One of the stated purposes of the MIMP is to "Balance a Major Institution's ability to change and the public benefit derived from change with the need to protect the livability and vitality of adjacent neighborhoods" (SMC 23.69.2 B). The DMIMP presented is onesided and does not protect the neighborhood nor "minimize the adverse impacts" of the development.

A number of neighbors have submitted very thoughtful, intelligent and detailed comments on the DMIMP and DEIS already. I wish to endorse their comments as follows: I support the comments of Ellen Sollod (dated June 12, 2014, 4 pages). I support the comments of Bob Cooper (31 pages, "Formal Comments on the 22 May 2014 Swedish Medical Center DMIMP and DEIS")

I support the comments of Nicholas Richter ("Swedish Cherry Hill MIMP DEIS Commentary", dated June 9, 2014, 10 pages).

Overall Height, Bulk, and Scale

The overall height, bulk, and scale of the existing proposals are fundamentally incompatible with a primarily single family and lowrise neighborhood. Building a 240 ft (Alternative 8) or 200 ft n(Alternatives 9.10) in a residential neighborhood is not sane. We are not an Urban Center/Village. We cannot handle the kind of traffic that will bring. We should not have to live with its shadows every day of the year. Look at the first person viewpoints of what this proposed construction would look like. It makes you feel like you are downtown (e.g. Figure 3.411 on page 3.415).

You wouldn't remember you were in a residential neighborhood until you drove off campus and found yourself stuck at a stop sign forever because there are too many cars for the residential streets to handle.

Floor Area Ratio calculations

When Swedish presents their requests for exemptions in the calculations for FAR, there are 2 problems that stick out. One is that servers should not be exempted, especially because Sabey's main lines of business is providing data centers. Although an unlikely location for such a use, they should not get free reign to fill in space on campus with servers. The other exemption that does not make sense is exempting parking above grade. Putting parking at/above grade is a poor use of space for an institution planning its long-term growth within tight space constraints.

Existing Over-Development

The recent addition to the James Tower building appears to be built larger than was allowed in the 1994 MIMP. The 1994 plan called for a building that was 3 stories above ground and 2 stories below ground. [Ref: 1994 MIMP, page 14, "Develop Skilled Nursing Facility"]. The actual building is 6 stories above ground! The fact that this was overdeveloped should be considered when determining what is appropriate for our residential neighborhood. It increases the importance of having smallscale development on the 18th Ave halfblock to transition to the residences on the other side of their MIO boundary.

Transition on 18th Ave/Eastern Boundary

The DMIMP has a long way to go before getting to an acceptable transition on the eastern boundary with that half block along 18th Ave. This is abutting people's private, single family homes. A 50 ft building has no place in someone's backyard. Alternative 8 and 9 propose a 612 ft fence against the property line (because the grade varies) and then a 10 ft setback from the building. Anyone else in this SF5000 zone would need a 25 ft setback. Alternative 10 still has the

same fence, but at least is 25 ft back. Unless you can see through that fence, it will be a terrible transition.

My point is that the MIMP must make it feel like a transition. There should be multiple buildings, not a monolithic 2block wide structure. They shouldn't be taller than SF5000 allows, which would help maintain views of the historic James Tower bell tower.

Aesthetics/Light, Glare and Shadows in DEIS

The mitigations listed in 3.4.3.4[Mitigation Measures] talk about what Swedish "would do". It should use stronger language like "shall", and have some way to enforce the mitigations. I don't know if James Tower was planning these mitigations, but it definitely does not include: "Interior lighting would be equipped with automatic shutoff times". I see lights on in that building at night. The days picked for the shadow studies are: summer solstice, fall equinox, winter solstice, and spring equinox. The equinoxes have the same shadows; a different day should be picked for the 4th one to examine.

On the winter solstice, the sun only gets up to 19 degrees in the sky. The shadows from Alternative 8 at 3:30pm would extend 34 blocks beyond Cherry St! That is a huge swath of residences to impact. That takes away sun for being outside, growing a garden, having solar panels. Swedish/Sabey should not be able to take away that much of the sky. Public parks are protected to minimize shadow effects. Firehouse Mini Park is kitty corner from the MIO boundary (at 18th and Cherry). The existing building already affects it, but the park would be in a much larger shadow with the proposals in the DMIMP. The DEIS minimizes the greatly increased shadowing it would experience. The DEIS includes this bit analysis of the shadow impacts: Shadow impacts would be typical of an urbanizing area – one that is transitioning to more intensive development.

There is nothing typical about building a 240 ft or 200 ft building in a residential area. There is no way that this is part of regular urbanization; it's way out of proportion to this area.

Transportation

The transportation analysis shows just how weak and lacking the mitigations and TMP are. Swedish's goal for SOV (Single Occupancy Vehicle) trips was 50% in its last TMP, and was never met. It's a sad goal to aim for 50% again, but what evidence or assurance do we have that they will meet 50% under this new TMP? None. It talks about pilot programs without any enforceable mitigation. Why is it hard for Swedish to meet its SOV goal? That's not for me to answer, but I expect that the bus service to the area is one factor. They are served by lines 3, 4, 64, 84, 193, 211, and 303. Of those, only routes 3/4 operate all day; the rest are peak hour routes. (84 is a nightowl that runs twice a night.) Bus routes 3 and 4 actually overlap for quite a bit of their routes. And with the Metro bus cuts, route 4 is being eliminated completely. All 3 alternatives would result in FOUR intersections operating with a Level of Service (LOS) of "F" in the afternoon peak and TWO at LOS "F" in the morning peak. This is a clear sign that this neighborhood cannot handle the volume of traffic proposed. As presented, this must be rejected unless the scale is reduced and traffic mitigations are provided. (ref: Table 11

"Summary of Potential Operation Impacts", page 19.)

RPZ Program:

The proposed TMP talks about "redirecting RPZ payments into other neighborhood transportation funding sources" [DMIMP Table D4, page 95]. It's unclear what this means, and whether Swedish plans to stop fully funding the RPZ program. If anything, it should be expanding the RPZ program to reduce the amount that staff/vendors park in the neighborhood. Bicycle Master Plan:

The Bicycle Master Plan was adopted April 2014. It includes 18th Ave between Cherry and Jefferson as a Neighborhood Greenway. This makes putting a parking garage on 18th in conflict with the goal of Greenways as being low car volume and safer for bikes/pedestrians. A large parking garage should not be allowed on 18th.

(<http://www.seattle.gov/transportation/docs/bmp/apr14/Seattle%20BMP%20Master%20Map.pdf>)

Conclusion

The DMIMP is so outrageous and the DEIS is so poorly done that they should be outright rejected. Swedish is a regional hospital system (that's part of the even larger Providence Health & Services) that should be growing responsibly across their system. They are trying to shoehorn something into the neighborhood that does not fit with the scale here. They can grow here, but their current plan does not strike the balance sought in the Major Institution Overlay District

Department of Planning and Development
Attn: Public Resource Center
700 5th Avenue, Suite 2000
Seattle, WA 98104-4019

July 5th, 2014

RE: Project Number 3012953 / Swedish Medical Center Cherry Hill Campus Master Plan

Draft Environmental Impact Statement (DEIS) and Draft Major Institution Maser Plan

Following are my comments on the process of community input for the current DEIS and draft MIMP:

To Whom It May Concern:

The Swedish: Cherry Hill MIMP process, of late, is getting extremely frustrating. Not only has Swedish refused to negotiate with the neighbors, and compromise, reducing the over-all square footage of the project in any substantial way over this two-year period, but the new, Swedish contact-person, Andy Cosentino, appears to not care about input from the neighbors, at all. At the CAC meeting on June 26th Mr. Cosentino, with his back to the audience, fidgeted, checked his cell phone and slowly leafed through the 400-page MIMP, while the neighbors were giving public comment. Several speakers were moved, by his inattentive attitude, to ask him to pay attention to our comments, to which he nodded his head, but kept his back to us while looking down and fidgeting. His general demeanor was flippant, and self-important, with attempts at being intimidating.

This sort of behavior gives Swedish the look and feel of an unsympathetic, uncaring institution only interested in their own agenda. This is the opposite of how an institution that offers, medical care to the public, should act. In your marketing materials you write about supporting the community. I think Mr. Cosentino should familiarize himself with these materials.

I encourage Swedish to find another person to represent them; one who can, in good faith, show interest in what the community members have to say about this important expansion.

Thank you,

Abil Bradshaw

7/14

Dear Department of Planning and Development:

I have lived since 1987 at 815 18th Avenue, Seattle 98122 with my wife Thu-Van Nguyen. We have raised four children here. We and others in our family have had many episodes of receiving health services at Cherry Hill over the years, and the care was on the whole excellent. We have recently attended several meetings about the proposed Swedish expansion at Cherry Hill, and wish to add our comments for your consideration:

- We appreciate the valuable services Swedish Cherry Hill provides to the community, and we acknowledge the value of building a world-class neuro-sciences program there.
- But we agree with those in our community who reject the project's proposed bulk, height and scale as totally inappropriate to what is and should remain a predominantly single-family, low-rise residential neighborhood. As proposed, the expansion would have serious harmful effects on the neighborhood.
- We have not been convinced by any of the presentations by Swedish that the proposal is properly based on the future needs of patient care and services on this campus. We suspect the scope of the proposal is driven by the corporate interests of Providence Health & Services (AKA Swedish) and Sabey, Inc. It is extremely frustrating that we have not been able to get adequate answers on what programs and functions would be located on this campus.
- For example, is it true that the expansion would include a large data center? If so, is this something that inherently needs to be on the campus in connection with patient services there, or could it be housed elsewhere?
- Significant portions of the campus were sold by Swedish to Sabey, Inc and now house non-Swedish businesses. Why is some of this space not available for the proposed Swedish expansion?
- Please note that we would *not* support moving the NW Kidney Center out of its 15th Avenue location, as this is a wonderful community-minded program that represents a huge recent investment by NKC.
- We have been disturbed by the cavalier attitude of some of the Swedish Neuro-sciences Institute representatives at the CAC meetings. This amplifies our suspicion that proposed expansion did not consider the needs of the surrounding community.
- We were offended, as many in the neighborhood were, by the "Growing to Serve You Tomorrow" mailer we received just before the June 26 CAC meeting. This, too, reinforced our feeling that Swedish/Providence is not concerned with the needs of the neighborhood but is just engaged in a slick PR campaign to make it appear so.
- We support the call for the CAC to add members who live in the immediate neighborhood of the Cherry Hill campus.

Thank you for including our comments in your deliberations. We will continue to attend CAC and Squire Park Community Council meetings, talk with our neighbors and advocate for neighborhood-friendly changes to the proposed expansion.

David Loud
Thu-Van Nguyen

Stephanie,

I suspect that you have heard by now that some of the neighbors developed a scale model (1/32"= 1') of the Swedish MIMP Proposal Alternative 10 to demonstrate the height, bulk, scale, density and intensity of the proposal relative to the elevation change over the site and in relation to the neighborhood residential. I am including some pictures that were taken of the model during the recent CAC meeting where it was presented. This is the first time that there has been any illustration of the grade change and its impact on the heights and the neighborhood. We derived the heights and other information using the diagrams provided in the MIMP of the proposed MIOs and the proposed lot coverage. We used the Callison architect's method for deriving the heights, east to west by using the mid-block elevation and extrapolating what that would mean. For example, a 200' tall MIO building on 15th becomes 215' plus the 10' mechanical on the roof. The model clearly demonstrates the lack of transition between the institution and the neighborhood. It also shows the canyon effect on 16th Avenue (please note that I failed to include the skybridge). Also we used the grades on Cherry Street but did not lower it to Jefferson, which means that, in fact, the real impact is even greater than the model suggests. I hope that this is helpful to both the CAC and DPD in making its recommendations.

If you would like to see the model, it is in my studio and I would be happy for you to drop by at your convenience. Please let me know if you would like to see it.

Stephanie,

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If you would like to see the model, it is in my studio and I would be happy for you to drop by at your convenience. Please let me know if you would like to see it.

Regards,
Ellen,Sollod

Check all that apply and please return this card quickly.
We will send additional information about the plans.

I support Swedish Cherry Hill and their need to grow.
Please use my name as a supporter!

If there is a public hearing I will speak in favor of the project.

**GROWING
TODAY TO SERVE YOU
TOMORROW**

HERE IS HOW TO CONTACT ME:

Name VANESSA MOLANO

Address _____

City _____ Zip 98122

Phone (days) _____ (evenings) _____

E-mail _____

Comments _____

Please return this card today. Thank you for your support!

Approximately 40 such cards received.

Dear CAC members,

Since two minutes is barely enough time to hit the high points, I am again following up last night's meeting with some additional comments.

First and foremost, I implore you to get out of the weeds and follow Dean's lead in addressing the height, bulk, and scale of the proposals being presented to you. Please don't get lost in the amenities (shiny, flashy things) they're trotting out – the real need is to mitigate new development to minimize impact on the neighborhood that pre-dates the hospital.

The neighborhood concerns I provided to you on paper last night are also attached electronically.

Last night, SMC and its architect presented a model of “what buildings might look like” under the MIMP you are considering. (emphasis added.) Note “might.” The model by Ellen Sollod shows the envelopes that they have to work inside. Keep in mind that these are two very different things, and there is absolutely no guarantee that the model presented by SMC is what they will build.

And what they showed as lower heights looked to be made up for by bulking up buildings.

It was noted that they have no intent to build flat facades. This is specious. They are required by law to modulate facades.

Some other thoughts on what was shown:

Open space between a re-aligned driveway and door? This is laughable.

And the 25' strip they propose between development on the east side of 18th and the neighbors on 19th violates the basic tenants of public safety in landscape design. It is behind buildings, adjacent to private backyards, and provides cover for anyone with nefarious intent. Public access across minimal fencing is not something neighbors asked for or want. (My best information is that this was trotted out without asking a single neighbor on 19th what they thought of it.)

The “Health Walk?” Who asked for this? This mitigates nothing.

The Child Care Center? This was promised in 1994, and I was excited that there might be affordable child care in the neighborhood (slots were promised to neighbors). My child is now 30 and there is still no child care center. This is a perfect example of the need to tie promises to permissions in the MIMP.

A gym? Just another profit center. Not aware anyone asked for this, either.

Transportation options shown in the Power Point presentation included busses, which are being cut by Metro, and the Seattle Streetcar, which is outside of any standard definition of a walk-shed.

There was also the discussion of the transportation board SMC has established. This might lead to some impact on the parking and traffic in our neighborhoods, but it seems to be too little too late. SMC has not achieved the 1994 goal of less than 50% of employees arriving in single occupancy vehicles over the 20+ years it has been in effect. Absent concrete actions – such as immediately requiring vendors to show a parking stub before being allowed to do business on the property – I have little hope they'll make much progress, and you should be skeptical, too.

What is on the table now, and what they seem likely to propose as “new” alternatives, are fundamentally incompatible with the neighborhood and the city's comprehensive plan. Sabey's own lawyer is arguing (in a completely separate case for another client) that major development belongs in urban centers and urban villages, and he's right. Following that advice, absent a significant reduction in proposed height, bulk and scale, you should heed his advice and reject the MIMP.

If you would like to talk one-on-one, please feel free to contact me at any time.

Bob Cooper

August 2014

Last night's meeting was depressingly illuminating. Swedish continued to press for the same 2.75 million square feet and the committee seemed to think they had made some kind of compromise. The monolithic 160'h x 10' (mechanical) monolith

running from 16th to almost 18th makes an impenetrable wall along Cherry Street and sends shadows north of Marion. 150'h on 15th Avenue does not make a transition between the boundaries. The multi-use path on the east side of the 18th development is not defensible space. The "view corridors" on both sides are not amenities and the one on 18th is an infringement on the privacy of the neighbors. The increase in height at 15th and Jefferson exacerbates the monolithic character of the 15th Avenue block. The other proposed community amenities were laughable—e.g. creating an opportunity for the neighbors to garden on their property? Really, we have yards. Furthermore, not one of these so-called amenities was generated either through consultation or listening to the neighborhood. The so-called health walk is just plain silly. Why would we choose to walk around the campus on arterials when we can walk in a leafy, green neighborhood that is human scale. Not one of these "amenities" is mitigation, as Vicky so clearly pointed out.

The CAC has repeatedly expressed concern about the traffic impacts of this development. Am I missing something or is the committee not tracking that the increased traffic is a DIRECT result of the increased height, bulk, scale, density and intensity of development. Going from 1.2 million square feet to 2.75 million square feet will generate unmitigate-able traffic impacts regardless of how it is arranged on the campus. This is not a claim by the neighbors. It is a specific statement in the DEIS.

The statement was made last night that density is good and we should get used to greater density in the neighborhood. I'd like to remind the committee that the area south and east of the campus for MANY blocks is currently zoned SF5000. The area north just along Cherry is L3 with much of the rest L1 or SF5000. There is no intention by the city to change this residential zoning at any time in the known future. The campus IS NOT in an urban village where density is welcomed and appropriate.

The MIMP must be rejected. Swedish simply must locate some of its expansion elsewhere. It has three campuses in the City and a fourth in Issaquah. It is part of Providence Health Services, the seventh largest medical provider in the nation. Is it really inconceivable that there is no other location where this kind of development would can go?

So far, the neighborhood's needs and Swedish's wants have not been balanced in anyway. I appreciate that the CAC are all volunteers, giving of your time and an attempting to do your best. It is essential that all members participate and review the Land Use Code for guidance. This kind of inappropriate development does not conform with its intent.

Respectfully submitted,
Ellen Sollod

August 16th, 2014

RE: Project Number 3012953 / Swedish Cherry Hill

To Whom It May Concern,

This is a letter to the CAC to stimulate discussion and answer a question I have regarding traffic and emergency vehicles coming to and leaving from the proposed new expansion of Swedish Cherry Hill.

Traffic gridlock is, clearly, anticipated around the hospital in all directions, and all the way to the freeway, in the DEIS. I am not asking about the emergency-vehicle driveway located at the campus, but the traffic congestion on the streets around the campus. My question is: How will ambulances navigate traffic gridlock in the neighborhood going to and from the hospital, and wouldn't gridlock put patients' lives in jeopardy due to longer ambulance rides, and put drivers of cars in greater danger of accidents?

This is a serious matter of life and death. Please ask whomever the point-person is for this issue, and do not allow them to 'corporatize' the answer. The neighbors have been very frustrated, lately, with the presentations and answers to serious questions that seem nothing more that promises and placations.

How will ambulances navigate traffic gridlock in the neighborhood going to and from the hospital, and wouldn't gridlock put patients' lives in jeopardy due to longer ambulance rides, and put drivers of cars in greater danger of accidents?

Thank you,

Abil Bradshaw

August 2014

Hello everyone,

While some CAC members are frustrated with the same messaging from the neighbors every month, the neighbors are frustrated with CAC members not listening or understanding what is repeatedly being said. I believe this has to do with a variety of factors: some CAC members are new neighbors and some don't live in this neighborhood so there is a lack of understanding of how and why we got here; neighbors only get 2 minutes once a month to tell CAC members everything; folks don't always read or understand everything submitted; etc.

Some of us have been past CAC or SAC members - we lived through it before with many lessons learned. Providence/Swedish/Sabey (PSS) doesn't want any of us to be CAC members this go round for a reason (one of their lessons learned - you can't always get what you want from people who know where the "bodies are buried"). As the Vice Chair of the CAC for the 1994 MIMP, I knew what was coming... That is why I provided you with my amenity versus mitigation sheet at the meeting; because I knew exactly what would happen at this meeting, exactly what PSS would propose, exactly how the CAC members would react, and exactly how the neighbors would respond (all from lessons learned; history repeats itself).

I will attempt to "translate"/put in context just a very few specific examples. First some background about 18th Ave to provide context:

18th Ave and open space (PSS had 14% in 1994) requirements were traded by the neighborhood in 1994 in exchange for *18th Ave being transitional in use, design, and height, bulk, scale, density, and intensity* with open space reduced to 10% for the whole campus (a lot of it to be along 18th Ave eastside). The Inn, gym, and daycare center were stipulated in the 1994 MIMP to be located along 18th Ave eastside. Yard setbacks of existing structures that are 40' would be retained as much as possible with some understanding of changes in setbacks to be in compliance with the SMC (25') with replacement structures, providing the bulk, scale and density of these structures would remain individual buildings with side setbacks to maintain open space (to off-set the expected development on the rest of the campus). *The current open space on this campus is 5.36% based on PSS's current estimates, in violation of the 1994 MIMP and ordinance.* So this is the starting point for the neighborhood, not Alternative 1 which PSS claims is the no-change alternative. The neighborhood sees Alternative 1 as increasing the FAR (width, bulk, scale, density, and intensity).

The draft MIMP asks for exceptions and exemptions of the code as it relates to heights, setbacks, parking, etc. without any mitigations or transition to the neighborhood. Our meeting last Thursday was a showing of PSS possibly letting go of a couple of exceptions/exemptions, not providing mitigations or amenities:

- The 25' path along the 18th/19th Ave is the setback specified in the SMC (remember PSS wanted an exemption from the SMC to build the concrete wall to the fence line). It also means less open space than what we were supposed to have under the 1994 MIMP. This is about losing the transition between PSS and the neighbors. Reducing an existing rear yard setback as buffer between the neighbors and the campus is not a mitigation or amenity. Opening it to public use creates a safety and health risk (where's the security patrol and maintenance plans??? and who is paying for it???) to the near neighbors. Putting neighbors at risk reinforces that it isn't an amenity or mitigation, which is why I have specifically said this must be green but with limited access. So when you add additional height of 50'; and more than 5 times the parking than what is currently there or stipulated in the 1994 MIMP; and another loading dock; and the five to six buildings from the original plan turns into a single contiguous building; with reduced setbacks - where is the transition to the neighborhood??? and the mitigation??? So a few of my own personal thoughts:
 - return to the 10% open space for the full campus as stipulated in the 1994 MIMP and ordinance (mitigation);
 - keep the 40' rear yard along the 18th/19th Ave fence line as part of the open space; reduction of the rear yard, even to SMC minimum limits must be mitigated:
 - shove the building underground (e.g., Group Health has four levels underground) and count this towards the FAR (mitigation);
 - the top floors peaking out to look like separate buildings with side yards, not to exceed 37' in height (this will allow the green path along the 18th/19th Ave fence line to actually be green and grow something (mitigation)
 - plan to put transitional, more residential appropriate uses along 18th Ave eastside
 - all loading docks go underground or have drive-through/turnaround capability and all loading docks permitted to operate between 7am and 10 pm M-F (mitigation)
 - move the Metro bus waiting area currently in front of the 18th Ave townhouses along Jefferson to anywhere between 17th and 15th Aves in front of PSS properties along Jefferson (mitigation); the current location is a safety hazard to cars, bicycles and pedestrians attempting to cross Jefferson
 - keep the number of parking slots the same as in the 1994 MIMP along 18th Ave and get down to 30% SOV
 - design guidelines for elements to the buildings viewed from 19th Ave: materials that reduce or eliminate noise, glare, and heat reflection; window placement/light providing privacy for the near

neighbors (including our bedrooms); night lighting not be institutional or invasive, but provide security; maintain some continuity of the brick elements from the westside of 18th Ave seen between and above the 18th Ave eastside structures; develop the 18th Ave eastside structures to have the "feel"/look of multifamily housing structures viewed from behind; angled, peak roof lines to hide and muffle the mechanical (mitigation)

- *anything required by code is not considered mitigation, an amenity, or public benefit*
 - turn the public "planting strips" along the eastside of 18th Ave into a "meandering" green sidewalk path in front of the buildings to create more rear yard setback along the 18th/19th fence; line with bike racks around the poles and benches along the way to create a friendly place to pause; this will give the illusion of transition between the westside and eastside of 18th Ave (amenity); *please note that on 18th Ave, the extra-wide sidewalk and the extra-wide planting strip on the eastside of the street is almost double the westside of the street*
 - reduce parking for employees on the campus to 50% of total SOV (e.g., Children's) (mitigation)
 - mitigations and amenities installed first before campus construction is allowed (mitigation) - that wasn't stipulated in the 1994 MIMP and the neighborhood got screwed over for it
 - eliminate uses/FAR that prevent getting to 30% SOV (mitigation)
 - PSS pay for all the enhanced street mitigation beyond the SDOT requirements (i.e., signage, bulbs, street lights, stop signs, crosswalks, bike paths, pedestrian enhancements, expanded 100% subsidized RPZ zones, etc.) as part of TMP (mitigation)
- On the westside of 18th Ave, Sabey added two floors without SAC review, a violation of the SMC - one of the reasons why we have problems with the loading dock noise, traffic, and parking. This is why the 50% SOV is so unacceptable to me; 30% SOV and equivalent FAR reduction is the mitigation for this.
 - Get rid of the health walk or do not reference it as an amenity, mitigation, or public benefit. More people bike and walk down 19th Ave because its residential scale is more friendly and welcoming to pedestrians and cyclists. No one can change that; people prefer walking a residential street rather than an industrial/institutional street every time.
 - Put the daycare center along 18th Ave eastside with the stipulation that certain number of slots are reserved for neighbors (amenity) and this must be at least partially subsidized by PSS for everyone (public benefit).
 - The gym - there has been a gym in the James Tower, the SMC's Executive Health and Center for Cardiovascular Wellness (see Sabey's website about its tenants). In violation of the Agreement between Squire Park CC and the PSS, the gym was supposed to be open with reduced rate membership to the neighbors. Some of our immediate neighbors tried to join and were denied because it's only open to employees/patients. So moving the gym to the westside of the campus is not an amenity or mitigation. If there will still be a gym, put it back on the eastside of 18th Ave like what supposed to happen in the 1994 MIMP. (mitigation)
 - The concept of encouraging employees to live closer to the campus is a good one provided it doesn't turn into a company town arrangement. One way is to have Sabey sell *all* its properties within the 2,500' boundary of the campus for negotiated under-market prices through a non-profit public benefit or community entity to do turn-key for first-time home owners, including PSS employees. The townhouses along Jefferson between 18th and 19th, as well as seven of the homes along 19th Ave westside were purchased from Providence through this type of arrangement. (mitigation if part of the TMP to get to 30% SOV; amenity if not) Sadly, Sabey now owns two of these homes on 19th Ave and uses them as rentals.
 - Mitigate the TMP while reducing need for FAR by relocating specific services off campus that create traffic congestion and parking problems: deliveries/pick-ups and fleets of cars (i.e., LabCorp); are not related to the campus' primary uses (e.g., sports medicine, eye care, speech therapy); or belong on their own campuses (i.e., The Polyclinic, Seattle University's College of Nursing Clinical Performance Laboratory). (See Sabey's website about its tenants.) Sabey currently has rsf available at various locations throughout the city and county. There is now significant available space for biotech and life sciences in South Lake Union.
 - PSS has to demonstrate in the MIMP its public benefit to the neighborhood as one piece of its mitigation. Just being a hospital complex doesn't suffice as a public benefit, especially with so many hospitals near by. PSS has yet to disclose the public benefit from this specific campus because it provides so little and does not compare to the public benefit provided by any other hospital, including its other campuses. So let me tell you what PSS says is its public benefit from its campus website. *It provides a cafeteria and espresso stand, a health information kiosk with brochures, a reflection room and spiritual care for patients and their families, a gift shop, cash machine and a Starbucks. Last time I looked at the July calendar, there were no health education classes/workshops on this campus. If I wanted these services, I would need to go to a different campus.* The amount of public benefit provided by this campus is miniscule to non-existent.

So here is my "short" version of height, bulk, scale, density, and intensity; mitigations; amenities; public benefits; and design guidelines for 18th Ave, plus a few other comments. I'm always willing to discuss further.

Thanks,

Vicky Schiantarelli

August 15th

Dear CAC members,

Since two minutes is barely enough time to hit the high points, I am again following up last night's meeting with some additional comments.

First and foremost, I implore you to get out of the weeds and follow Dean's lead in addressing the height, bulk, and scale of the proposals being presented to you. Please don't get lost in the amenities (shiny, flashy things) they're trotting out – the real need is to mitigate new development to minimize impact on the neighborhood that pre-dates the hospital.

The neighborhood concerns I provided to you on paper last night are also attached electronically.

Last night, SMC and its architect presented a model of "what buildings might look like" under the MIMP you are considering. (emphasis added.) Note "might." The model by Ellen Sollod shows the envelopes that they have to work inside. Keep in mind that these are two very different things, and there is absolutely no guarantee that the model presented by SMC is what they will build.

And what they showed as lower heights looked to be made up for by bulking up buildings.

It was noted that they have no intent to build flat facades. This is specious. They are required by law to modulate facades.

Some other thoughts on what was shown:

Open space between a re-aligned driveway and door? This is laughable.

And the 25' strip they propose between development on the east side of 18th and the neighbors on 19th violates the basic tenants of public safety in landscape design. It is behind buildings, adjacent to private backyards, and provides cover for anyone with nefarious intent. Public access across minimal fencing is not something neighbors asked for or want. (My best information is that this was trotted out without asking a single neighbor on 19th what they thought of it.)

The "Health Walk?" Who asked for this? This mitigates nothing.

The Child Care Center? This was promised in 1994, and I was excited that there might be affordable child care in the neighborhood (slots were promised to neighbors). My child is now 30 and there is still no child care center. This is a perfect example of the need to tie promises to permissions in the MIMP.

A gym? Just another profit center. Not aware anyone asked for this, either.

Transportation options shown in the Power Point presentation included busses, which are being cut by Metro, and the Seattle Streetcar, which is outside of any standard definition of a walk-shed.

There was also the discussion of the transportation board SMC has established. This might lead to some impact on the parking and traffic in our neighborhoods, but it seems to be too little too late. SMC has not achieved the 1994 goal of less than 50% of employees arriving in single occupancy vehicles over the 20+ years it has been in effect. Absent concrete actions – such as immediately requiring vendors to show a parking stub before being allowed to do business on the property – I have little hope they'll make much progress, and you should be skeptical, too.

What is on the table now, and what they seem likely to propose as "new" alternatives, are fundamentally incompatible with the neighborhood and the city's comprehensive plan. Sabey's own lawyer is arguing (in a completely separate case for another client) that major development belongs in urban centers and urban villages, and he's right. Following that advice, absent a significant reduction in proposed height, bulk and scale, you should heed his advice and reject the MIMP.

If you would like to talk one-on-one, please feel free to contact me at any time.

Bob Cooper

August 15th

Last night's meeting was depressingly illuminating. Swedish continued to press for the same 2.75 million square feet and the committee seemed to think they had made some kind of compromise. The monolithic 160'h x 10' (mechanical) monolith running from 16th to almost 18th makes an impenetrable wall along Cherry Street and sends shadows north of Marion. 150'h on 15th Avenue does not make a transition between the boundaries. The multi-use path on the east side of the 18th development is not defensible space. The "view corridors" on both sides are not amenities and the one on 18th is an infringement on the privacy of the neighbors. The increase in height at 15th and Jefferson exacerbates the monolithic character of the 15th Avenue block. The other proposed community amenities were laughable—e.g. creating an opportunity for the neighbors to garden on their property? Really, we have yards. Furthermore, not one of these so-called amenities was generated either through consultation or listening to the neighborhood. The so-called health walk is just plain silly. Why would we choose to walk around the campus on arterials when we can walk in a leafy, green neighborhood that is human scale. Not one of these "amenities" is mitigation, as Vicky so clearly pointed out.

The CAC has repeatedly expressed concern about the traffic impacts of this development. Am I missing something or is the committee not tracking that the increased traffic is a DIRECT result of the increased height, bulk, scale, density and intensity of development. Going from 1.2 million square feet to 2.75 million square feet will generate unmitigate-able traffic impacts regardless of how it is arranged on the campus. This is not a claim by the neighbors. It is a specific statement in the DEIS.

The statement was made last night that density is good and we should get used to greater density in the neighborhood. I'd like to remind the committee that the area south and east of the campus for MANY blocks is currently zoned SF5000. The area north just along Cherry is L3 with much of the rest L1 or SF5000. There is no intention by the city to change this residential zoning at any time in the known future. The campus IS NOT in an urban village where density is welcomed and appropriate.

The MIMP must be rejected. Swedish simply must locate some of its expansion elsewhere. It has three campuses in the City and a fourth in Issaquah. It is part of Providence Health Services, the seventh largest medical provider in the nation. Is it really inconceivable that there is no other location where this kind of development would can go?

So far, the neighborhood's needs and Swedish's wants have not been balanced in anyway. I appreciate that the CAC are all volunteers, giving of your time and an attempting to do your best. It is essential that all members participate and review the Land Use Code for guidance. This kind of inappropriate development does not conform with its intent.

Respectfully submitted,

Ellen Sollod

Aug 15th

I agree everything in Bob Cooper's letter.

I would like to add something. Contrary to what Katie referred to, last night, as a willingness by Swedish to listen to neighbors and respond to our wishes, they have not. The first proposal, showing a gobbling up of the west side of 19th Ave, and building an outrageous monolith on the site of Spencer Technologies, was a ploy. This was, as Cindy Thelen referred to it, the 'scorched earth' proposal, designed to outrage us all. When they scaled back to another, smaller version, they did it to trick us into believing they were being responsive to neighborhood desires. Most of us in the meetings knew what they were doing and we talked about it at length.

The current proposal is more outrageous than that first proposal because this is the version they actually think they can get away with. It is dangerous, outrageous, and egregious. As Dean said, it will destroy this neighborhood. There are no amenities that will give us our neighborhood back. Reject this MIMP.

Please do not let Swedish/Sabey lead you into believing this MIMP is a foregone conclusion.

Thank you,

Abil Bradshaw

Aug 17

In responding to Dylan below, I uncovered an interesting "fact". According to Sabey Corporation's website, one of it James Tower Tenants is the Seattle University's College of Nursing Clinical Performance Laboratory. For the moment, lets assume the website is accurate and current. If so, consider this email my written notice of filing my complaints:

Seattle University (SU) is in violation of the SMC about siting itself within 2,500' (0.473485 mile) outside its boundary. SU's east boundary ends on 15th Ave where its athletic facility is located. Its off-site college is located at 18th Ave. Three blocks is

less than 0.47 miles. Even if anyone argues that its boundary is 14th Ave door to door, it's still within 0.47 mile. Whatever actions that the SMC allows to take when a major institution violations the SMC should be taken immediately, including moving the College of Nursing Clinical Performance Laboratory onto the SU campus and removal from the Cherry Hill CAC.

1. SU currently has a conflict of interest in what happens on the Cherry Hill Campus (see #1. above). Therefore, any SU representative should be removed immediately from serving on the Cherry Hill CAC while any of its programs, services, etc., remain on the Cherry Hill Campus.
2. Due to the current arrangements and relationships between SU and Swedish/Sabey, any placement of any services that could be perceived as compatible (i.e., the Connelly Center and a gym) be scrutinized to ensure that SU and Swedish's shared border do not blur and give the appearance that SU is outside its boundary or Swedish is outside its boundary. For this reason, I am admitted opposed to any gym located adjacent to the SU boundary on 15th Ave.
3. DON's vetting process is flawed and biased. Selecting a "near neighbor" that currently benefits from the Cherry Hill Campus development over representatives of near neighbors who are negatively impacted (that's why we discuss mitigation) is outrageous. In my opinion, this is an example of institutional racism. Swedish knows SU is a tenant (it's their campus after all) but selected the SU representative anyway, and DON allows it. The SU representative must be removed immediately and replaced with either Bob Cooper or Jerry Matsui. In accordance with the SMC, DON has the authority to do so without Swedish's consent.

Please confirm receipt of this email. Also let me know if there is anything further I need to do. Lastly, please inform me of what is being done and when it will be/is done.

Thanks,

Vicky Schiantarelli



TO: Swedish Cherry Hill Citizens Advisory Committee

From: Robert P. Schwartz
Associate Vice President, Facilities Services Date: September 30,
2014

RE: Seattle University Review of Swedish/Sabey 3DModel/Proposal

Representatives of Seattle University (Robert Schwartz, Lara Branigan) met with representatives of Swedish Medical Center (Andy Cosentino) and Sabey Corporation (Dave Sabey) on September 23rd, 2014 to discuss the current draft MIMP proposal. The review centered around concerns that Seattle University had expressed to both Swedish and Sabey over previous proposals and to review changes made as reflected in the current 3D Model (See Attachment A). Based on our review of the model and our discussions at the meeting, Swedish/Sabey made significant progress in addressing concerns Seattle University raised regarding prior submittals. These concerns included:

- 1) Building Height
- 2) Building Setbacks
- 3) Building massing and articulation
- 4) Circulation and connectivity

5) Street Activation

We make the above conclusions based on the following changes we reviewed with Sabey/Swedish:

Building Height: Previous Swedish/Sabey proposals included 200' building height along 15th with minimal building articulation. Seattle University was not supportive of this proposal. The revised Swedish/Sabey proposal has a building height of 125' along the west side of 16th and 150' along 15th, resulting in an average building height of around 138' at midblock. The current proposal also includes significant articulation of the façade and upper level setbacks to reduce the mass at street level. The scale of this transition in height is more consistent with those along Seattle University's western edge with the Swedish First Hill Campus. Seattle University is supportive of this revised height transition with appropriate conditions imposed regarding building articulation and upper level setbacks.

Building Setbacks: The 25 foot setback between 18th and 19th, along with lower building heights and appropriate landscaping in the setback, provide a substantial improvement over prior proposals and represent a good compromise.

Massing and Articulation: Compared to earlier proposals, the buildings at the edges of campus are indicating articulation and upper level setbacks in effort to reduce the imposition of mass at street level. These moves represent progress in the right direction. The building plaza/viewpoint along 15th was discussed and Sabey elaborated on the uses associated with the viewpoint which may include food service or other public uses. SU recommended that the view point be moved higher in the proposed massing in order to preserve the views if SU expands on their site in the future.

Circulation and Connectivity: Prior models indicated street vacations. The existing north/south street connectivity has been maintained in the current model. We are supportive of maintaining this connectivity and understand that this was a significant compromise by Swedish/Sabey.

Street Activation: We would continue to encourage Swedish/Sabey to consider street activating uses along the southern portion of 15th. Seattle University noted that street level activating uses, particularly on the southern section of the block would improve the safety of the neighborhood.

Seattle University understands that the MIMP process is designed to balance the needs of institutions with the needs of neighborhoods. Having completed our own MIMP process in the last two years we can appreciate the concerns with having large historic institutions embedded in residential neighborhoods. We feel that Swedish/Sabey has made significant progress in addressing neighbor concerns with this recent proposal. We would urge the Citizens Advisory Committee and members of the community recognize this progress and work towards finalizing a favorable recommendation with appropriate conditions.

Attachment A

3D Model Reviewed September 23, 2014



November 17, 2014

RE: Project Number 3012953 / Swedish Medical Center Cherry Hill Campus Master Plan

Dear CAC Members:

It's going on two years that we've been attending these meetings. The neighbors have been very clear in their belief that the proposed growth at the Cherry Hill campus is fundamentally incompatible with our neighborhood. The traffic impacts alone should be enough to greatly reduce the allowed square footage; there is no mitigation or amenity that can counteract the increased traffic and pollution the proposal will bring to our neighborhood. Pedestrians, bicyclists and drivers will all be at much greater risk from the increased traffic.

There needs to be meaningful transition from the neighborhood to the campus as required by the land use code. None of the proposals have transitional buildings along the boundaries. Future proposals need to have street level setbacks with garden/green space as currently exists at 15th Avenue & E. Cherry along the kidney center. Rather than one two block long building along 18th Avenue there should be a series of low rise buildings as required in the previous MIMP. There also needs to be upper level setbacks to reduce the bulk of the proposed buildings. The campus is surrounded by single family houses and low rise buildings; there needs to be meaningful transition. Building right up to the sidewalks on all four sides does not provide that transition. There is no mitigation or amenity that can counteract the impact of the lack of transition and height/bulk of the proposals.

Additionally, other than the partnership with Sabey and a seeming desire that Sabey not lose their investment in the campus, no compelling reasons have been given these last two years for why any of the proposed growth has to occur at Cherry Hill. The Cherry Hill neighborhood is not an urban village and is not supposed to have the kind of growth that is being proposed. Swedish owns property in other areas and could just as easily build elsewhere.

Mr. Andy Cosentino has made it obvious that he doesn't care to listen to neighbor's concerns. He looks at his phone, leaves the room and stares off into space when public comments are made. Fortunately many CAC members have heard our concerns as evidenced by the votes rejecting proposed heights in alternative 11. I know you're under intense pressure from Swedish. I hope you will continue to listen to neighbors' concerns and continue to vote against proposals that don't address those concerns.

Sincerely,

Mary Pat DiLeva
Near Neighbor

November 20, 2014

Ms. Stephanie Haines, Land Use Manager
Department of Planning and Development
Attn: Public Resource Center
700 5th Avenue (Suite 2000)
P.O. Box 34019
Seattle, WA 98124-4019

Ref: Master Use Permit No. 3012953
Project Address: 500 17th Avenue

Dear Ms.Haines:

Please keep this letter as part of the permanent record on the Swedish Cherry Hill MIMP and enter it into the material for Hearing Examiner review.

In connection with the proposed expansion of the Swedish Medical Center, I wish to bring to your attention, and that of the Citizens' Advisory Committee, the following findings of the Hearing Examiner in the recent case of Children's Hospital.

As regards the issue of **height**, the Hearing Examiner found the proposed heights of 140'/160' to be "...inconsistent with two of the [Land Use] Code's zoning principles and two of the criteria that must be used to select appropriate MIO height districts." Please keep in mind that the proposed heights in the Swedish MIMP are as great and cover more of the campus than those that were proposed for Children's' Hospital. Furthermore, the Hearing Examiner found that the proposed heights could not "...be minimized by the use of transitions in height, upper level setbacks and 20-40 foot setbacks. Additionally, the proposed height limits "...would not be compatible with the adjacent single-family and lowrise multifamily and commercial heights." And, "...transitional height limits of MIO 37 and MIO 50 ...are of insufficient depth to reduce the impact of the adjacent 140-foot and 125-foot towers."

The Hearing Examiner also found that exceeding the height of 40 feet "...may be considered outside an urban village only if the proposed heights would be consistent with an adopted neighborhood plan, a major institution's adopted

master plan, or the existing built character of the area.” Swedish’s proposed expansion, and the proposed heights, do not occur within an urban village and do not meet the criteria set forth for exceeding the 40-foot limit. The Examiner ultimately found that Children’s’ proposed heights were “stunning” and that they were “...inconsistent with two of the [Land Use] Code’s zoning principles...” One must conclude that Swedish’s proposed heights are even more stunning.

In this regard, it is difficult to imagine a justification for allowing Swedish to do to the Squire Park neighborhood what the Hearing Examiner disallowed for the Laurelhurst neighborhood. Any such differential treatment of the Squire Park neighborhood would raise serious social justice issues.

As regards **set backs**, the Hearing Examiner found that Children’s’ proposed setbacks of 20 feet, and upper level setbacks, “...would not provide an adequate transition...” to the adjacent neighborhood. More importantly, the Examiner found that “...no reasonable setback and/or landscaping could mitigate the impact in this location.” The setbacks proposed by Swedish are either non-existent or less than those vetoed by the Examiner in the Children’s’ case. In fact, in one area of the Children’s’ proposal, the Examiner found that a more reasonable setback would be 75 feet if it were combined with reasonable landscaping. Swedish proposes nothing of the sort.

Again, it is difficult to imagine approving the Swedish proposals for height and setbacks without being inconsistent with previous findings of the Hearing Examiner and City Council determination in the related case of Children’s’ Hospital as well as raising explosive and invidious social justice issues.

Sincerely,



Kenneth H. Torp

November 2014

I have reviewed the draft Swedish MIMP design guidelines. They are a verbatim duplication of the Children's Hospital guidelines, with the deletion of a section on steep slopes and one additional section. (One is left to wonder whether Swedish itself is aware that its consultant plagiarized another institution’s guidelines.) These guidelines are not tailored to the unique situation of a dense urban institution located in a residential neighborhood. Do design guidelines that are copied word-for-word from another institution meet the intention of the directive from DPD to provide an effective tool for a future CAC to evaluate proposals for specific development projects? How can a document that is so broad and so generic be meaningful?

The guidelines are riddled with language like "consider," "if possible," and all manner of caveats rendering them unenforceable. They include things like employing " barrier walls" to reduce noise impacts and mitigating blank facades with such things as "wall modulation." Are these elements—barrier walls and blank facades—acceptable design solutions? When it references "building block scale," it says "design visual interest with articulation of facades; fenestration patterns; composition in terms of proportion and rhythm; material and color variety with compatibility aspects considered." There is nothing specific here relative to how any of this is achieved or what measures would be used to determine if this is successful. Given that a standing CAC is not composed of design professionals, how will they be able to evaluate the designs?

The guidelines should provide a meaningful document that ensures design excellence, sustainable building practices and neighborhood compatibility. By copying this document from another institution, Swedish has demonstrated, once again, that it does not understand its context nor has it listened to neighborhood concerns. For example, it shows in the design guidelines a pedestrian pathway along the border with 19th Avenue, even though the 19th Avenue neighbors have consistently expressed concerns about privacy. It refers to considering "pollinator pathway guidelines" which do not exist. The pollinator pathway is a neighborhood artist's initiative and has no official guidelines whatsoever— another illustration that Swedish has not done its homework about the neighborhood.

Unlike Children's Hospital which provided for considerable setbacks (that the Hearing Examiner found nonetheless completely inadequate), Swedish Cherry Hill proposes zero lot line setbacks in most cases. The design guidelines which refer to landscaping suggest that there might be a rich public realm at the pedestrian level with substantial street trees, while showing a building canopy with a zero lot line setback that runs into the tree canopy. A zero-foot or five-foot setback would not even allow street trees to be planted because the canopy of mature trees would be too wide. The guidelines refer to sustainable practices only tangentially and do not provide for any specific performance measures that can be applied or evaluated. It does not include guidelines related to storm water management or irrigation such as the use of low impact development, silva cells, or rain gardens or the use of native plants and drought tolerant plantings to reduce supplementary watering.

Rather than developing guidelines that promote innovative and excellent design, they suggest historicist buildings that reflect conventional middle-of-the-road architecture. The guidelines should raise the bar above current development rather than support the lowest common denominator.

The CAC and DPD should reject the design guidelines as written and require that a document that is tailored to this specific neighborhood be developed.

Please enter these comments as part of the permanent records for the Hearing Examiner.
Thank you.

Sincerely,

Ellen Sollod

November 2014

Mr. Sheppard,

As a long time resident and home owner on Cherry Hill, I am strongly opposed to any development on the Swedish campus.

Increasing campus density can only have an adverse effect on our neighborhood.

First, it will be impossible to accommodate the increased traffic on Cherry/James and other surrounding streets, without increasing the number of traffic lanes on these streets. The increased density of traffic will result in more accidents, more danger to pedestrians and increased air pollution.

Second, the 160 foot height of the proposed building will result in increased winter shadowing for all of us living on the north side.

Third, I live in a community of single/multi family homes with a building height ceiling of 35 feet. The size of the proposed development will dwarf our homes and make us feel like we are living in a canyon.

Fourth, the building will benefit few in our neighborhood. There is no increase in the number of hospital beds; the new development will primarily be to accommodate tertiary care, which by definition, will actually benefit few in our community. Such care should be placed in an edifice located downtown or some other high-rise, high density location.

I believe this development will have many detrimental effects on our neighborhood and will continue to work at preventing it!

Sincerely,

Jerome W Mueller, M.D.

Doctors, patients, and workers violate our RPZ zones by parking longer than two hours. I cannot walk very far, the bus stop is too far away for me, and I would hurt myself or others trying to ride a bicycle. I am lucky because I have a driveway. From my driveway, I can get in and out of my house much easier. Some of my neighbors must park in front of their homes to remain independent.

Delivery trucks make too much noise at all hours of the night and early morning. Older folks need quiet to sleep well at night.

Sabey buys up homes on our block to make money instead of giving young families a chance to buy their first homes. Families with children and homeowners need to live here to preserve the health of this neighborhood.

Sabey proposes to build along our fence line (single-family homeowners must have a 25 foot space from the back of their new house and the fence).

Sabey proposes to build one large building over a two block distance with more parking spaces than all the housing between 19th Avenue (west), 23rd Avenue (east), Cherry Street (north) and Jefferson Street (south) just because they own all the lots (single-family homeowners cannot do this).

Sabey proposes to build a 50 foot commercial building next to single family houses (single-family homeowners cannot build a house this high).

Violate the City transportation plan laws for the last twenty years.

Some of these examples are serious and some of these examples show the true character of Providence, Swedish, Sabey, it partners, and their staff. All of these examples demonstrate Swedish and its partners are not good neighbors.

I hope that CAC members do the right thing by our neighborhood and tell Providence, Swedish, and Sabey their expansion does not fit our neighborhood and they must be good neighbors.

Yours truly,



Mrs. Olivette Y. Taylor
549 19th Avenue
Seattle, 98122

10/14

Please forward this to the rest of the CAC and retain it for the permanent records. I do not have the other members' addresses.

Simple Math

385 beds x 3500 square feet per bed= 1,347,500 total required

Existing hospital square footage	541,300
<u>New Square footage</u>	<u>808,700</u>
Total hospital square footage	1,347,500

Total existing square footage 1, 200,000

Needed additional square footage to

accommodate hospital uses 147,500

So why do they “need” 2,753,000 square feet?

“Want to but not have to be located at Cherry Hill”

Hotel that serves First Hill and Ballard	80,000
Education	100,000
Facilities and Central Plant	50,000
Doctor offices, Lab Core, Northwest Kidney Center, clinical research, long term care	1,175,500
Total other square footage	1,405,500
Total proposed square footage	2,753,000

Total existing square footage 1,200,000

The Land Use Code

The CAC is charged with reviewing the proposal for the Swedish MIMP in the context of the City’s Land Use Code. To approve the proposal, the CAC must find it consistent with the Code. There are four elements under the Purpose and Intent section that are particularly relevant. They are quoted and notated below.

“A. Permit appropriate institutional growth within boundaries while minimizing the adverse impacts associated with development and geographic expansion;”

NOTE: the operable word here is **MINIMIZE adverse impacts on the neighborhood**

“B. Balance a Major Institution’s ability to change and the public benefit derived from change with the need to protect the livability and vitality of adjacent neighborhoods;

NOTE: This says nothing about the need of the institution. Rather it is the **need to protect the livability and vitality of adjacent neighborhoods.**

“C. Encourage concentration of Major Institution development on existing campuses, or alternatively, the decentralization of such uses to locations more than 2500 feet from campus boundaries”

NOTE: If there is more growth than can be accommodated without causing adverse impacts, **the Code says that the uses that exceed the capacity of the current campus should be located elsewhere.**

“I. Make the need for appropriate transition primary considerations in determining setbacks. Also setbacks may be appropriate to achieve proper scale, building modulation, or view corridors.”

NOTE: **Swedish has proposed zero lot line setbacks and minimal upper level setbacks for the vast majority of the campus.** The current proposal does not provide appropriate transitions along the perimeter, through ground level or upper level setbacks or building modulations.

Urban Villages

While as Stephanie Haines pointed out, a major institution is not prohibited from locating outside an Urban Village, the institution is still required to meet the terms of the Land Use Code. The Code prevails in decision making since it is law. Furthermore, while it may be located outside an urban village, there is nothing that requires that all of what an institution might propose, regardless of “need”, be approved or recommended by the CAC. The CAC has discretion to recommend what it believes to be appropriate and consistent with the Land Use Code. If it is outside of an urban village, the height, bulk, scale and transitions must be appropriate to the context.

Alternative 12

This “new” alternative is nothing more than moving the extra block of square footage from the south side of 15th Avenue at Jefferson to the north side towards Cherry Street. This continues to create a massive wall along Cherry Street and fails to provide a transition at the border. This property is owned by Sabey and will not be a hospital use.

Please keep in mind that all of these buildings have mechanicals on the roof that can add an additional 10’ in height and coverage of 15% of the roof.

The two block long building along 18th Ave will be like walking down Concourse A at SeaTac. What possible use could require a building that is in effect 2 blocks long?

There are NO transitions provided in terms of ground level or upper level setbacks that can mitigate these impacts. Even more to the point, Swedish has proposed primarily 0’ or 5’ ground level setbacks with the exception of the rear half block of 18th.

In Summary

The CAC needs to apply the Land Use Code. Since you have been told that you cannot consider "need", you can focus simply on how to minimize adverse impacts on the neighborhood, protect its livability and provide for transitions. The Land Use Code encourages the Major Institution to locate needs that cannot be accommodated by decentralizing uses and locating them more than 2500 feet from the campus boundaries. Since the Hotel and LabCorp serve multiple other sites, there is no clear reason why they need to be located here. Swedish has considerable unoccupied space at First Hill and is permitted for more. What they want to locate elsewhere is completely up to them and is their concern.

Ellen Sollod

December 11

In regards to the issue labelled "traffic". I believe there is a constellation of issues that should be more broadly described and addressed.. Providence/Sabey, for a variety of reasons will be taking steps that are calculated to improve the current traffic/parking issues. Also they will propose a much more aggressive TMP for the next MIMP which will look, on paper, like a vast improvement. As I understand it the first draft of the EIS which gave figures for daily trips was based on an assumption of something like a 50% SOV rate. Now Providence/Sabey is suggesting they will propose (or is it accept?) a rate that is significantly lower. This could look "good enough" to some (City Council.)

But, I think the larger point is that in order to keep car traffic and parking manageable, and to try to hold back *all* of the adverse impacts from car traffic — from traffic delays to greenhouse gas emissions — *all* of the tools need to be used. It's not sufficient to pick and choose a few, especially if the really effective tools are ignored.

The major tool that our region and our City have to manage transportation is the Comprehensive Plan which calls for large employment centers to be located in urban villages or urban centers where the appropriate infrastructure for such institutions . A large employer like Providence/Sabey should not be allowed to build massive new facilities that are in an area where there is no plan and no existing infrastructure that would support the necessary transit. For instance, many of the new jobs they are contemplating creating should be within a short walk to a Sound Transit station.

The institution has put in place a few measures, such as providing some support for special Metro routes and putting in place special shuttles that are only for institution employees and visitors. While these have their place, one is reminded of the "Google buses" in the Bay Area or, closer to home, the Microsoft buses that set up a separate transit system for a few select people, outside of the existing public transportation system that taxpayers are struggling to support.

While in Seattle we avoided the worst of transit cutbacks by agreeing to pay more for in-City transit routes, that's not the end of the story. We still struggling to ensure that neighborhoods outside of urban villages continue to receive the necessary transit while at the same time providing the level of frequent service that would be expected and planned in areas that are urban centers, urban growth areas or urban villages. Swedish Cherry Hill is not in an urban village, urban center or urban growth area and the infrastructure will not support the type of transit that would be supported under one of those definitions. . However, what could improve the situation is for major employers to locate and expand in urban villages served by light rail and many bus routes. If Providence/Sabey were to locate several hundred of those new research jobs, support staff, and hotel, for example, in a facility in an urban village or in an urban center, the use and support of public transportation would redound to the benefit of all of us. The whole city could take advantage of increased frequency and reliability of buses and trains.

Over the last 20 years Providence, and then Swedish, and now Providence/Sabey have actually made not insubstantial efforts to encourage non SOV commuting by workers. They always tout their subsidy of transit passes. Yet, they haven't come very close to achieving the 50% SOV rate. One of the reasons for this is that there are a lot of employees for whom the existing transit service is not adequate. For most people, a transfer is necessary and that adds unacceptable time and uncertainty. Many people come and go at hours when transit is non-existent or infrequent. (This doesn't take into account patients, for whom there is often a whole list of reasons for not using transit.)

Parking is another subset of the issue under the heading "traffic". It is City policy to limit the amount of parking that institutions can provide and to require that that parking be relatively expensive, at least for commuters. Personally I support that policy (although I recognize that not all in the neighborhood do.) I would say that, so long as that is the City's policy, then the City needs to stand firm on its other complementary policies — such as encouraging the most intense commutes to be directed toward urban villages. We all know that in the very near future (I live a few blocks west of Providence/Sabey and here the future is *now*) there will be much more intense competition for on-street parking spaces. Not from institution employers, but from other residences. Many new housing projects are being built with reduced parking requirements that are not that far from the Providence/Sabey campus. Within Squire Park existing single family homes in LR zones are being replaced by multiple units. Many, although not all, of those new units will be occupied by people with cars. I personally am not one to complain much about that because I generally support the City policy in regards to new residential development

parking. However, I think it would be extremely disingenuous on the part of the City to continue to expect us to accommodate significant new amounts of residential parking on our streets AND to accommodate significant new amounts of institutional parking.

Providence/Sabey appears to be planning to do things like institute a Childrens Medical Center style policy whereby employees and vendors are forbidden to park on neighborhood streets and will be penalized if they do so. Well, fine. But, it's not clear that that kind of policy can ever be completely effective. But even more than that, a very large number of the people who drive to a medical center are not employees whose behavior is subject to attempts to control them. Free parking on the street will always be more attractive than parking in a garage.

If we think we have a parking problem now, it will only be a more serious problem in the future with additional residences and the City should be helping us cope with that by directing a large part of new institutional development to urban villages.

The Comprehensive Plan was sold as being like a contract between the City and its neighborhoods. Most neighborhoods agreed to accept increased residential density -- or at least they are getting it. Squire Park certainly is, you may have noticed. If the City fails to direct high-employment centers to urban villages, then they will have utterly failed to uphold their end of the bargain.

Joanna Cullen

18 December 2014

Comments re: December 11, 2014 Major Institution Master Plan Swedish Medical Center - Cherry Hill Campus

from: Bob Cooper
349 16th Avenue
Seattle, WA 98122

The Major Institution Master Plan dated December 11, 2014, for Swedish Medical Center Cherry Hill Campus is deficient and in error, fundamentally incompatible with the surrounding single-family and LR-3 residential neighborhood, and should be rejected in its entirety.

The height, bulk and scale fundamentally incompatible with the neighborhood. Although reduced from the original proposal, the "final" MIMP still proposes to increase square footage by 220%, and raise building heights to 160 feet (from the current maximum of 105 feet).

The increase in traffic is going to degrade transportation in the neighborhood to a Level of Service F. Bus service to and from the facilities is minimal, with only two all-day routes.

And the campus is not located in any Urban Village, where even Sabey Corporation's own lawyers argue that major development should be focused (Koontz Coalition v City of Seattle).

It just doesn't fit.

One of the authors of Seattle's Major Institution Master Plan ordinance says heights above 105 feet were envisioned in what is essentially Seattle's "hospital zone" on Pill Hill - not in residential neighborhoods, whether they be in Wedgewood (Children's) or Squire Park.

And Requested heights are incompatible with stated city policy lowering heights on new development in residential neighborhoods

The plan lacks consideration that is required of a "scattered-site option" in SMC

23.69.32 C (e) which calls for "A description of alternative proposals for physical development and decentralization options, including a detailed explanation of the reasons for considering each alternative."

In the end, Swedish must prioritize, put some functions elsewhere, and spread growth appropriately across its numerous properties and that of its parent institution, Providence Health.

Instead, they bury in a single sentence, a demand to exempt computer server space from floor area ratios. Computer servers are a major business line of the majority landowner in the MIMP boundaries - Sabey Corporation. This could

open the door to server farms instead of hospital uses.

The plan fails to mitigate for the over-developed, illegally developed James Tower, which was supposed to be a three-story (above ground), 60 bed facility under previous plan, was redeveloped without legally required oversight of a standing advisory committee, and is 267% of what was approved in 1994 plan

Part of the problem is that this process never contemplated a for-profit motive, although the wishes of Sabey Corporation are apparently equal (or more than equal) to the hospital to which the plan will belong.

Children's hospital MIMP only allows half the volume being proposed for the Cherry Hill Site, while it sits on more than twice the acreage.

If the plan moves forward, however, mitigation must be enforceable – unlike 1994, when promises such as a day care center with slots reserved for the community were made but not kept.

The community has not asked for any "health walk." Counting most of the plaza at the main driveway entrance as "open space" is disingenuous. Tiny patches of green being called "pocket parks" is insulting. And "upgrading" sidewalks to meet code is a requirement, not an amenity.

And the process has been marked by videotaping community members, prompting fears of Strategic Lawsuits Against Public Participation (SLAPP); an 18 month lag, at one point, in any written notes/minutes of meetings, making public participation difficult; an apparent conflict of interest in Transpo Group working both for the applicants and for the city in preparing transportation elements of the plan; and a general hostility of the institution's representative to any comments that do not agree with his own (when he wasn't ignoring the public and playing with his smart phone).

Below is section-by-section analysis and comment of the portions needing to be addressed.

Section A – Introduction

The problems begin in the first "Background, Purpose & Process" section on page 2.

In listing "key milestones," the institution fails to acknowledge that a major reason for the process commencing was their failed attempt to secure permission to build a two-block long building under the 1994 plan that was deemed a "major amendment." That, in turn, triggered a legal requirement that they begin a new planning process. This process is not voluntary by any stretch of the imagination.

A variation of that same building is a major component of this plan, and it remains a project that would be fundamentally incompatible with the adjacent single family homes.

in section 2, "Mission," the institution claims that their community benefits include "covering the cost of medical care for those who can't pay." And while they do provide charity care, reports filed with the state of Washington show their provision of charity care has fallen since the 2012 affiliation with Providence Health and Services.

If they are to be considered in this specific MIMP, the charity care, rent assistance claimed, and all community benefits must be:

- 1) specific to the Cherry Hill campus; and
- 2) specifically quantified.

On page 3, they describe themselves as simply "Swedish is a non-profit healthcare system ..." but they are, in fact, part of the larger Providence Health and Services. The institution is controlled by Providence, and should be seen as a piece of a larger system

-- not simply a stand-alone institution with stand-alone needs.

And, once again, they describe system-wide tax status and community benefit in an attempt to cram a disproportionate amount of their operation into the relatively small campus in a residential community. (They also refer to "federal municipalities" when no such creature exists.)

On the institution's list of functions, it is clear some of those operations could well be located elsewhere in their system, including:

- Acute Telestroke Program
- Teleneurology
- Seattle Science Foundation
- Telehealth Center
- Inn at Cherry Hill

- LabCorp

Telemedicine can be located anywhere. The Inn, while possibly necessary 20 years ago, is no longer crucial, since hotels have since been built in the neighborhood.

LabCorp can also be located elsewhere. The facility serves multiple healthcare providers and operates a fleet of courier vehicles that increase traffic to the neighborhood. In fact, LabCorp should arguably be located at Swedish's larger facility on First Hill, where I suspect they generate more business.

Other operations located on the campus that could be located elsewhere in the system include the real estate and facilities offices for Providence Health Systems.

And while they may provide space for Country Doctor After Hours Clinic, they do not operate the clinic and it only appeared as the community began to question the community benefit of the institution during the MIMP process.

The Starbucks locations on campus are mostly for employees, and there are Starbucks stores nearby on 12th and 23rd, as well as numerous other places to find a latte.

Access to information about public transportation routes consists of racks to display Metro bus schedules and information. The institution has not even been current in their incorporation of transit and transportation information in this planning process, failing to consider a planned (albeit now abandoned) plan to halve bus service to the campus in their transportation planning.

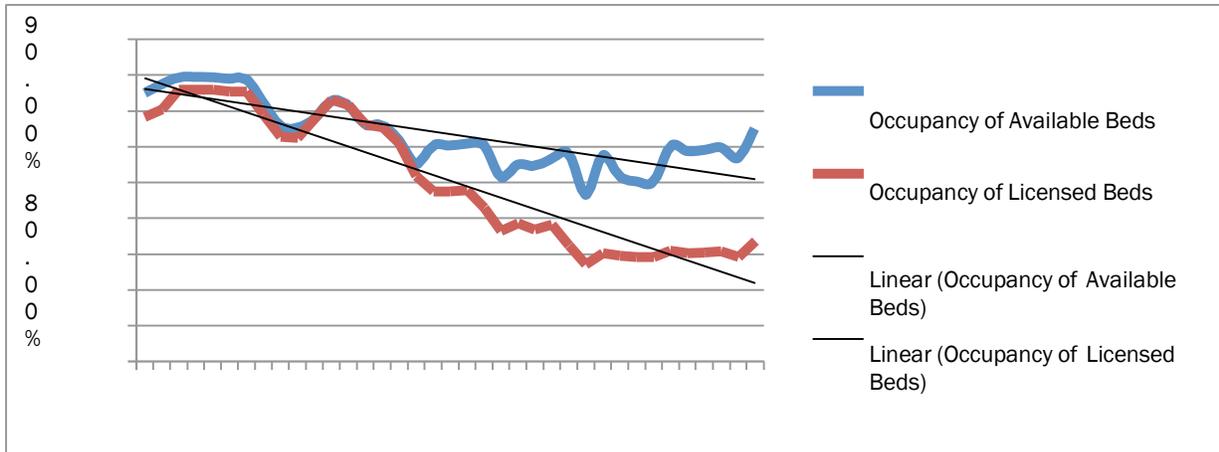
If the institution has studies showing demand driving the need for expansion, as stated in section 3a, then those studies should be included as an appendix rather than accepted from the assertion stated in the MIMP.

Contrary to that assertion, the Centers for Medicare and Medicaid (CMS) says "The actual future impact of the PPACA on health expenditures, insured status, individual decisions, and employer behavior are very uncertain."¹

Additionally, the actuary says comparative effectiveness research and greater use of prevention and wellness measures are expected to bend the cost curve downward, presumably by reducing hospital and other high-cost usage.

Meanwhile, the institution at last check was utilizing about half of the hospital beds authorized under its state-issued "certificate of need" and occupancy continues to trend downward.

¹ (memo from Richard S. Foster, Chief Actuary, Jan. 8, 2010)
<http://books.google.com/books?hl=en&lr=&id=6HbmkiKFVLYC&oi=fnd&pg=PA1&dq=affordable+care+act+hospital+demand&ots=5JcQRil-HF&sig=vZtHXfobnuTFjzsb2VBB0BZTgk#v=onepage&q=affordable%20care%20act%20hospital%20demand&f=false>



(source: WA State Department of Health)

data)

The section on "Technological & Patient Care Changes" asserts a need for larger operating rooms, yet the plan proposes development around current operating rooms -- not replacement of the recently-built operating rooms themselves.

That "the current campus footprint has reached its capacity limiting the ability to provide additional services to meet the growth needs" (page 5) is not the fault of the neighborhood, on which the institution now seeks to impose a greater burden. The fact that Swedish sold key parts of the campus and the buyer has chosen to build facilities for NW Kidney Centers (which has another facility just blocks away) and a parking garage, are among the reasons that seem to be driving the proposed, excessive expansion.

And the institution's vision of becoming "the Regional Referral Center for the Providence Health System" (page 8) is fundamentally incompatible with the residential neighborhood and should be envisioned for another of their facilities located in a more appropriate area.

The "Neighborhood Description" in section 5a (page 9) is somewhat erroneous. It asserts that the neighborhood "has always coexisted with institutions and businesses," but that is not true. My home was built in 1906, and predates the hospital by many years. And the rise of suburban development did not draw residents to the Central Area and Squire Park as the MIMP states -- it, instead, facilitated white flight and the establishment of a significant African-American community, many of whom were drawn to the Puget Sound area to work in the shipyards during WWII. (The document fails to note the significant Jewish population that once lived in the neighborhood as well). From this and other descriptions, it is clear they do not know or care about the surrounding neighborhood.

The description of the existing campus buildings (5b) begins with a discussion of James Tower. This description fails to note that it was developed far in excess of what should have been allowed under the 1994 plan. The redevelopment was supposed to be "mixed use development(of) about 60,000 square feet in five levels (3 levels are above grade and 2 are below grade)." Instead, it is 6 stories above grade and contains significantly more square feet of space than what should have been allowed -- violating a central tenant of Seattle's MIMP philosophy that institutions should transition at the edges to their surrounding environment, which in this case is single-family residential.

And Sabey Corporation, the owner of James Tower, describes it as a "Life Sciences Community." That is not a hospital.

Transit access described starting on page 10 fails to note express route busses that also serve the campus, albeit on a limited basis

Section B – Development Standard

Standards (page 25) – This section describes "any existing encroachments into setbacks would be allowed to remain" without mentioning that, specifically, the encroachment into the setbacks for the garage at the corner of E. Jefferson St. and 15th avenue were allowed as a trade-off for height. As the vice-chair of the previous Standing Advisory Committee, I was part of that decision and can attest to the process. This compromise should be cemented into the new plan, with that particular structure not allowed any additional height since they were able to construct the bulk of what was sought under the deal.

Figure b-4 – It is here where the fundamental incompatibility with the surrounding neighborhood is most-stark. 45' tall buildings should not be allowed immediately adjacent to single-family residential properties.

The adjacent homes on 19th avenue are, again, a compromise under the previous MIMP. Many had been purchased by the Sisters of Providence in hopes of expanding the campus. Instead, they were repatriated to the neighborhood in the form of affordable housing that has now been occupied (along with homes never vacated) for the past 20+ years. And many residents have histories living there that are decades longer.

the half-block east of 18th avenue should be developed on a much smaller scale and in separate structures instead of a variation of the single, massive, two-block long building that prompted this MIMP process in the first place.

Additionally, the "neighborhood Pathway" noted in the drawing is objected to by many of the people living on the west side of 19th avenue as something that would violate their privacy. I do not believe any community member has endorsed this idea in public comments provided during this process.

Table B-2 (page 34) discusses "setbacks are proposed to provide an appropriate pedestrian scale and transition to the surrounding neighborhood" yet proposes such things as adding 20 feet of facade on the Jefferson Tower. Increasing bulk of an existing building encroaches on the surrounding neighborhood and is fundamentally incompatible with the adjacent single-family homes.

3b. Height Limits

The height limits described on page 35 continue to be a point of contention. As an extension of the table (B-3), neighbors have proposed MIO heights – some compatible with the institutional proposal, some lower, others higher – that we believe would be more in tune with the surrounding area.

Locations	Underlying Zoning	Existing MIO Heights	Alternative 12	Neighborhood Proposals	Neighborhood Difference
15th / 16th Block					
A1: NW Quad	30	65	65	65	0
A2: NE Quad	30	65	65	65	0
A3: Center N Quad	30	65	160	105 - 125	- 35-
A4: Center S Quad	30	65	160	105 - 125	- 35-
A5: SW Quad	30	65	65	65	0
A6: Carmack House	30	65	65	65	0
16th / 18th Block					
B1: N Quad	30	10	105	10	0
B2: Center Quad	30	10	160	10	-55
B3: SW Quad	30	10	105	10	0
B4: S Quad	30	10	37	10	+ 68
B5: SE Quad	30	10	40	10	+ 65
18th half-block					
C1:	30	37	37	37	0
C2:	30	37	37/4	37	- 0-8
C3:	30	37	15	37	+ 22

C4:	30	37	37/4	37	- 0-8
C5:	30	37	37	37	0

Note that in the above table, neighbors are, in fact, willing to accept existing heights and those authorized in the 1994 plan. However, we believe heights above 105 feet are fundamentally incompatible with the surrounding neighborhood.

Specifically inappropriate is the idea that the 18th half-block should be a single structure up to 45 feet in height. It should, instead, be multiple buildings, with appropriate separation.

And even though the property to the west of the campus is another institution – Seattle University – there would be a huge differential in building heights across 15th avenue. The SU facilities there are significantly lower, and measured from 14th avenue, so they appear to be approximately one story high at 15th.

That the institution or Sabey Corporation does not currently own particular properties is not an issue – there were properties they did not own in 1994 that have since been purchased and incorporated into the campus.

Downzoning the central plaza, or any location on the campus, is not a smart move. The institution can not envision their needs 20 years from now any better than the 1994 plan anticipated what health care would look like in 2014. And the bell tower – a historic icon on the campus – should remain visible in all directions.

3c. Lot Coverage

While the estimated lot coverage is listed at 76%, the drawings infer that it will be much greater. It is unclear whether they are just including actual buildings, or all impermeable surfaces such as the central plaza. All impermeable surfaces should be included in the calculation of “lot coverage.”

3d. Landscaping

Community Amenities within Landscaping

Widening sidewalks to SDOT standards is not an amenity. It should be a requirement, along with infill of missing street trees (some of which have been removed by the institution and/or Sabey Corp.).

The “Perimeter Health Walk” is nothing the community has requested – it seems, instead, to merely be a way to say the institution and Sabey Corp. have given something to the neighborhood

A day care center is something promised in 1994 but never delivered. Which brings up the concept of enforceable milestones.

Any MIMP approved should include milestones, agreed to by the community, that are enforced. By that, I mean that stages of development should be predicated on completing amenities that are actually wanted by neighbors, as in “only when X is completed, is project B allowed to commence.”

And the “internal Zen garden” is something that is not known to exist, nor is it accessible as public space in any meaningful way.

Many of the “MIO Community Amenities” in figure B-14 are not, in fact, amenities. Landscaping is a requirement, not an amenity. The view node to the east is actually an encroachment on the privacy of homes on 19th, not an amenity. The “community health retail opportunity” is a potential business location and revenue center, not an amenity. A “neighborhood pathway” is a safety concern to adjacent homes, not an amenity. And the proposed Greenway on 18th Avenue cannot be attributed to the institution or Sabey Corp, since it is a city initiative in which I see no evidence of their financial or other participation.

3e. Open Space

It is disingenuous to designate the “central plaza” as “open space.” It is mostly a driveway, valet parking operation, and pick up / drop off area for patients and visitors, along with entry to underground parking. It appears they’re designating a circular island in the middle and some space at the perimeter as “open space,” but little of it is actually useable by the neighborhood – it is there primarily to benefit the institution.

Their proposed doubling of “open space” appears to be calculated to include miniscule spaces dotted around the campus. If it is as usable and accessible as the existing sunken garden mid-block on Cherry between 16th and 18th,

it would be useless. And if it includes the buffer mid-block between 18th and 19th, that is not usable space in any sense (and should not be for the safety of the adjacent homes).

4b. Building width and depth limits

The institution and Sabey are requesting relief from the underlying L3 requirements to allow unmodulated facades of 150 feet and elimination of the lot coverage requirements of 65%. Neither of these departures should be allowed along 18th avenue due to the need to provide a meaningful transition between the community and the institution.

4d. Preservation of Historic Structures and 4e. View Corridors

This section (page 44) correctly notes the need to preserve the historic nature of James Tower (which incorporates the 1910 building). This should be interpreted as preserving the view of the tower as well. It is close to useless to preserve the actual structure if no one can see it from two or three sides, hence the neighborhood desire to cap buildings on the campus at 105 feet in order to preserve the existing views of the tower. While the narrative claims "The MIMP maintains some neighborhood views from the north, east and south to the historic James Tower bell tower," they seem to be what Real Estate agents call "peekaboo views" that require being in a very specific location and craning your neck to see them.

Specific view standards should be imposed.

4f. Pedestrian Circulation

A number of curb bulbs were required under the 1994 plan and were either never built or not built in the described manner.

This section (page 44) also discusses the wayfinding plan including directions to the pending street car. However, the street car is far beyond any standard walkshed, and any reference or inclusion of the street car is meaningless.

C. Development Program Component.

1. Alternative Proposal for Physical Development

This section (page 49) leads with the concept of placing hospital functions around the current operating theaters. However, as noted above, the current need for and design of operating theaters in a hospital is nothing like what was envisioned in 1994, and it is unlikely they are able to conceive what that will look like in 2034. As such, it can be reasonably expected that the institution will come back some time in the future with a request to build something else in what is now the

As such, down-zoning this central area should not be considered and it should remain at 105 feet. This would also relieve some of the need for additional height in other areas.

Also as previously stated, some of the elements listed as driving need are unnecessary for this constrained urban campus.

There is no need for a hotel, with a commercial, mid-priced hotel just blocks away with complimentary shuttle service.

Long-term care need not be on the campus, although an institution not owned by Swedish, Providence or Sabey Corp. does currently sit in the footprint.

And it is unclear what components are included in the brief descriptions in table C-1. Does this include LabCorp, which could easily be located elsewhere? Does it include the property management offices now located on the campus?

Alternative 12 (page 54)

This section conveniently leaves out the fact that, while the proposal falls short of the asserted need, it in no way makes any significant compromise with the neighborhood.

Throughout the MIMP process, neighbors have told the institution that the height, bulk and scale of the proposal is fundamentally incompatible with the neighborhood. Swedish also has multiple other locations in which they can locate expansion, including First Hill, Ballard, Issaquah and elsewhere. The larger Providence Medical Systems has even more locations where functions can be located or relocated.

2. Gross Floor Area and Floor Area Ratio

Buried here is a single phrase that may be the biggest danger to the surrounding community in the entire plan - the request to exempt computer server space from FAR calculations.

One of the main lines of business of Sabey Corporation is building and operating computer server "farms." And since it could legally be argued that computers are an integral component of any modern medical operation, this would essentially free the institution to build almost any building to house computer servers to almost any size they

wanted.

Computer servers should not be exempt from FAR calculations. Parking should not be exempt from the calculations, either.

That above-ground space is now devoted to parking is not the neighborhood's problem. If, over the course of 20 or more years, Sabey Corporation (owner of the two above-ground garages on the campus) has to demolish existing parking garages and rebuild them under new buildings, it is a burden the corporation should bear. It should not be a burden on the neighborhood in the form of buildings that are too tall or bulky.

8. Planned Phases of Development

This section starts (page 62) discussing how the 18th Ave. half-block would function as an "empty chair" to facilitate other development – essentially taking the functions of another building on campus while that building was replaced. Again, this would be fundamentally incompatible development far in excess of what should be located in an area that should be a transition to the surrounding residential homes. The development on this half-block should be much less intense.

Meanwhile, there is substantial empty space in Jefferson Tower and James Tower that can accommodate at least some other functions while buildings are replaced. Additional space at other Swedish / Providence properties can temporarily accommodate others.

As for "Phase B" – repurposing the old Providence Annex for various purposes – these are purposes that the neighborhood does not care about.

A voluntary survey conducted in September, 2014, showed only 18% interested or very interested in a Child Care Center.

Retail or food/beverage operations in the Annex would only draw additional traffic – and traffic congestion is already a major concern. With some intersections projected to drop to LOS F under the new plan, additional operations to attract traffic are unwanted.

Figure C-9 (page 63) has one section labeled "Potential Scope Expansion." This is worrisome, and could potentially lead to additional square footage in addition to the fundamentally incompatible amounts published in the plan.

10. MIMP Consistency with Purpose and Intent of Seattle Land Use Code.

(note: not all sections require comment)

A. Permit appropriate institutional growth within boundaries while minimizing the adverse impacts associated with development and geographic expansion

Contrary to the assertions of the institution and Sabey Corp., this MIMP does **not** minimize adverse impacts. It is not possible to minimize the impact of placing a two-block long building next to single family homes, nor is it possible to minimize the impact of 160 foot buildings in the middle of a medium to low-density residential neighborhood. Traffic generated by the projects will be overwhelming, reducing traffic flow to a level of service "F" by their own estimates.

B. Balance a Major Institution's ability to change and the public benefit derived from change with the need to protect the livability and vitality of adjacent neighborhoods

The open space proposed is in small slivers and meaningless to the neighborhood. The so-called "site amenities" are nothing the neighborhood wants or has asked for.

The institution's "discussion" of amenities – again, nothing the neighborhood has requested – is not a commitment. The institution promised several neighborhood benefits in 1994, none of which became reality.

The clinical and patient care space in the plan can be accommodated in large part at other facilities the applicant owns or controls that are more appropriately located in hospital and commercial zones.

C. Encourage the concentration of Major Institution development on existing campuses, or alternatively, the decentralization of such uses to locations more than two thousand five hundred (2,500) feet from campus boundaries

Development on the Cherry Hill campus can likely be increased slightly, but the plan fails to consider appropriate decentralization to the applicants' other facilities in locations more appropriate to higher density development (a legal requirement that has been ignored). There is no discussion of decentralization or justification as to why the proposed density of development at Cherry Hill is the best available option.

F. Encourage significant community involvement in the development, monitoring, implementation and amendment of major institution master plans, including the establishment of citizen's advisory committees containing community and major institution representatives

Swedish's idea of encouraging community involvement includes having its representative on the Citizen Advisory Committee reading messages on his smart phone during public comment periods, summarily dismissing most comments from the community, intimidating the public with unnecessary uniformed security guards and videotaping of neighborhood residents against their will (many fear the video could be used for so-called "SLAPP" suits, strategic lawsuits against public participation.)

I. Make the need for appropriate transition primary considerations in determining setbacks. Also setbacks may be appropriate to achieve proper scale, building modulation, or view corridors

It is difficult to envision how there can be appropriate transition from a building 432% the height of surrounding homes located mere hundreds of feet away. And it is not possible to call it "appropriate" to build a solid wall of a building that would be two blocks long next to single family homes along the eastern edge of the campus, no matter what the setback.

Specifically speaking to the 18th avenue proposals, this half-block should be multiple, detached structures and not a single monolith. Especially since the James Tower structure on the other side of the street was developed in violation of the 1994 plan and is twice the height, bulk and scale of what had been agreed to.

K. Use the TMP to reduce the number of vehicle trips to the major institution, minimize the adverse impacts of traffic on the streets surrounding the institution, minimize demand for parking on nearby streets, especially residential streets, and minimize the adverse impacts of institution-related parking on nearby streets. To meet these objectives, seek to reduce the number of SOVs used by employees and students at peak time and destined for the campus

Despite any traffic management plan, vehicle trips to the institution will increase significantly under the proposed expansion, as will demand for parking on neighborhood residential streets.

The institution has never achieved its current TMP goal of 50% SOV and has never suffered any known significant penalty for such failure. Therefore, it is hard to believe the stated goal of 44% SOV – which is too high in any case – will be achieved. And under current method of calculating compliance with the existing TMP, I do not believe doctors who practice at the institution, but are not on the Swedish payroll, are included since they are neither "employees" or "students."

Unless the MIMP contains significant penalties / restrictions for failure to achieve the goals of the TMP, it is unlikely the institution and its corporate partners /tenants will have motivation to achieve the goals, and such penalties / restrictions must be put into law should this MIMP be approved in any form.

L. Through the MIMP: 1) give clear guidelines and development standards on which the major institutions can rely for long-term planning and development; 2) provide the neighborhood advance notice of the development plans of the major institution; 3) allow the city to anticipate and plan for public capital or programmatic actions that will be needed to accommodate development; and 4) provide the basis for determining appropriate mitigating actions to avoid or reduce adverse

It is subsection 4 of this requirement that is problematic. While technically correct that it "provides the basis" for mitigation and reduction of adverse impacts, it fails to propose appropriate mitigation or impact reduction.

Instead, the proposed development will dramatically increase traffic, create monolithic structures looming over the low-density, single family and low-rise neighborhood, and significantly shadow the neighborhood.

M. Encourage the preservation, restoration and reuse of designated historic buildings.

It is nearly useless to preserve a historic structure such as James Tower if it is blocked from public view as is proposed with an inappropriately tall 160 foot building to the west of it (the front is already obscured with the over-development of the addition on its eastern side in violation of the 1994 plan).

Meanwhile, Swedish's development partner, Sabey Corporation, had the opportunity to purchase and preserve the Carmack house, but refused to do so, following the death of the previous owners. Instead, it sits as a boarded up, decaying structure with an overgrown yard and is periodically home to various bands of squatters. This does not show a commitment to historic preservation on the campus.

11. Swedish System of Healthcare

Again, this section conflates other Swedish properties with the Cherry Hill campus, attempting to borrow achievements and contributions across its system to bolster its application. It discusses system-wide patient visits and surgeries, "a

number of which take place within the Swedish Cherry Hill campus.” What is that number? How is anyone to know the level of use and need?

If the goal of Swedish is “... that people do not have to drive to central Seattle in order to receive care” as stated on page 67, then there should be no need to more than double the size of the institution. And if the system provides decentralized care as is detailed on page 68, why is such massive expansion being proposed at all?

12. Applicable goals, policies and public benefits of institution

This section conflates Swedish’s legal obligations and system-wide operations with “community benefit” in a number of areas, and mischaracterizes many things. Ultimately, the public benefits of the institution are insignificant in relation to the burden they propose to impose with fundamentally inappropriate levels of development.

The institution may provide some level of “free” medical care, but I suspect the numbers cited here include uncollectable medical debt. The actual level of charity care provided by the institution is, according to reports filed with the state of Washington, declining since being taken over by Providence.

And, again, the benefits of the Cherry Hill operations are conflated with the system as a whole.

Such examples as employee food and clothing drives are not *institutional* contributions to the community.

A mere \$18,000 in donations and sponsorship contributions – a mere 3% of its system-wide donations and contributions. As a part of overall revenue, this is a miniscule fraction and likely equivalent to bookkeeping errors in any given week. Spread across the dozen organizations listed, these donations/contributions average \$1,500 each. That would be a drop in the bucket for, for instance, a school nurse or a low income housing program.

I encourage a close look at claimed benefits specifically attributed to Cherry Hill. Supporting activities such as a boxing gym – a known generator of concussions – while also providing seminars on concussion for Garfield High School, are a bizarre combination of activities. It seems to support a conclusion that there is no real overarching philosophy about how to support the neighborhood and the activities listed are just a collection of things that can be tossed out used to justify development that is fundamentally incompatible with the neighborhood in which the campus sits.

When the institution claims “volunteer hours” of staff, is this really a community contribution? Is the institution paying wages and salaries while these people “volunteer?”

And in claiming “\$44,000 in physician and resident salary dedicated to providing free care directly to community athletes” they are really saying they have provided a mere

0.25 FTE, or an average of two hours of one doctor’s time each day to the effort, equaling $15/100^{\text{th}}$ % of staff doctors’ time². This is not a substantial community contribution based on the size of the operation.

And in yet another conflation of system-wide efforts with community benefits specific to Cherry Hill, such events as educational workshops at Redmond Derby Days and the Ballard Seafood Fest are disingenuously included as justification for the impact on the Cherry Hill neighborhood in this MIMP. It is unclear how many other “benefits” are similarly disconnected from Cherry Hill.

Community Amenities

The so-called “amenities” listed (page 71) are a conglomeration of things the institution may want to do, but are not necessarily anything the community has requested or wants.

The “enhanced public open space for communal activities” would be for very small activities – none of the open space is large enough for any significant sized gathering.

The public view corridors are nothing I’ve heard requested, and, in fact, neighbors on 19th avenue object to a proposed view point that would have people looking into their backyards and second-story windows.

The campus is not in alignment with the “pollinator pathway” that is closer to Columbia St.³ so it makes no sense to claim a portion of it for the Cherry Hill campus.

The Health Walk being proposed is nothing more than some signs around the perimeter of the campus, and most neighbors would prefer to walk the tree-lined streets away from the campus. The survey of 54 neighbors conducted in September 2014 found only 18% interested or very interested in this.

A proposed child care facility garnered slightly more interest in the survey – 31%. However, such a facility was promised 20 years ago and never materialized, so there is no faith that such a facility would appear any time soon.

And a gym (previously described as a “wellness center”) garnered 34% support in the survey – significant, but not

overwhelming. It would also likely be fee-based, and an income generator for the institution.

² Based on 165 hospital--based doctors reported on page 75 of the MIMP and an average physician salary in the state of Washington of \$175,514 as reported by Glassdoor.com on 12/15/2014
http://www.glassdoor.com/Salaries/seattle---physician---salary---SRCH_IL.0.7_IM781_K08.17.htm

³ <http://www.pollinatorpathway.com/active---projects/the---first---pathway/>

Environmental Services

Elements listed here as if they are voluntary contributions to benefit the community include car sharing, employee shuttles, subsidized bus passes and bike racks – things that are legal requirements of the institution's Transportation Management Plan (TMP). This is one more example of conflating a legal requirement with a voluntary effort.

Charity and Subsidized Care

The claim of "more than \$35 million in free charity care" may not be true – either the institution is lying here or has lied to the state Department of Health when it reported

\$26,421,550 in charity care for 2012.

Medicaid "subsidized care" is not charity care – it is a business choice the institution has made to accept a government insurance program that may or may not cover the cost of providing care. Many providers do not accept Medicaid.

Charity and subsidized care may be a community benefit, but it is also a legal requirement for Swedish Cherry Hill.⁴ Violations of the law are a criminal act, punishable by incarceration.

The Washington State Hospital Association notes that *"Under the Washington law, each hospital must develop a charity care policy. The law requires hospitals to provide free inpatient and outpatient care to very low income patients who have been treated in the hospital."*⁵

Charity care provided by Swedish Cherry Hill was 2.08% of total revenue in 2012⁶, the latest year for which numbers are available. That's down from charity care being 2.37% of revenue in 2011⁷, substantially below the statewide average of 2.9% of revenue⁸ and a nearly \$1.3 million decline from the previous year. The reduction appears to have coincided with the acquisition of Swedish by Providence.

Any consideration Swedish Cherry Hill's MIMP receives in exchange for their legally required charity care should require that they at least provide it at or above the statewide average as reported to the state Department of Health.

⁴ RCW 70.170

⁵ <http://www.wsha.org/0156.cfm>

⁶ <http://www.doh.wa.gov/Portals/1/Documents/5300/2012CharityCareReport.pdf>⁷
<http://www.doh.wa.gov/Portals/1/Documents/5300/2011CharityCareReport.pdf>⁸ ibid

Community Space

I've addressed the purported public health walk and green space above – neither of which are actual benefits to the community.

If the institution is going to claim credit for cleaning and maintaining bus shelters on both sides of E. Jefferson Street (presumably the ones at 17th Avenue), I would hope they would increase their commitment under this MIMP. The shelter on the south side of the street is surrounded by uneven ground, buckled sidewalks, and hazardous surfaces that are a danger to the people walking to and from it.

The Starbucks coffee shops are primarily for staff. The pharmacy is part of any hospital operation (they all have them). And the chapel is part of the religious origins of the institution, not primarily used by community members (especially when there is a major church a block from the north east corner of the campus).

D. Transportation Management Component

Parking Supply / Code Analysis

This section discusses parking code analysis being based on “100% of hospital doctors” and 71% of other staff, but it is unclear whether the number of doctors considered in the calculation includes all doctors who work on the campus. Are doctors with admitting / practice privileges included? If not, this is not a true reflection of the parking needed.

And while they include “fixed seats in auditorium” in the calculations, they should also include seating in conference facilities which seem to be omitted.

Bicycle

While this section notes the planned “Greenway” bicycle route on 18th avenue, it ignores the inherent conflict with loading docks and parking garage entrances that this would create.

It is also unclear if there is any contribution to this Greenway by Swedish/Providence.

Proposed TMP

If the goal of the TMP is to reduce the number of vehicles, this plan will not achieve that goal. An estimated 56% of employees arriving at employers within the MIMP footprint are currently reported to be arriving in single occupancy vehicles. More than doubling operational space while reducing SOV percentages to 44% will actually increase the actual total number of vehicles arriving at the facilities.

As such, the TMP is actually estimating failure to achieve its own goals.

This section describes a new “Integrated Transportation Board (ITB),” which holds potential to solve some neighborhood concerns. However, this effort took more than two decades to start. The neighborhood has been complaining about the same problems since at least the inception of the process that led to the 1994 plan.

Unfortunately, it appears the ITB effort is set up to fail, since it includes no representatives from organized labor and several elements the board has already proposed would be subject to collective bargaining or in violation of existing labor agreements.

Parking management fails to note the inherent conflict with efforts to reduce SOV use versus the for-profit motive of Sabey Corp., which owns the fee-based parking garages that constitute the vast majority of off-street parking for the campus. On-site parking is estimated at 47% of capacity, while employee, vendor, and visitors routinely park in the neighborhood. Any elementary knowledge of supply and demand would lead to the conclusion that pricing likely leads to gross under-utilization of the campus parking facilities. Yet there is no mention in the TMP of any thoughts on this issue.

And while the TMP proposes “regular contact” to promote increase parking patrols in the neighborhoods, it fails to commit resources such as actually subsidizing increased patrols, as Children’s Hospital is said to do.

Promises to submit regular reports seem somewhat specious, based on the institution’s past track record. Required annual reports have been routinely skipped or grossly late in the past and there is no enforcement mechanism proposed to make sure they are submitted on time in the future.

Overall, the TMP is mostly a regurgitation of the current plan – which has never achieved its goals in two decades of implementation – with a few new elements and pilot projects that may or may not bear fruit. It is hard to believe the plan will achieve an actual reduction in the number of vehicles arriving at the campus, and is thus deficient and should be rejected.

Appendix C - Consistency with City’s Comprehensive Plan Goals and Policies

The institution purports to “*Demonstrate the highest-quality, best-value health care to all we serve,*” yet was ranked among the four worst in King, Pierce and Snohomish Counties by the Centers for Medicare and Medicaid (CMS)⁹. As such, the institution seems to be in violation of its own purported compliance with the city’s vision statement for Human Development Goals and Policies.

Further, this section again conflates company-wide initiatives with the specific performance of Swedish Cherry Hill, which it does throughout its attempt to show compliance.

The section discusses “downtown residents,” yet the adjacent Squire Park neighborhood is not downtown. It specifically discusses Ballard High School’s teen health center, but Squire Park is not Ballard. And it discusses “community and region” while lacking specifics to the Cherry Hill operation.

And charity care cited in this section, again, appears to be system-wide numbers and conflicts with what is reported to the state Department of Health.

As such, this is legally deficient and should be rejected in its entirety.

Conclusion

Hostility toward the community, inconsistency between assertions in the MIMP and reports filed with the state, conflation of system-wide performance and a lack of specific benefits being articulated for Swedish Cherry Hill have all contributed to a hostile relationship between the community and Swedish / Sabey Corp. / Providence Health.

The result is a Major Institution Master Plan that does not fulfill the goals of the ordinance, namely an allowance for growth that is balanced with the needs of the neighborhood in which it sits.

Neighbors have offered to compromise, even to accept additional heights in some areas. Instead, the institution continues to propose fundamentally incompatible height, bulk and scale, fails to consider the legally-required scattered-site option, projects commercial level traffic in what is otherwise a residential neighborhood, and attempts to ram gross over-development into Squire Park.

Meanwhile, the occupancy of the institution continues a downward trend that began 30 years ago.

For the reasons stated above, the Swedish Cherry Hill Major Institution Master Plan is deficient and defective and should be rejected in its entirety.

December 18, 2014

To: Swedish CAC

cc. Stephanie Haines, DPD
Steve Sheppard, DON

From: Ellen Sollod

Re: Swedish MIMP Proposal

I appreciate the time the CAC has put into its review of the Proposed MIMP. For the last two years, you have worked diligently on 18th Avenue. While that is appreciated, it has come at the expense of your careful and thoughtful scrutiny of the rest of the proposal.

Today you will vote on the proposed heights of the campus. The overall maximum height should not exceed 125'. The campus is deeply embedded in a low-rise residential neighborhood. Even this height will have a dramatic impact on nearby residences. Where it exists, it should be in the center of the campus between 16th and 17th Ave. Children's Hospital does not exceed 140' and it has a significant buffer to the residential neighborhood. There is no buffer here.

The height on 15th Avenue should conform with adjacent the SU MIMP of 65'. This was deemed an appropriate transition to the neighborhood north, south and east. This means that the western most block of the Swedish campus should similarly respond to the surrounding neighborhood. What was appropriate for SU is appropriate for Swedish.

The CAC has not yet considered setbacks. The MIMP proposes minimal set backs on all sides, mostly 0'-lot line or 5', and minimal upper level setbacks. I implore the CAC to require more significant ground plane and upper level setbacks. If the height on 15th is to exceed 65' in any location, Swedish should be required to have a minimum 80' upper level setback. SU has an 80' upper level setback on 14th Avenue where its maximum height was 65'. This represented a compromise with the neighborhood which opposed the 65'.

Finally, to reiterate, 2.75 million square feet is too much development on this site. The impacts of this scale of development cannot be mitigated and are inappropriate for a low-rise residential neighborhood. This does not conform with the principles of the Land Use code and should not be recommended by the CAC.

Thank you.

Ellen Sollod

Department of Planning and Development
Attn: Public Resource Center
700 5th Avenue, Suite 2000
Seattle, WA 98104-4019

December 18th, 2014

RE: Project Number 3012953 / Swedish Cherry Hill

To Whom It May Concern,

The current proposal by Swedish/Sabey is too big, in every metric, for the neighborhood it is located in. The people who have been opposing this out-sized project have been clear about this from the beginning of the MIMP process. The first 'alternative' was a jarring and outrageous proposal, leveling an entire block of homes along 19th Avenue. The subsequent 'alternatives' have barely been an improvement. All of the 'alternatives' carry with them the prospect of the demise of this neighborhood.

The demise of this neighborhood is assured because of many aspects of these 'alternatives'. The height is a sun-blocker, the bulk is a wall, and the scale is an invitation to thousands of new drivers of cars into this, already traffic-hobbled, neighborhood.

But the most difficult aspect of this, particular, MIMP process is the extreme lack of respect the representatives of Swedish/Sabey show the neighbors. No one seems to be listening. We make good, reasoned points that go nowhere.

One of the most egregious parts of the MIMP, that shows a clear lack of interest in preserving the livability of this neighborhood, is the monolithic building proposed on the east side of 18th Avenue. This is the only portion of the Swedish proposal where there are single-family homes abutting the buildings. 18th Avenue should be a transition zone of disconnected, low-rise buildings, but instead a two-block-long monolithic building is proposed, right in the backyards of the people's homes along the west side of 19th Avenue. This building will be tall enough for the Swedish inhabitants to see into our homes. This is unconscionable. The architects and Swedish/Sabey should be ashamed of themselves for even suggesting this blatant invasion of privacy.

Cherry Hill is not an urban village. A project of the size proposed needs to go in a place with adequate alternative transportation options. No, such, transportation options exist here. The obvious wrong-headedness of this proposal in this place belies a complete lack of empathy towards preserving the vitality of this, Seattle's oldest residential neighborhood, by the representatives of Swedish/Sabey.

I feel that the reason the vitality of this neighborhood is being ignored is that a corporation, not a hospital board, is at the helm of the proposal. A hospital is not being built. Medical office towers, labs, and research facilities are being built. These are not hospital operations. They are tenants of Sabey, a for-profit corporation. If this MIMP is approved, Sabey will be making profits on the backs of these neighbors, on the congestion of our streets, on the sun-starved gardens in our yards, and on the reduced quality of our air.

Sincerely,
Abil Bradshaw

Members of the CAC:

Attached is a revised version of comments submitted to you earlier this week on the draft MIMP for Swedish Cherry Hill -- a figure was misstated in the table on page 8 and that error has been corrected.

I was disappointed to hear Ms. Porter claim she had never heard the neighborhood recommend that you reject the MIMP in its entirety. That request was submitted in writing in my comments sent to you in June of this year regarding the May draft MIMP. I believe it has also been verbally recommended on numerous occasions by myself and my neighbors in public comments during your meetings.

And comments about how "absurd" the proposals have been, that they are "fundamentally incompatible" with the surrounding neighborhood, and that the height, bulk and scale are "wildly incompatible" with the low-rise single family and L-3 zoning should have led you to the same conclusion.

Thank you for recommending slightly lower heights in some areas of the campus, but what the committee voted on last night remains fundamentally incompatible with the residential character of the surrounding neighborhood.

At one point, there was a glimmer of hope that the institution might ask for something reasonable in the way of expansion. It is clear, now, that they had and have no such intention.

So now it is my hope that that of many of my neighbors that you will reject the MIMP before you as incomplete (One explanatory paragraph — and who knows how many more — were admittedly left out, yet the institution clearly stated that it would not be re-published in a more complete form), over-reaching, and fundamentally incompatible with its surroundings.

It is clearly within your purview to do so.

Thank you.

Bob Cooper

Dear Members of the CAC,

I completely agree with the above email from Bob Cooper. In addition I wish to remind you all that the neighbors have been trying to compromise for nearly two years, but Sabey/Swedish have held fast to their outrageous square footage. Sabey and Swedish have consistently demonstrated a complete lack of caring about the neighborhood they are in and the people who are their neighbors.

Once again:

1. This neighborhood cannot absorb the traffic
2. The shadows, generated by the outrageous heights, will negatively impact the neighbors to the north and east
3. The bulk is incompatible with the livability of the people living in this neighborhood
4. The private, commercial nature of the tenants of Sabey are incompatible with the spirit of a Major Institution Master Plan, therefore they can and should be located in a more appropriate place
5. ...and many other things that are outrageous and obviously out of step with the nature of the neighborhood surrounding this hospital. (I am writing this as I am late for work, but you can fill in the blanks because it really is obvious in many ways that you, must understand, but for some reason refuse to acknowledge in yourselves.)

Since Sabey/Swedish have held fast to their square footage, and have presented Alternative 12 as their final alternative, they are clearly finished with major changes to any metric of substance: Height, bulk or scale. Since there are no further alternatives to come, you must decide if Alternative 12 is right for the livability of this neighborhood. Might I suggest that it is not?

As I, and many of my neighbors have said for months, now, please reject the MIMP in it's entirety.

Thank you,
Abil Bradshaw

Hello, Mr. Sheppard

I am a near neighbor and I have written several letters to the CAC over the two, or so, years that I have been a part of this MIMP process. Other neighbors have, also, written many thoughtful letters to the CAC. I was shocked, at Thursday's meeting, when Katie said that hearing that the neighbors wanted the CAC to reject the MIMP completely was "new".

Throughout this process, the neighbors have repeatedly tried to get Swedish/Sabey to compromise their square footage a meaningful amount so the height, bulk and scale of this project could be brought to a reasonable metric for the neighborhood. With the exception of the initial reduction, from Alternative 1, there has been no movement. This lack of compromise has caused the current difficulty of being able to deal with the heights. If square footage doesn't change, very little will be acceptable to the neighborhood.

It was clear a few months ago that Swedish/Sabey was not interested in reducing square footage to put a, more reasonable, alternative on the table. It was at this time that many of the neighbors began to ask the CAC to completely reject the MIMP. If Swedish/Sabey are not budging on sq footage, then the final alternative they are presenting must be rejected.

We wrote many letters to this effect, and we spoke at CAC meetings to this effect. We have, with a unified voice, been saying this for months. This has prompted me to write this email to you to ask, frankly, are the CAC members reading our letters?

We were told, early on, that writing letters was a good way to get our points across to the CAC since we only have two minutes at the microphone. If the CAC members are not reading our letters, the whole process is for naught. The neighbors feel that we are not being heard or respected for our, very important, opinions. Is there a way for you to make sure that our correspondences are being read by every CAC member?

Thank you,
Abil Bradshaw

12/20/14

T

TO Dear Mr. Sheppard:

At the December 18, 2014 meeting of the CAC, the chairperson, Ms. Katie Porter, stated that none of the testimony heard by the CAC recommended rejecting the MIMP and the FEIS in their entirety.

This is not true. I testified to this effect, and so did Ms. Cindy Thelen. Also, Mr. Bob Cooper submitted written testimony recommending rejection, arguing the fundamental inadequacy of the proposals.

On December 19, 2014 I send the following email to Ms. Katie Porter:

"Dear Katie:

At last night's meeting I was quite chagrined to hear you report to the CAC and the public that there was no recommendation to the CAC to reject the entire MIMP and the EIS. This is clearly inaccurate. I personally have testified to this effect. Mr. Bob Cooper has submitted written testimony to this effect. I request that you formally, and in writing, correct this mischaracterization. It would also be helpful for you, as chair of the CAC, to state clearly that it is, in fact, within the power and purview to reject the MIMP as fundamentally inadequate, which it is.

I await your response."

I have not, as yet, received a response as requested in my email. I therefore request that you intervene to correct the record and that you do so at tonight's meeting -- January 8, 2015.

Thank you for your attention and assistance.

Sincerely,

Kenneth H. Torp

Near Neighbor

Dear Members of the CAC,

Regarding the neighbors calling for an outright rejection of the MIMP, Bob Cooper submitted such a call in writing to you in June 2014. Jerry Matsui is noted in the July 2014 minutes calling for rejection. Abil Bradshaw and I are noted in the August minutes calling for rejection. Jack Hansen is shown in the September minutes calling for rejection. That's five separate calls to reject since June alone besides those voiced by neighbors at the December meeting.

Please remember that your task is to balance the needs of the institution with the vitality of the neighborhood. This MIMP is seriously out of balance toward the institution and away from the neighborhood. I will take this opportunity to again call for the CAC to reject the MIMP in its entirety as it is fundamentally incompatible with our residential neighborhood

October, November and December meeting minutes have not been posted yet. I don't understand why the minutes are so late to be presented, nor do I understand how the CAC can vote to approve them with any confidence in their accuracy when months have passed since the meeting. I am used to my name being misspelled with an "a" instead of an "e" but can only assume that "Cindy Feeling" in the July minutes refers to me.

Sincerely,

Cindy Thelen

Near neighbor

There are many alarming issues in the DPD recommendations. DPD has ignored the principles of the Land Use Code in its recommendations with such preposterous statements that because Swedish initially proposed 3.1 million square feet and revised it to 2.75 million square feet, that Swedish has "compromised." The original trial balloon of 3.1 million square feet was an opening volley by Swedish, knowing that is was completely unacceptable. It was a strategic move to allow the 2.75 million

square feet to appear to be a compromise. It is nothing of the sort. The 12 alternatives have included 4 that are the same 2.75 million square feet—only rearranging the masses. The other 8 represented considerably more square footage and expanded boundaries. The FEIS clearly states that traffic impacts of this level of development CANNOT BE MITIGATED. Yet, DPD chose to ignore these facts.

The DPD report provides for NO transitions to the neighborhood. It allows a 37' high 2-block long building (aka Berlin Wall) as the border between Swedish and a single family street (not even separated by an alley) and a 150' h building on the western MIO adjacent to Seattle University's 65' MIO boundary. Setbacks are minimal—ranging from 0' to 5' on all edges and upper level setbacks that are laughable to non-existent. The plan fails to provide for the required 10% open space and it even calls the driveway "dedicated open space" because the institution could allegedly close it for events. Hard to imagine a time when a hospital would close its driveway for an event. Would that be when no sick people need to be served?

The EIS was deeply inadequate in that it only evaluated the alternatives that Swedish proposed and never evaluated the potential of locating needs elsewhere to mitigate adverse impacts. This is clearly called for in the code.

It is essential that the expansion be consistent with the Seattle Municipal Land Use Code that requires:

A. Permit appropriate institutional growth within boundaries while minimizing the adverse impacts associated with development and geographic expansion;"

NOTE: the operable word here is MINIMIZE adverse impacts on the neighborhood

B. Balance a Major Institution's ability to change and the public benefit derived from change with the need to protect the livability and vitality of adjacent neighborhoods;

NOTE: This says nothing about the need of the institution. Rather it is the need to protect the livability and vitality of adjacent neighborhoods.

C. Encourage concentration of Major Institution development on existing campuses, or alternatively, the decentralization of such uses to locations more than 2500 feet from campus boundaries"

NOTE: If there is more growth than can be accommodated without causing adverse impacts, the Code says that the uses that exceed the capacity of the current campus should be located elsewhere.

I. Make the need for appropriate transition a primary consideration in determining setbacks. Also setbacks may be appropriate to achieve proper scale, building modulation, or view corridors."

NOTE: Swedish has proposed zero lot line setbacks and minimal upper level setbacks for the vast majority of the campus. The current proposal does not provide appropriate transitions along the perimeter, through ground level or upper level setbacks or building modulations.

DPD's report responds to none of these. In addition, it allows 3.5% of the 2.75 million square feet—96,000 square feet for server space or storage. This translates to a 100' x 100' x 9 story building or the entire 18th Ave structure with NO WINDOWS or Fenestration of any kind. The argument that this will provide privacy for the 19th Avenue neighbors is an abhorrent one. This kind of development cannot be allowed on the Swedish campus and must be prohibited in the MIMP.

Attached please find illustrations of this type of building. The first two images are of buildings OWNED by Sabey who also owns the property on 18th Avenue. It is conceivable that a building such as this could be built on this property. It is an abomination attached to the historic Georgetown Rainier Brewery Building. It has killed street life in this area. The third image is a data center at Syracuse University. Equally or even more unpleasant.

Given there is NO DESIGN Review after the MIMP is approved, this could come to this neighborhood. A true disaster.

I implore the CAC to include in its report a clear restriction on data servers and to require that any data servers : (1) serve only the Cherry Hill hospital NOT THE ENTIRE PROVIDENCE SYSTEM; and (2) that they be required to place any functions like this below grade.

Ellen Sollod

You will be discussing set backs at the upcoming meeting. The set backs proposed by Providence/Swedish do not provide adequate transitions to the surrounding residential neighborhood. Please include in your recommendations the following:

In correspondence to the MIMP, the follow setbacks should be modified as followed.
E-E (pg 29 of the MIMP) These should be 15' at ground level and a 25' at 37'

F-F (p. 29 of the MIMP) If the current structure is maintained, the upper setback should be 25'. If the current structure is replaced, the ground level set back should be 15' with an additional 15' of upper level setback at 37'.
J-J (p. 31 of the MIMP) These should be 15' at grade, 80' above 37'.
G-G (p. 30) These should be 15' at grade, 25' at 37', 80' at 65'.
K-K (p. 31) These should be 15' at grade and 20' at 37' h, 35' at 65' h
B-B (p.26) This should be a minimum of 15' at grade.
C-C (p. 26) This should be a minimum of 15' at grade.

SKY BRIDGE

The MIMP proposes a two-story sky bridge spanning 16th Avenue. A two-story sky bridge effectively creates a building spanning the street, blocking views down the street, and removing foot traffic from the street. The City of Seattle has a policy that discourages sky bridges for these reasons. At the same time, the MIMP proposes a tunnel connecting the east and west side of 16th Ave.

Swedish/Providence states the two-level sky bridge will separate patient movement from public movement. Currently, patients are transported on gurneys and wheel chairs through the same hallways and elevators as the public. What justifies the separation in a sky bridge? Why is this necessary? Why is it medically necessary to further degrade the public right of way in this way?

The CAC should recommend that the double-decker sky bridge not be approved, that the single level sky bridge be removed at the end of its term (when approved, sky bridges are allow for a set number of years and the institution must re-apply) and the proposed tunnel be used to serve patients and hospital needs.

OPEN SPACE

Swedish/Providence proposes that the main circular drive way (aka entry plaza) be considered designated open space because, they claim, it can be closed for "campus events." This is a preposterous assertion. In the last 8 years, the drive has been closed once for 4 hours. It is inconceivable that the hospital would close the main entrance to the facility. The CAC should reject this as viable designated open space.

Swedish/Providence has proposed that the seating area outside Starbucks be counted as open space. To count a commercial venue as open space is not in keeping with the intention of open space. The CAC should reject this as viable open space.

Swedish/Providence has identified all landscape areas in the setbacks as open space. Much of it is inaccessible.

It has identified the area north of the Kidney Center as a pocket park. Since it was constructed, it has never been used by anyone as a place to stop and sit. It does not function in a way a park should. The other "pocket parks" identified are equally nonfunctional. The CAC should reject this as viable open space.

They have continued to promote the "health walk" as open space. This is the sidewalk along city streets. Swedish/Providence can hardly claim that the city right of way is their open space. The community has repeatedly stated that it does not find any benefit to this feature and believes that people do not prefer to walk along arterials unless they have no other choice. Swedish intends to make this a "health walk" by adding signage and unlimited locations "exercise stations." The CAC should reject this as a frivolous proposal.

Swedish/Providence has proposed the landscaped area east of the 18th Ave 1/2 block be a pathway for use by people cutting through the property. The neighbors on 19th have repeatedly asked that this not be developed to encourage transient use. The CAC should reject this as a community amenity

The other open spaces are internal to the campus and provide no community benefit. The CAC should require that significant, publicly accessible open space be created mid-block on the east side of 18th Ave.

PARKING

Page 66 of the MIMP states that Swedish/Providence "is not requesting an increase in the permitted parking spaces." However, page76 shows an increase from 1510 spaces today to 2547 under the new MIMP. Clearly, the statement on p.66 is not true.

Thank you.
Ellen Sollod

Dear CAC Members:

After several years of meetings there is only one conclusion to be drawn regarding the Swedish Cherry Hill MIMP. It needs to be rejected outright.

The neighbors have been consistent in expressing their concerns that this project creates more traffic than the streets around the campus can accommodate; creates shadowing that will impact the livability of neighbor's homes; will exacerbate existing ground water issues; and that the transportation management plan is laughable given past experience and the lack of public transportation going to the campus. Additionally the proposed setbacks are far too inadequate to provide a reasonable transition to the existing single family neighborhood. The height, bulk and scale of the project are fundamentally incompatible with our single family, low-rise neighborhood.

There is also the issue of the for-profit Sabey Corporation using the process to extract private benefit from public process. A process that ostensibly is supposed to balance everyone's need is tilted in favor of developers who fund DPD.

The SMC makes clear that it is important for the MIMP process to evaluate the appropriateness of institutional growth, the public benefit to be achieved through that growth, and the needs of major institutions. (sections 23.69.002A, 23.69.002B, and 23.69.002H) It is obvious to even the casual observer that the Swedish Cherry Hill MIMP fails on all accounts. Because the MIMP is in non-compliance with the SMC there is not choice for the CAC but to reject it.

Sincerely,

Mary Pat DiLeva



Swedish Cherry Hill Campus Final EIS and MIMP Comments

Comments on DPD Project Number 3012953

More than three years since the Notice of Intent was submitted, Swedish and their development partner Sabey have presented what they consider to be a final environmental impact statement and final major institutional master plan. As a former member of the CAC, I have been able to see the plan develop from the initial alternatives to the current proposal. After a significant amount of review of both the documents provided by Swedish Medical Center and other comparable major institutional master plans in Seattle, it is my judgment that the Swedish Medical Center MIMP proposal currently under consideration is unprecedented among MIMP plans in terms of the lack of mitigation, the inappropriate scale for the surrounding community, and the low standards of "success" set by the institution for itself. No other major institution in Seattle has set their goals for compliance so low in a MIMP or sought to place a development of this size in immediate proximity to a residential neighborhood with such marginal mitigation measures.

I regret to state my opposition to the plan. While I was a near neighbor to the hospital, my analysis stems from my background in urban and regional planning in combination with my experience as a consistent participant in the MIMP process over the course of three years. My judgment takes into consideration the proposed benefits of the new development; the regional needs of the Puget Sound; the stated impacts outlined in the EIS and proposed mitigation measures; and the treatment of the community and public during the deliberation process. I currently work in transportation planning in the San Francisco Bay Area and hold a Master's Degree in the field of Urban and Regional Planning.

I actively support the expansion of other institutions (such as Seattle Children's Hospital and the University of Washington) when there is a balance between the needs of the community and the needs of the institution clearly embodied in the proposed plan and demonstrated by the institution's current actions. I do not find that balance in the current plan.

In addition, I also find that the lack of action on the part of Swedish in addressing community concerns over the past three years has eroded my confidence in their ability and/or willingness to achieve the mitigation measures included in this plan. As mitigation of harmful effects is dependent on the implementation of mitigation measures, along with sustained effort to ensure success, and as they have not taken concrete steps to address current and ongoing issues raised by the community, I am forced to conclude that the mitigation measures will be instituted to the minimum level required by law. Lacking adequate resources and/or institutional support, I believe a predictable outcome will be irreparable harm to the livability of the community. In particular, negative impacts including lighting, shadowing, noise, and transportation are among those that likely will not be effectively mitigated, even if it was possible to do so in some cases.

Swedish, in coming to a public process and setting out to create a plan that would last decades, had an opportunity to engage the community, prove their intentions by proactively addressing long standing and known issues, and create a common vision of the future. The MIMP process is meant to empower citizens to work with institutions to do just that. In situations where institutions are committed to collaboration, there can be significant gains through this method. In this particular case, Swedish held public meetings, as required by law, but the process was ineffective and at times adversarial. Consider:

- Some clear stakeholders, such as the neighboring office of the Department of Social and Human Services, remained unaware of the proposed development, planning process activities, and potential impacts on their operations. Their voice and input was not at the table. Contact with DSHS was made by a CAC member, not the Institution.
- The initial alternatives included aggressive expansion into the neighborhood on three of four sides of the campus. These alternatives were clearly contrary to the intent of SMC 23.68.002 (Items A, C, E, and G) and obvious from the first meeting that they were wholly unacceptable to members of the community. The alternatives needlessly wasted time and predictably created hostility between the members of the community and the institution. As a result, deliberation and the public process was harmed.
- Swedish showed disrespect for the time of members of the CAC interested in working towards a solution by continuing to present untenable alternatives well past when the strong objections of both the CAC and public were obvious to the reasonable observer. This "tin ear" ultimately culminated in the CAC rejecting a PDMIMP unanimously in December of 2013.
- Materials requested by the CAC in order to further their participation in presenting alternative ideas or reviewing statements made in documents, such as detailed transportation information from the PDEIS and the 3D SketchUp Model used by the architects of the campus, were withheld from the CAC. In addition, such attempts at participation by CAC members were dismissed as "an unproductive distraction (and outside the code)" (See email between Marcia Peterson, Swedish and Nicholas Richter, cc:ed to the CAC, from 2013-08-09)

- The website and information published on cherryhill.swedishmimp.org has frequently been out of date or lacked important documents needed for public deliberation. In addition, the current website encourages people to sign up as “supporters” prior to being able to review any information that would enable them to make an evidence based choice.
- Swedish scheduled an important meeting (Meeting #10, held directly after the first time the CAC and community was able to review the PDEIS and PDMIMP) at a different campus than normally scheduled. The change was not effectively communicated. Maintaining strong communication about meeting location and giving priority to public meetings over other functions, such as decorating for a holiday party, are basic components of a public participation plan that demonstrates respect for members of the public. The CAC amended bylaws over objections presented by Swedish to prevent further relocations to other campuses that might create additional burdens to attendees.
- According to the cherryhill.swedishmimp.org website, there have been two community meetings offsite with local stakeholder groups where Swedish has gone out to present since April 2013. This equates to approximately one offsite public outreach event every 10 months.

Further, the express purpose of the MIMP is “to balance the needs of the Major institutions to develop facilities ... with the need to minimize the impact of Major Institution development on surrounding neighborhoods” ([SMC 23.69.025](#)). Permission to develop in excess of the usual zoning standards is established through special overlay zoning which is intended to balance the “need to protect the livability and vitality of surrounding neighborhoods” with “a Major Institution’s ability to change” ([SMC 23.69.002](#)). As previously mentioned, I support development that brings needed services or catalytic change when the planned expansion presents a believable plan that includes a clear accounting of impacts and aggressive mitigation. However, the MIMP process exists because although an institution may have the ability to expand, it is not necessarily entitled to expansion of any type desired, at any given time or place when faced with the needs of the surrounding community¹.

As a result, there are times when the proposals are simply inappropriate for the neighborhood context. The MIMP currently presented is an example of a proposal that is out of sync with the character and development patterns of the local residential neighborhood. The height, bulk, and scale of the proposed Institutional development dwarfs all other buildings in the vicinity of the campus and, if built, would represent one of the greatest disparities between neighboring land uses in the city. No other MIMP has been put forward and accepted with a similar level of intensity in a residential area with such low setbacks and other mitigation measures.

The neighbors of Cherry Hill and Squire Park, with support and investment from the Seattle Department of Neighborhoods, have created one of the most attractive and vibrant areas in the city. Cherry Hill and Squire Park continue to attract new residents and retains, for the time being, many committed residents who have been instrumental in this decades long transformation. While changes to zoning and economics has brought additional change in the urban form and composition of the

¹ To liberally paraphrase Sue Tanner, City of Seattle Hearing Examiner, from the 2009-08-12 Findings and Recommendations in the matter of the Application of Seattle Children’s.

neighborhood, the fundamental residential character of Cherry Hill and Squire Park has never been questioned or changed.

The new development proposed at the Swedish Cherry Hill Campus, however, is a direct threat to the character of the neighborhood and long term land use of the area. Swedish and its development partner Sabey have signaled with their proposed alternatives that they are interested in expansion outside of the current MIO boundary: 54% of all actionable proposed alternatives (and 100% prior to the CAC rejection of the MIMP in 2013-12) contained proposed MIO boundary expansions. While the residential character of the surrounding neighborhood remains intact today and thus boundary expansion highly discouraged under SMC 23.69.002 section G, the inclusion of 160’ high rise buildings and the dramatically increased intensity of land use on campus will erode the cohesion of the neighborhood character and make expansion more likely during the next major institution master plan process. This is not in the interest of current or future residents, nor the City of Seattle.

The neighborhood context is that of a single family and low-rise residential area. While First Hill, Downtown, and Seattle University all lay to the west of Cherry Hill, virtually all intensive institutional or commercial land uses are to the west of 12th Avenue. In terms of Urban Form and buffer zones, Seattle University and its associated master plan provide for a transition zone from intense institutional use to the residential setting where the Swedish campus is incongruously located. Inside of this environment, the campus is alone, surrounded by residential houses and small scale buildings. While the neighborhood has adapted to the present campus, there is a limit where increased intensity of development is inappropriate.

The current MIMP steps over the line of what would be acceptable for any residential neighborhood. To provide a comparison of other local buildings in the same general height category, as what is being proposed, consider these

notable buildings (+/-5 feet) in Seattle. From Emporis.com:

Harbor Steps Southwest Tower	1200 Western Avenue	165ft
Beacon Tower	1501 S. Massachusetts St.	165ft
2201 Westlake	2201 Westlake Avenue	160ft
Swedish Medical Center, First Hill	747 Broadway	158ft
Virginia Mason Tower East	925 Seneca Street	155ft

Each of these buildings (except Beacon Tower) is located in neighborhoods that feature intense development, tall buildings, and density that is compatible with these high-rise buildings, such as Downtown and First Hill. There are few examples of tall buildings outside of the downtown core, and it is doubtful that any would be permitted under current zoning practice. The University Of Washington Tower (325 feet, built in 1975) is at the heart of the University District and, despite its odd height, is not located in a residential neighborhood. Pacific Tower (235 feet, 1932) is an outlier, as is Beacon Tower (165 feet, 1974), both located on Beacon Hill. The City of Seattle has consistently used zoning ordinances to avoid such outliers and by policy does not allow for high-rise buildings in or near residential areas. This is established practice and other MIMPs in the Seattle area that have been previously approved in deviation from this norm on the basis of merit have never featured such an incompatible mix of high-rise buildings in residential neighborhoods. Aside from Seattle Children's, there are few, if any, examples of a MIMP with an MIO overlay approving height over 105' anywhere in Seattle outside of an urban village.

The most informative comparable MIMP is Seattle Children's Hospital. Like Swedish, the campus is located in a residential setting. Like Swedish, Seattle Children's claims a critical role in the provisioning of vital health services. Like Swedish, the proposed expansion was significant and extensive, involving a similarly sized growth (2.4 msf vs 2.7 msf). There are significant similarities that make it a relevant case study on what is acceptable in a similar neighborhood context. Unlike Swedish, their MIMP is believable, contains buildings that balance the needs of the community and the needs of the institution, sets a high standards for mitigation efforts, and includes concrete commitments.

Topic	Seattle Children's	Swedish Current MIMP
Setbacks	Between 20' and 75'	Between 0' and 25'
Maximum Height	140' furthest from residential areas, 125' next to residential areas	160' next to residential areas
Non-SOV Mode Share	30% (currently at 38%)	Inconsistent in MIMP: Either 50% or 44%.
Money Specifically Pledged to TMP projects in MIMP	Up to \$3.9 million to SDOT (does not include shuttle services)	<u>\$0.00</u>
Alternative Commute Mode Employee Incentive	Up to \$700 per year paid to employee, plus a free bike	Unknown, "being investigated"

The comparison demonstrates the inadequacy of the current MIMP provided by Swedish. The addition of 2.7 million square feet of commercial and institutional facilities in a residential neighborhood is a significant event with major impacts. A review of the Swedish MIMP reveals little concrete and lasting commitments to the community to balance the clear impacts associated with this expansion. The mitigation measures in the current MIMP represent *de minimis*, while the plan calls for the maximum possible development. The neighborhood and citizens throughout Seattle should be asking if the plan presented is truly in the interest of the public, or whether the package being offered is a bad deal. The public is offered little and offers made by the institution are all couched in conditional phrasing, such as "pilot project", or alternatively are features that simply are not effective enhancements to the neighborhood.

The existence of a "final MIMP" does not require the acceptance of that MIMP. Seattle Children's Hospital crafted a *much better* MIMP than what has been presented by Swedish and the Hearing Examiner recommended that the City Council deny that plan. Whether considered in comparison to Seattle Children's or on its own merits, the current MIMP should not be accepted as adequate and should be rejected. Swedish is capable of a better plan and Cherry Hill deserves a better plan.

Specific Commentary on the content of the MIMP

All comments are on the Swedish Cherry Hill Master Plan dated 2014-11-24.

Page 1: Opening Images

As mentioned in previous comments, the first image intends to provide the viewer with the impression that Swedish is a stone's throw from downtown and embedded in an institutional area. This is not the case as the second image more clearly shows.

The labeling on the secondary image is also problematic. The premise again is to show an image that supports the idea that Swedish Cherry Hill is located in an institution dense neighborhood, however the labels mislead: The center of Seattle University is outside of the picture to the west. The area labeled "Seattle University" is their sports facility. It is debatable whether Seattle University should be labeled at all in this image.

Page 4: [LabCorp paragraph]

LabCorp has become something of a red herring in the MIMP process, in general. The justification of collocating LabCorp is that their services are required, but the critique of LabCorp is not whether or not they provide needed services, but rather that they are emblematic of profit motive on campus and the distrust that that brings to claims made in the MIMP. LabCorp is a tenant. They provide Sabey profit and their activities at Sabey's Cherry Hill Rental Facilities are sized such that their laboratory there serves all hospitals in the region, not just the campus. A question arises as to whether there this is an optimal use of the campus.

As a clear example, if Swedish claims that X number of parking spots are needed, but several dozen of those are reserved exclusively for regional LabCorp vehicles, is the actual need for parking spots on campus X? The extra-campus services provided by LabCorp have immediate and real impacts on the neighborhood, such as increased congestion, additional facilities to house a regional courier vehicle fleet, and additional space elsewhere on campus to meet the actual needs of Swedish Medical Center.

To draw an analogy, it might be extremely beneficial to have American Medical Response based at Swedish Cherry Hill. It would be easy to write a paragraph about how having an ambulance on hand ensures that patients can always be quickly and effectively transferred to other facilities, and that 80% of all intra-hospital transfers requires an ambulance, but this would not inoculate the institution against the critique that instead of building 200 additional parking spaces in the neighborhood it might be better to review whether housing a regional ambulance fleet on campus is an appropriate use of resources. This would be especially true when the facility is located in a residential neighborhood, as is our case.

Given that LabCorp is very successful at providing courier lab services and the fact that patient records, including lab results, are now mostly digital and instantaneously transferred anywhere in the world, it is a legitimate question to ask whether or not the space currently rented for profit to LabCorp

to support their extensive regional operations could be part of the mitigation of the overall height, bulk, and scale of the project by reclaiming it for Swedish use. The quality of service that LabCorp provides is not an issue.

Page 7: [Zoning Map]

The thematic color scheme should have greater intensities of color and darker colors for zoning with higher height limits. As is, it suggests that the most intensely developed part of the Seattle University campus is adjacent to Swedish Cherry Hill, which is not true.

Page 9: Swedish Medical Center Cherry Hill Campus generally serves as the boundary of commercial and institutional activity along E. Cherry and Jefferson Streets.

This is a weasel statement. Translation: "When you limit the analysis to a single block wide stretch of land, then Swedish Medical Center Cherry Hill is the eastern most boundary for commercial and institutional activity". This is a *technically* true statement (From the Puget Sound to Swedish Cherry Hill on this one block wide slice, there is predominately commercial and institutional activity), but it fails when viewed from the perspective of someone who is familiar with the neighborhood.

14th Avenue is the traditional maximum limit of commercial and institutional activity in the neighborhood outside of the block wide sliver named above, and some would argue that 12th is the main dividing line between commercial and institutional activity and the start of the neighborhood. The area between 12th and 14th is a transition zone, where the center of activity at Seattle University fades naturally into the residential Cherry Hill/Squire Park neighborhood. Swedish Cherry Hill is an anomaly, not a natural extension of a commercial and institutional zone as it is suggested here.

Page 21, Table B-1: 23.44.008 – Lighting and shielding away from residentially zoned lots.

While exterior lights are shielded, light pollution and trespass from interior lights is still a significant issue. Neighbors have noted, and provided photographic evidence of, significant light trespass at night caused by interior lighting in the James Tower onto the neighboring properties.

Page 21, Table B-1: 23.44.010 – “Swedish is requesting an increase in coverage in order to not expand its boundary. Lot coverage will be calculated for the entire MIO district, Swedish is proposing a maximum lot coverage of 76.5%.”

Boundary expansion was never a feasible option for Swedish. The expansion of the campus boundary would have required a violation of numerous urban planning principles, including not allowing land use variances to become permanent; the City of Seattle’s stated goal to discourage boundaries; and the introduction of incompatible land uses in a residential neighborhood.

In addition, the half-block section of 19th Avenue, key to the repeated vision of expansion, would never have been available for redevelopment in this fashion, as has been made exceedingly clear through three years of public comments. Therefore, this is not a justification for excess lot coverage. The acceptability of the additional requested lot coverage should be reviewed on the merits of the development proposed, *not prevented*. If the latter argument was acceptable, then *any* alternative outside of alternative 3 (“distributed”, which called for expansion of boundaries to include two to three additional blocks of land) would be acceptable as nothing proposed is as unacceptable and callous as what was proposed there.

The lot coverage calculation that Swedish proposes later on page 42 is also flawed. The 76.5% lot coverage includes questionable credit for their driveway and assumes that the footprint of the Seattle Rehab Center mains unchanged from foot print from the 1970s. Alternatively, if Seattle Rehab Center did redevelop their lot independently, it is likely that Swedish would be unable to achieve their vision and maintain this 76.5% limit.

Page 21, Table B-1: 23.44.012 – Height Limits

The height limit of 160’ is inappropriate for this context, especially when combined with the limited setbacks proposed. Swedish should look to Seattle Children’s for an example of what is appropriate. The western block should be conditioned to a height of no more than 140’. The center block should be conditioned to a height of no more than 125’. The clock tower should remain the tallest and most prominent feature on campus.

Page 22, Table B-1: 23.44.014 – Setbacks

The setbacks proposed are insufficient for the residential context of Swedish Cherry Hill. Referencing the sections mentioned on page 25 onward: Section A-A should feature a greater setback above 37’; Section J-J and K-K feature insufficient setbacks to create a transition to the low rise residential neighborhood. In addition, the 0’ setbacks along 16th Avenue risks creating a highrise canyon in the middle of Squire Park. This is not an appropriate feature for a neighborhood of this character.

Page 35: Heights

The intensity of the proposal is above what can be reasonably accommodated by the neighborhood, especially given the paucity of mitigation and lack of concrete commitments in the MIMP. Squire Park and Cherry Hill is not an appropriate location for high-rise buildings of this magnitude. The neighborhood is not First Hill, nor downtown. While the center of campus and western edge could accommodate structures of increased height, the proposed limits (which exclude mechanicals, resulting in even greater height) would create significant impacts that cannot be mitigated either directly in terms of placement or through techniques such as façade modulation.

The table below contains a list of heights that I believe are acceptable, with conditions. The two main issues are the overall heights and intensity of development (lot coverage) and the 18th Avenue half-block. Lowering the height limits in this block is not enough to create a transition from the monolithic Kowloon institutional center proposed and the immediately adjacent neighbors along 19th Avenue. Although it may be inconvenient for the institution, separate buildings of differing sizes in this area would provide for a smoother transition. This could also be created through additional 15’ conditioned areas with the additional condition that no mechanicals be allowed.

Section	Proposed Height	Conditions
<u>15th/16th Block</u>		
A1: NW Quad.	65'	Enhanced setbacks on Cherry
A2: NE Quad.	65'	Enhanced setbacks on Cherry
A3: Center N Quad.	125'	Enhanced upper setbacks starting at 37'
A4: Center S Quad	140'	As A3, conditioned to 125' at eastern edge.
A5: SW Quad	65'	Enhanced upper setbacks along Jefferson
A6: Carmack House	65'	Enhanced upper setbacks along Jefferson
<u>16th/18th Block</u>		
B1: N Quad.	105'	Enhanced setbacks on Cherry
B2: Center Quad.	125'	Enhanced setbacks on 16th
B3: SW Quad.	105'	Setbacks remain as today
B4: S Quad	37'	Driveway is not "open space"
B5: SE Quad.	40'	Adaptive reuse or historic preservation
<u>18th half block</u>		
C1:	37'	Minimum of three separate buildings on half block
C2:	37'/45'	Min. three buildings in area, additional upper level setbacks
C3:	15'	May be used to connect two buildings. No mechanicals.
C4:	37'/45'	Min. three buildings in area, additional upper level setbacks
C5:	37'	Minimum of three separate buildings on half block

Page 37: "Details of the MIO projects are not known at this time and so exact lot coverages are also not known at this time."

This sentence encapsulates a significant issue with the MIMP proposed: Swedish does not know what it is planning for, except that it (or its development partner) wants more square footage. As a result, it is unable to state anything concretely and does not provide for a predictable development pattern, which is what the MIMP is intended to do.

Page 37: "The proposed maximum lot coverage development standard for the MIO is 76%."

This statement is inconsistent with the percentage of proposed lot coverage on the same page and the proposed lot coverage found in Table B-1.

Page 39: "Landscaping will be provided in structural setbacks and roof top gardens when practical."

If roof top gardens are to be included in the overall open space calculations, then there must be explicit conditions placed upon them, including: the right to public access to the roof garden; way finding that makes the existence of roof top features apparent to members of the public (including those at the edge of the campus); and limitations of the percentage of open space that may be provided by roof gardens. The CAC may move to recommend that the roof gardens be allowed to account for a limited percentage of open space, if the overall open space requirement is increased.

Page 39: With the purpose of adding community amenities to increase safety, provide increased aesthetic enjoyment, include education markers for the health and exercise, provide respite and contemplation areas, clarify the pedestrian pathways and bicycle routes through the campus.

The above sentence is a reference to the proposed perimeter "health walk", as well as the new 18th Avenue public cut through. Swedish should be asked to furnish evidence that these amenities can reasonably be expected to 1) be used, 2) be effective in their intended purpose, and that they are a requested amenity by the community. A reasonable observer in

evaluating the proposed project would arrive at the conclusion that these are not effective, are unlikely to be used, and do not address a community concern. In fact, with the 18th Avenue cut through, this public right of way may create a new concern, as the area is likely to be may not confirm to “defensible space” principles.

The health walk in particular is ill conceived.

- Does the perimeter of Swedish Cherry Hill have an environment amenable to leisure or health walking?
 - No, it does not. The majority of the perimeter is either a primary arterial street or a secondary arterial. Intense traffic, occasional sirens, echoing road noise reflected off of the institution, and other nuisances make this area unappealing.
- Is there a dearth of attractive alternatives for these activities in the neighborhood?
 - No, there is not. Virtually any street in Squire Park provides an attractive (or superior) alternative for someone interested in walking for health or leisure.
- Is the information provided likely to cause repeat trips to the facility proposed?
 - No, it will not. Information such as what could possibly be contained on a plaque is not information that needs to be reviewed multiple times. This means that even if someone specifically sought out the information plaque (unlikely), this interest would generate one use of the facility.
- Is there a clear and logical user group who would benefit from this health walk?
 - No, there is not. Local residents, such as myself, would *never* choose to walk along the proposed route for leisure. Not only is there no logical destination to act as a terminus or node to draw users demand, but, as mentioned, it is one of the *least* attractive possible walks in the neighborhood. Patients may be a logical user group, but then this walk would not be oriented towards being a public amenity and they would be poorly served by the hospital as there are an infinite number of superior routes that connect to the hospital (to mention one, 18th Avenue from Cherry to Union is both an enjoyable walk and ends at a local business cluster).

Given all of the above, there is only one user group that would likely use the proposed amenities, such as pocket parks: Tobacco users from Swedish Hospital. This group requires a somewhat enjoyable area within close proximity to the hospital and is already “captive” to the campus. The proposed “health walk” would be used in a similar way as the existing “public” seating at the 17th Avenue entrance is used today: For people to take a smoke break.

In addition, the 18th Avenue mid-section public right of way could be problematic, as it introduces a new and likely largely uncontrolled area. There are possible security concerns.

The health walk is ill conceived, not well received, and ultimately appears to be a formulaic token effort towards the community. Swedish should spend more time actually consulting the neighborhood when attempting to deliver amenities.

Page 39: “The Providence Annex into a daycare center.”

While welcome, the 1994 MIMP also called for a day care to be provided to neighbors.

Swedish should demonstrate how it intends for this time to be different. In the MIMP, “daycare” or “day care” is mentioned in total three times, including once where a day care is labeled a “potential use”. Nowhere in the document is any concrete evidence that Swedish is actively planning to provide these services, such as possible interim facilities, FTE projections, dedicated funding, or a timeline for service start.

Page 44: The use of building façade modulation and street trees will transition the scale of each future project to its residential neighbors (see Development Standards 3.a.Structure Setbacks and Appendix H: Design Guidelines).

The proposed mitigation of bulk and scale through the use of façade modulation is not effective and cannot replace an actual reduction of the bulk and scale of the project. Changing the colors or creating foot variations here and there does not actually reduce the size of the building. Seattle has had a significant boom in buildings that use similar techniques. While they may be appropriate for softening the scale of buildings when surrounded by like development, no amount of façade modulation will hide the fact that a single family home is next to or across the street from a commercial building.

Technically, this commercial building features façade modulation.





Façade modulation can be used to break up mass when buildings are of similar height, bulk, and scale and where setbacks, heights, and other mitigation measures are already effective. However, this technique cannot be relied on to provide mitigation in and of itself. The building on the left, the AMLI complex in South Lake Union, is very clearly a large residential complex when viewed by itself, regardless of the splash of color and modulation of the sides.

Page 49: “[Alternative 12] [p]rovides only 2.75 MSF which is less the stated need of 3.1MSF”

The stated need appears, then, to have a degree of “truthiness” to it. As the need is not absolute and there is by admission of the institution, flexibility inherent in their “needs”, the question is whether the current MIMP balances the needs of the community and the needs of the institution. The current MIMP does not achieve that balance.

Page 55: “When calculating FAR certain areas are exempt. Swedish Medical Center requests the exemption of the following areas from the FAR calculation.

- Electrical Areas (generators, transformers, closets, servers and space that is not occupiable)”

The exemption for server spaces should not be allowed. Sabey, the development partner of Swedish, is also in the business of information technology and currently owns and runs large scale server farms. This exemption creates a clear loophole that could be abused by Sabey to increase the intensity of development by locating servers at Cherry Hill. Since they are explicitly in the IT infrastructure business, this amounts to a potential *carte blanche* to expand at Cherry Hill.

Other MIMPs that have been approved (Seattle Children’s and Virginia Mason, as examples) do not have similar exemptions for servers. There is no reason that it should be included here.

Page 65, Table C-4: 23.69.002.B – “The MIMP protects the livability and vitality of adjacent neighborhoods by providing open space, landscaping and site amenities.”

The majority of the amenities, such as the health walk, will have zero positive impact on the livability of the neighborhood. Factual errors in this section include:

- The assumption that people riding bicycles would deviate one block to use the 18th Avenue pass through proposed instead of continuing on either 18th or 19th.
- The assumption that anyone would ever use the “health walk” to any meaningful extent.
- That the inclusion of pocket parks or any other Swedish amenity for campus users would have a significant impact on any part of the neighborhood outside of the campus.

The fact of the matter is that Swedish has created this plan for itself and its clients. Creating a nice campus *for yourself* is different than creating a plan that protects the livability and vitality of the *adjacent* neighborhood. The impacts of the plans are manifest, but there is reason to be skeptical about the mitigation efforts (not mentioned in this section *at all*) in the plan and their ability to

materially reduce the impacts that are expected. Swedish can do better than this and should hold itself (or be held) to a higher standard.

Page 66, Table C-4: 23.69.002.F – “The Medical Center has encouraged significant community involvement by meeting with the Citizen’s Advisory

Committee (CAC) and taking their recommendations into consideration.”

This statement is not true. Swedish has held public meetings, as required by law, but has not “encouraged significant community involvement” or taken active steps to encourage any additional involvement beyond the mandated meetings. Please see page 2 and 3 of this document for details. In urban planning theory, community involvement is measured not only on the number of meetings held, but also the level of control afforded to participants and institutional responsiveness to suggestion.

The driving theory is that early and active involvement in the planning process should lead to better results. However, in this case, the process has a severe disappointment for anyone who believes in the power of collaborative planning. Collaborative power is premised on having willing participants. My experience as a CAC member has been that the institution has been recalcitrant towards community involvement and that the majority of community involvement has been driven either directly by CAC members or by members of the community. Suggestions made by the CAC or requests for additional opportunities for community input and direct involvement in the planning process was not acted on. It is not the responsibility of the CAC to run the institution’s community involvement process.

While the relationship between the institution and the local neighborhood community could be described as “toxic”, the institution shares a significant portion of the blame. Alternative 3, one of the first alternatives presented, was explicitly belligerent towards the neighborhood and was, predictably, received poorly. The institution acted from their

position of power to antagonize neighbors and created an unproductive environment of a looming threat against neighbors. Planning is an emotional process and many of the actors in the current MIMP process were previously known to the institution. Alternative 3 was either an appallingly oblivious proposal or an explicitly vindictive attack. The resulting harm caused to neighbors who genuinely felt that their homes were being threatened had a significant negative impact on the atmosphere of the public process and directly delayed the ability of the CAC to carry out its duties.

The failure of Swedish to more productively engage in the process and the lack of action on long standing, known community issues casts doubt on their commitment to mitigation measures outlined in the MIMP and community amenities (no matter how poorly conceived) after the institution has obtained approval of the MIMP. It is very telling that 20 years of inaction is suddenly broken immediately prior to coming to the City of Seattle with a big "ask". While Swedish *could* be committed to starting a new chapter in its relationship with the surrounding community, there is little evidence of concrete plans in the current MIMP or actions that it intends to take to mend fences with neighbors. Swedish missed an opportunity in this process to prove that it is not the "bad neighbor" that some claim it to be.

Page 66, Table C-4: 23.69.002.K – "The proposed TMP is intended to reduce SOV trips to 44 percent upon full build out of the MIMP, and to reduce parking demand, and increase the use of alternative modes of transportation (Transit, walking and bicycling)."

This is a weasel statement. In this sentence, it appears that at the end of 30 years they hope (hope!) to have an SOV share that is 6% higher than that of Seattle Children's today, but elsewhere (page 74) the bar is clearly set to 50%. This 44% is included for the sole purpose of pretending that their goals and level of effort are on par with the work that is being done at other institutions. Doing so does not change the fact that their SOV goal for the MIMP is the same as it has been for more than 20 years and the bare minimum required by law.

When does the institution intend to start taking their SOV goals seriously?

Page 66, Table C-4: 23.69.002.L – Long term assurances and predictability in development.

It is difficult to accept these statements as Swedish has only presented one concrete plan for the campus (the 19th Avenue half block). All other plans (including many promised amenities) are "flexible" and may never happen. The MIMP also fails in this regard, as each project will require a new EIS and will likely cause active community comments/opposition each time.

Page 74: "In 2014, Sabey (which includes the Northwest Kidney Center) and Swedish Medical Group will each conduct their own CTR Survey. Swedish Medical Group has been included in Sabey's CTR survey prior to this."

It is now 2015. Have these surveys been conducted and the results published?

Page 76: The Seattle Neighborhood Greenways has proposed that the Greenway be on 19th Avenue.

As a former member of Central Seattle Greenways, this statement is partially true. SNG has proposed that either 19th or 18th be used as a greenway along the "Central Ridge" route, which seeks to minimize the topographical change in a path from I-90 to Volunteer Park. In this section, there is debate as to which street is preferable. 18th Avenue minimizes absolute topographical differences and provides better line of sight at the intersection at Cherry, while 19th Avenue avoid the traffic associated with the Hospital (which is anticipated to get worse as a result of the proposed action by Swedish and Sabey).

Page 76: "Swedish will work with the city to plan a neighborhood greenway."

This is not a concrete commitment to do anything to actually get it done or implemented. Other institutions in similar positions have made clear and concrete pledges of resources to achieving neighborhood transportation plans.

Page 78: "The proposed TMP incorporates both elements from the existing TMP and proposed enhancements designed to achieve the 50 percent SOV goal. Swedish Cherry Hill proposes a 44% SOV goal to be achieved upon complete build out. This goal is consistent with those of nearby institutions at First Hill as suggested by SDOT's CTR assessment."

The 50% SOV goal remains an unambitious goal and is identical to the goals set out two decades ago by the institution. While it may be consistent with the similarly unimpressive Swedish First Hill TMP, it is not consistent with the goals set

by peer institutions in Seattle. The 50% goal is, in fact, the legally required minimum for a MIMP (per Virginia Mason's 2013 MIMP).

Seattle Children's has an SOV goal (not "intended eventual outcome in thirty years") of 30% and is located in a more isolated and less transit friendly location. Virginia Mason has a goal of 30% SOV share and is already under that goal (although they do benefit from their location). Harborview has an SOV goal of 45%. The only institution with a MIMP updated in the past decade with a goal of 50% is Swedish itself, which is no more and no less than what is prescribed by law.

Page 78: "As a result, an Integrated Transportation Board (ITB) has been created and purposed to build consensus and a unified approach amongst stakeholders conducting business on the Cherry Hill Campus and key constituents in the greater Seattle Community, as it relates to the issues surrounding vehicular congestion, transportation carbon emissions and health."

This passage does not contain any concrete commitments, other than to run a process. As mentioned before, Swedish has run the community involvement (and set its TMP goals) to the letter of the law, but from a holistic perspective has failed to use that process to achieve the intended results. There is not enough information in the MIMP to convince a reader that they will seriously implement and sustain policies to achieve results (except perhaps the next time there is a legislative request to the City by the institution).

Page 78: "Depending on the overall effectiveness, these programs may be considered for ongoing implementation"

Directly related to the above comment, there is no commitment to these initiatives. A predictable outcome is that they will be poorly implemented, un(der)funded, and will fail due to a lack of institutional commitment. Then, after the program has predictably died on the vine, it will be declared a failure and not continued. No metrics of success or criteria for continuation are provided. Nothing measurable, verifiable, or concrete is promised here.

As these programs are key to (maybe) achieving a 44% SOV rate in 30 years, the mitigation is rightly called into question. As the mitigation of impacts is questionable, the acceptability of the proposed development is also called into question.

Page 79: "The intent of this pilot would be to explore the potential..."

This is not a commitment.

Page 79: "This program will create a partnership with local apartment and condominium owners to determine the feasibility of"

This is not a commitment.

Page 79: "These pilot projects would be implemented incrementally so the effectiveness of each pilot project can be evaluated."

This is more of a commitment to non-action than anything else. As mentioned, the predictable outcome is that these small tepid attempts will not be enough to shift the culture at Swedish Cherry Hill, which will then be evaluated and found to be ineffective. After it is "proven" that they do not work because they will have been run to fail, they will be abandoned and in 2045 the institution will be wondering why it's SOV (and driveless transport) share is still at 55% (or higher). This TMP is not suited for an institution that claims to be world class.

Is Swedish only capable of running one TMP initiative at a time? Why is it that other institutions appear to be much more capable in this arena?

Page 80, Table D-3: Transit Element

This is insufficient. Transit passes should be subsidized at 100% and daily incentives provided for each day that an employee uses alternative transportation. This would preferably be in the form of an additional sum distributed on their paycheck. Gimmicky things, such as "Swedish Buxx", should be avoided.

Page 80, Table D-3: Bicycle Element

This is insufficient. For employees committed to biking to work at least two times per week, a reasonable city bike should be provided at no cost. All employees committed to biking to work should be entitled to a free "biker benefits" sticker (<http://bb2.bicyclebenefits.org/#/home>). Page 81, Table D-3: Neighborhood Parking Reduction

This is insufficient. The RPZ area should be expanded, although the time limitation should not be reduced without extensive consultation with the neighborhood. Swedish should *directly* and concretely support parking enforcement with fiscal resources. All vendors on Swedish Cherry Hill should be required to show a current parking stub (or attest to using

alternative means) in order to conduct business on campus (to their credit, this is proposed on page 84). Employees should have specific and predictable disincentives for parking in the neighborhood.

The letter of comment and the packet of back-up comments and information drafted by the Squire Park Community Council is profoundly disturbing for what it tells about failures of the CAC, the DPD, and the Swedish-Providence Corporation and its Cherry Hill developer Sabey Corporation to follow the law and the concerns of urban planning and the neighbors of Cherry Hill Swedish Hospital campus. I am particularly impressed by a suggestion I found in CAC's first comment proposing that Swedish-Providence recapture from Sabey Corp properties within MIO that were sold to Sabey as surplus just a few years ago and the requirement that the CAC consider dispersion of some of the activities proposed for Cherry Hill campus that could better be handled on other campuses of the Swedish Providence Corporation.

There will surely be legal action taken if the CAC does not respond directly and fully to what the Squire Park CC letter indicates is required by law.

Near neighbors John Oliver Perry and Sue Perry Owners and 25 year residents of
802 Sixteenth Avenue fourplex (Our postal address below)

John O. Perry

Dear CAC members,

Even though Steve Sheppard has told you that you do not need to, and should not consider need in regard to the Swedish MIMP process, Mr. Cosentino persists in bringing the needs of the Swedish Neuroscience Institute into the argument. He can only be doing this out of an attempt to influence you in your decision.

Mr. Cosentino is an expert in his field, and comes across in a very authoritative and sincere manner. It is easy to be influenced by experts when you are not familiar with their area of expertise. It is my belief that not all experts would agree with his statement of need. In fact, you heard from another expert in the field of medical need tonight, Jack Hanson, who disagreed completely with Mr. Cosentino's assertions of need. I concur with Mr. Hanson. I myself am a bit of an expert. I have 4 years of college, 4 years of medical school and graduated from the world class Swedish Hospital Family Practice Residency. In all I have over 40 years of experience in medicine. I have served on the Executive Committee at Swedish Hospital, I was Chief of the Family Practice Department there for 2 years, I was faculty at the Family Practice Residency for at least 5 years, served on the Credentials Committee at Swedish Hospital and was one of three physicians on the Obstetrical Quality Assurance Committee at Swedish Hospital. I currently sit on the Credentials Committee at Overlake Hospital and am on the Board of the King County Medical Society.

Mr. Cosentino, whose degree is an MBA, it seems, was hired specifically by Swedish Hospital to grow the Neurosciences Institute, and that is exactly what he is trying to do. I believe that the information that he presented to you tonight was fallacious, incomplete and purposely misleading. That is not to fault him; he is merely doing his job. It is up to those opposing him to point out the weaknesses in his argument.

I would like to comment on several assertions put forward by Mr. Cosentino tonight.

First, I agree with Mr. Hanson that to project the next 20 years of need from the last 6 months of data is simplistic and not statistically sound. I submit that 3-6 years of data should be considered, and even that may not be enough without considering other influences.

Next, if, as Mr. Cosentino stated, Swedish Hospital requires 3,500 square feet per hospital bed—and this includes hospital room space and space for all support services, and Swedish Hospital develops all 396 hospital beds that it is currently approved for, that only comes to 1,386,000 square feet—which is how much area the campus currently contains—so if hospital beds are the issue, why the need for expansion?

Also, I believe that this expansion is profit driven. Seattle does not need two centers of Neuroscience excellence. It already has one at the University of Washington. I believe that Swedish Hospital is trying to develop market share and draw business, as well as neuroscience experts away from the University of Washington. I believe this will be to the detriment of an excellent and previously well-established neurosurgical program and its community. If it isn't broken, don't fix it.

Capacity versus need is a complicated equation. It has been well proven that if capacity of a medical system exceeds need, then quality of care goes down; unnecessary medical tests and procedures are done, more complications occur and the cost of medical care goes up. I believe that this is where the Swedish Hospital MIMP is taking us.

I hope that you keep this in mind during your deliberations.

In addition, I continue to be opposed to this project because the detrimental impact to my neighborhood.

I admire your time and persistence through this rigorous process.

Sincerely,

Aleeta Van Petten, M.D.

Hi Swedish CAC members,

Again, thank you for your ongoing efforts in this process. Please read the attached letter and include it in the record for the hearing examiner. The first 3 paragraphs are what I read quickly at last week's 1/8/15 CAC meeting. Ashleigh, you were asking about the intersections operating at LOS F last week with Alternative 12. And you were wondering how much worse they'll be just due to Seattle's traffic getting worse. In the FEIS, pages 3.7-42 to 3.7-43, it describes the impact of Alternative 12 compared to "no build". That means they are comparing future traffic with Alt 12 to future traffic with no expansion.

Thank you,
Greg Harmon

2/5/15

To: **Anthony Armada**, Swedish Health Services, Chief Executive Officer 206
628-2514 cell # 206 877-2212

From: **Sonja Richter, MA**, resident at 827 17th Ave Seattle 98122

RE: **Andy Cosentino**, Swedish Medical Center Management and Ex-officio member of the current CAC and his behavior at the Jan. 5, 2015 CAC meeting

For over 18 months your institution, Sabey Corp, the City of Seattle and area residents have been meeting to review, comment upon and seek ways to accept or reject the Major Institutions Master Plan via the Citizen's Advisory Committee.

We are coming to the end of this long and time consuming process and I regret to say that our community is not hopeful that few if any of the suggestions, comments, requests for height limitations, relief from Swedish employee parking in the adjacent neighborhood and many other issues will be addressed or changes put into the Master Plan. The building of over 2.6 million gross square feet of office space on the current Cherry Hill Swedish Campus is simply out of scale with what the area and neighborhood can absorb. We also have never been informed as to what roll Sabey, the owner of 40% of the Cherry Hill Campus, plays in the need for such a huge amount of area. This has left our neighborhood feeling left out of the process with no power to voice our needs or concerns regarding this huge Master Plan, even in light of 30 to 80 people attending these meetings over the last 18 months and their written comments.

Now the issue: I do not believe that you, as Chief Executive Officer, pay your employees, especially ones acting as a link between the community and your institution, **to openly smirk while community members speak during the Public Comments.**

Mr. Cosentino is rude, dismissive and frequently looks away from community members as they speak, has side conversations with other Swedish staff and gives every demonstration that he has no respect for our consistent objections, opinions or comments, no matter how well researched or factual. Do you pay your representative to smirk? Perhaps you could train people in all positions to respect the people who live near your campus and who have worked to have input over 18 months during the CAC process. Mr. Cosentino's dismissiveness and rudeness does not speak well of Swedish Medical Center. He is not professional in his demeanor and this seems to say that he and Swedish, with Sabey, feel the CAC has no voice and will have no voice in the final outcome of the Master Plan and thus the City Council will simply rubber stamp the wishes of Swedish.

I have never seen you at any of the CAC meetings. Perhaps if you attended some of the next and last 3 meetings (2/12, 2/26 and 3/5) Mr. Cosentino might find a way to act in a more professional manner and you would see how our community has lost faith in the good will of your institution and the CAC process in general.

The most unfortunate part for me is the loss of faith in the CAC process to protect the surrounding neighborhood, thus I am also sending this letter to the Mayor, who I hope will take notice of the situation in our area. As a courtesy, I have given Mr. Cosentino a copy as well at the 2/5/15 CAC meeting.

Sonja Richter, MA 827 17th Ave, Seattle, 98122 sonja.richter@gmail.com

c/o Jack Hanson
209 22nd Ave S
Apt 32 Seattle, WA
98144
jackhanso@gmail.com

5 February 2015
Andy Cosentino
Vice President, Swedish Neuroscience Institute Providence
Health and Services / Swedish Health Services 550 17th
Avenue, Suite 500
Seattle, WA 98122 andy.cosentino@swedish.org
sent via email and delivered by hand

Mr. Cosentino –

We are residents of the Squire Park neighborhood. We have closely followed the process as Providence Health and Services / Swedish Health Services (Providence / Swedish) seeks approval for a new major institution master plan (MIMP) for its Cherry Hill campus.

As residents of the surrounding neighborhood, we are concerned about the size of the institutional expansion that would be allowed under the proposed MIMP. Providence / Swedish claims that, in order to meet demand for services, the Cherry Hill campus will need to grow from its current 1.15 million building gross square feet (BGSF) to roughly 3 million BGSF by 2040.

We would like to review, in detail, the calculations and estimates that Providence / Swedish and its consultants and advisors used to arrive at these space need projections. The information provided thus far by Providence / Swedish to the general public and to the Cherry Hill MIMP Citizens Advisory Committee (CAC) – in section A.3 (pp. 4-6) and in Appendix G (pp. 129-141) of the 11 December 2014 final MIMP document and in the 16 January 2014 presentation to the CAC by Terrie Martin Consulting – is not sufficiently detailed to allow a full and careful critical assessment of the space need projections.

We therefore request that Providence / Swedish provide to us – and to the CAC members – thorough and detailed background information on its space need projections, to include such items as:

1. the assumptions, specific rate of change estimates, and forecast methods that were used to forecast
 - a. population growth
 - b. demographic shifts
 - c. inpatient and outpatient healthcare utilization changes
 - d. changes in market share of Seattle-area hospitals (including Cherry Hill)
 - e. demand for education services
2. hotel room demand (including identification of the target clientele for the expanded hotel at the Cherry Hill campus identification of the sources for those assumptions, estimates, and forecast methods
3. considerations that led to choosing those assumptions, estimates, and forecast methods over others
4. the specific space need standards / planning benchmarks used to calculate
 - a. total clinical space needs
 - b. total research space needs
 - c. total education space needs
 - d. total office and clerical space needs
 - e. total hotel room space needs
5. identification of the sources for those space need standards / planning benchmarks
6. considerations that led to choosing those space need standards / planning benchmarks over others
7. identification of target occupancy rates for inpatient and long-term care beds at the Cherry Hill campus

and considerations that led to choosing those target occupancy rates over others

8. discussion of how the increase in BGSF at the Providence / Swedish First Hill campus allowed under the March 2005 First Hill MIMP influenced, affected, or shaped the projection of space needs for the Cherry Hill campus.

We expect that the requested information already exists in Providence / Swedish's possession – it would have been compiled and reviewed in the course of arriving at the space need projections summarized in the final MIMP document. So transmitting the information to us should not, we believe, impose an undue clerical burden on Providence / Swedish.

The requested information can be sent in electronic format to Jack Hanson at <jackhanso@gmail.com>, who will ensure distribution to the other neighbors. We request that this information be provided to us by **Friday 13 February 2015**. We look forward to your cooperation in this matter.

Sincerely,

Ellen Sollod

Bill Zosel

Cindy Thelen

Jack Hanson

Mary Pat DiLeva

Ability Bradshaw

Kenneth H. Torp

Melissa Flynn

Tatiana Masters

Troy Meyers

Jerry Mastui

Vicky Schiantarelli

Sonja Richter

Joanna Cullen

Katherine Yasi

T. Murray Anderson

CC: – Cherry Hill MIMP Citizens Advisory Committee
– Steve Sheppard, City of Seattle Department of Neighborhoods

February 10, 2015

Katie Porter, Chairperson, Citizen Advisory Committee

Providence/Swedish MIMP

Ms. Stephanie Haines, Land Use Manager
Department of Planning and Development
P.O. Box 34019
Seattle, WA 98124-4019

*Ref: Master Use Permit 3012953
Project address: 500 17th Avenue*

Dear Ms. Porter and Ms. Haines:

By this letter the 12th Avenue Stewards wish to note for the record their opposition to the proposed expansion of the Swedish Cherry Hill Medical Center as set forth in the Final Major Institutions Master Plan (MIMP) and the Final Environmental Impact Statement (EIS). The proposed expansion is fundamentally incompatible with the low-rise and single family residential character and zoning of the surrounding neighborhood. It is imperative for the future livability of all Seattle neighborhoods for the City of Seattle to follow the recent direction of the City Council designed to preserve and protect the residential nature of Seattle's many neighborhoods. We also oppose the Seattle Department of Planning and Development recommendations that endorse this proposal.

It is essential that the expansion be consistent with the Seattle Municipal Land Use Code that requires:

“A. Permit appropriate institutional growth within boundaries while minimizing the adverse impacts associated with development and geographic expansion;”

NOTE: the operative word here is MINIMIZE adverse impacts on the neighborhood

“B. Balance a Major Institution's ability to change and the public benefit derived from change with the need to protect the livability and vitality of adjacent neighborhoods;

NOTE: This says nothing about the need of the institution. Rather it is the need to protect the livability and vitality

of adjacent neighborhoods. It is the institution's ability to change that is to be balanced.

"C. Encourage concentration of Major Institution development on existing campuses, or alternatively, the decentralization of such uses to locations more than 2500 feet from campus boundaries"

NOTE: If there is more growth than can be accommodated without causing adverse impacts, the Code says that the uses that exceed the capacity of the current campus should be located elsewhere.

"I. Make the need for appropriate transition a primary consideration in determining setbacks. Also setbacks may be appropriate to achieve proper scale, building modulation, or view corridors."

NOTE: Swedish has proposed zero lot line setbacks and minimal upper level setbacks for the vast majority of the campus. The current proposal does not provide appropriate transitions along the perimeter, through ground level or upper level setbacks or building modulations.

Neither the MIMP nor the DPD recommendations honor the intentions of the Land Use Code. They are an existential threat to the livability of the neighborhood. The EIS states there are multiple impacts that are "unmitigatable". The City of Seattle cannot endorse a proposal with these flaws.

The mission of the 12th Avenue Stewards is to advocate for the vitality and livability of the 12th Avenue Neighborhood. We believe that the proposed expansion threatens the neighborhood as a result of increased traffic loads on arterials and other streets, increased parking demands, and increased building heights incompatible with the character of the neighborhood, all documented in the FEIS. A serious issue for the neighborhood is housing affordability and access. We encourage alternative modes of transportation. The expansion proposal to 2.75 million square feet of primarily medical office buildings will bring many more single occupancy vehicles to the neighborhood as daily commuters since no provision for housing or increased mass transit is included as mitigation in the MIMP and the FEIS. Commuting workers are unlikely to contribute to the neighborhood economically and will not be participate as part of the social fabric since they will come to the facility for their shift and leave when work is over.

The 12th Avenue Stewards note with particular concern the proposal to build 160 foot tall structures that will dwarf the adjacent neighborhood and cast shadows that will *eliminate* sunlight during parts of the year for neighbors north of Swedish.

Substantially increased traffic associated with the proposed expansion will make the existing congestion on Cherry/James (especially as it connects with I-5) significantly worse and four additional intersections in the neighborhood will operate at Level of Service "F" (extreme stop-and-go congestion) during PM peak hours. This is the estimate of Swedish's own transportation expert. Remarkably, that estimate, while it briefly notes the additional traffic impacts of several proposed mixed-use developments, it also completely ignores a large number of additional mixed-use developments in the vicinity that are already planned, such as six new mixed-use buildings on or near 12th Avenue, future development slated for the King County site, and for Seattle University, including the proposed event center/sports arena only two blocks away.

The FEIS proposes no mitigation for these impacts. It is the essential function of the FEIS to consider reasonable alternatives that would mitigate significant environmental impacts.

Swedish Cherry Hill lies outside of an urban village. While it is allowable for such an institution to exist in this location, the Land Use Code demands that the livability and viability of the neighborhood and transitions to the neighborhood in terms of height, bulk and scale, and transportation impacts be of paramount consideration. The Seattle Hearing Examiner found these concerns to be critical in its findings with respect to the Children's Hospital MIMP. To discount them in this neighborhood raises significant racial, social justice, and equity issues in the treatment of Squire Park relative to the findings for Laurelhurst.

Rather than adding to the vitality and livability of the neighborhood, the proposal will significantly degrade the environment. It should not be allowed in its entirety.

The 12th Avenue Stewards recommends the following:

- Maximum height allowed on the campus to be 105' at the center of the campus between 16th and 18th Avenue.
- Maintain the height limit of 65' on the west ½ block of 15th Avenue to match the MIO of Seattle University on the adjacent block.
- Mitigate the development on east ½ block of 18th Avenue by requiring a minimum of 4 buildings and open space. Maximum height of 37' with a 25' rear yard setback.

- Adjacent to Cherry and Jefferson, require 15' ground level setbacks; upper level setbacks at 30'h of an additional 10' (25' from property line).

The Transportation Management Plan for commuters to new uses or new developments established pursuant to the MIMP should require a SOV rate no more than the rate reported by a similar medical institution, Virginia Mason, 29%. The SOV rate for existing uses should be reduced gradually over several years to a rate no more than 35%.

Sincerely,

Ann Schuessler
 Chair, 12th Avenue Stewards
 cc: Citizens Advisory Committee



I'm Cindy Thelen, near neighbor on 19th Avenue since 1991. I have brief comments in three areas.

Traffic

As described on the Seattle department of neighborhoods website: the objectives of the MIMP are to balance the needs of major institution development with the need to preserve adjacent neighborhoods. Preserve is a strong word. Webster defines it as

to keep (something) in its original state or in good condition to keep (something) safe from harm or loss

Using this lens to view the impact of the increased traffic on our neighborhood, it is clear that the neighborhood will not be preserved, that is, kept in good condition and the neighbors will not be kept safe from harm. My neighbors and I have previously clearly described the problems the increased traffic, parking, lack of transit, and pollution will present to the neighborhood and the wholly inadequate response of the institution to our concerns. I support the comments of my neighbors this evening as well as the February 11, 2015 letters to the CAC Bill Zosel and the SPCC.

Last night the CAC pondered how to reduce the increased number deliveries and SOV patient and vendor visits under this new MIMP. The solution is clear to the neighbors- limit the amount of growth to an amount the neighborhood can reasonably bear.

In response to Raleigh's question about traffic cutting through the neighborhood, yes, this is a problem on 18th and 19th Avenues (I cannot speak to 15th and 16th). There is no traffic mitigation on these blocks: no curb bulbs, or other traffic slowing or deterring devices. As my 18th avenue neighbor, Karen commented at last night's CAC meeting, the cut-through traffic on our blocks is often at a high rate of speed. Recall that 19th between Cherry and Jefferson is 2 blocks long. The intersection of Cherry and 19th is a frequent scene of motor vehicle collisions.

Sabey property ownership

The preliminary MIMP on page 7 shows the ownership of Sabey property on the campus which includes the entire 18th

Avenue 1/2 block, the building we are in tonight, the Jefferson tower at 16th and Jefferson, the 15th avenue parking garage and the NW Kidney Center building. The final MIMP on page 61 is not as forthcoming about property ownership. All Sabey-owned property within the MIMP boundary is lumped into the category "Supportive/Affiliated Use." Besides the Sabey parcels, there is only one other owner: the Rehab Center.

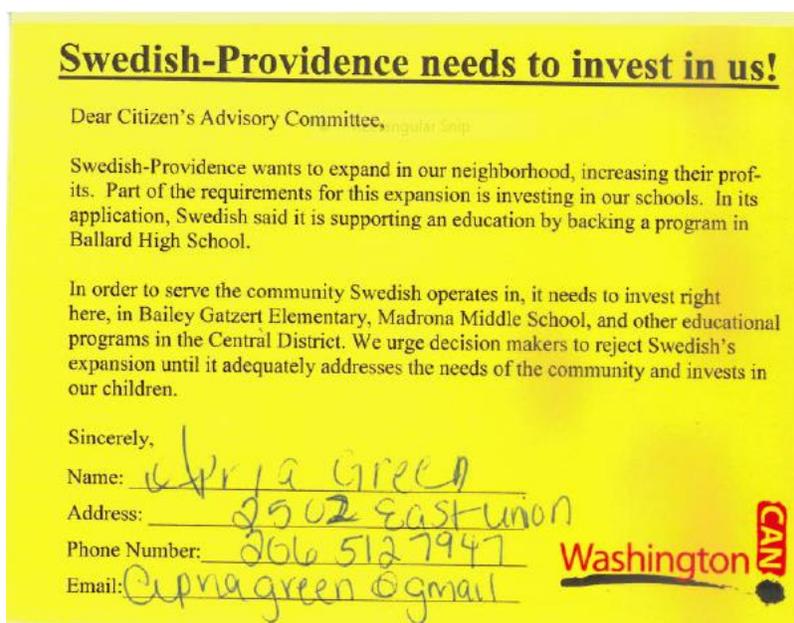
Returning to the DON description of the MIMP purpose, the objective of the MIMP is to balance the needs of the major institution, not the profit-making desires of the major institution's development bedfellow. The stakes are high for Sabey in this process. On 18th Avenue alone, Sabey purchased two beautiful old homes for a princely sum and have left them uninhabited for many years now. The MIMP process is not meant to serve a private developer. The CAC has been largely silent on this issue. I support a scaled-down MIMP with real mitigation such as returning the single family homes on 19th to owner-occupied housing. Ironically, one of those homes was built as owner-occupied low- to moderate-income housing as a result of the 1994 MIMP. I also support the return of all Sabey-owned property on 16th Avenue north of Cherry to truly affordable, owner-occupied housing.

Minutes

I would also like to make a procedural comment. Since I have been unable to attend several CAC meetings in 2015, I turned to the DON website to read minutes of meetings I have missed. The last minutes published on the site are from November 20, 2014. There have been 8 meetings since then. I'm concerned that the public is effectively cut out and cannot keep abreast of the CAC's response to the MIMP by reading minutes. I wonder how the CAC can accurately review and approve minutes from meetings held 3 months ago. The pattern since the inception of this CAC has been that prior meeting minutes are not presented at each meeting. Batches of minutes from several meetings have been presented at once. There is no time for meaningful review and correction. And, the public is regularly kept in the dark.

Please forward to all CAC members and retain in the file for the Hearing Examiner.

Received at public Meeting on 2-26-15



This and 35 additional cards received from the WashingtonCAN representative. All signed cards are in the CON file.

just received the agenda for tomorrow's CAC meeting.

A couple of questions. Maybe there's a typo or two, but an early item on the agenda is described as SMC response to questions from meeting 2. (Maybe meeting 29?) Is that item 15 minutes, or longer, as the schedule implies?

Maybe the item mentioned is a further discussion of the statement made by Mr. Cosentino last week, (meeting 29). If so, it seems to me the CAC (and the public, and the final decision-makers) need some information which I cannot find in the EIS and MIMP.

Pardon me if it's there and I'm missing it, but it is this:

The answer to Mr. Cosentino's statement of last week is that, if the amount of square feet authorized in the MIMP is not adequate to satisfy all of the plans expressed by Swedish, then the institution may have to make a choice. For example: LabCorp, or further Swedish-related research space: NW Kidney, or more hospital beds; the rehab building, or more hospital beds.

But, that will be choices for the institution to make in the future. If I understand the advice given to the CAC, a weighing of need is not particularly relevant. If so, I'm not understanding why there will be further time given to this argument by Swedish.

Maybe I'm misunderstanding what is meant by that item on tomorrow's agenda. In either case, it would be good to know what the neighborhood should consider to be relevant or not relevant.

In considering the parameters of the choices that Providence and Swedish might have to make in the future, some of us tried to find in the EIS and MIMP a table that clearly sets forth the number of square feet in each campus building and the current use of that space. This is something that is set forth very directly in other MIMPs, for example the Swedish First Hill MIMP and the most recent Seattle U MIMP. For this MIMP, I think it would also be useful.

Thanks.

Bill Zosel

March 16, 2015

TO: Swedish Cherry Hill Citizen's Advisory Committee

From: Ellen Sollod

RE: Setbacks and Skybridge MIMP Proposal

Thank you for your service on the CAC and the many hours you have volunteered for this difficult and challenging process.

With respect to setbacks. I support the setbacks proposed by Joy Jacobson on March 18. However, I continue to encourage the CAC to limit heights on the east ½ block of 15th Avenue to 65' so that they match the adjacent SU MIO. Setbacks on 15th Avenue, both ground level and upper level, should be increased to provide for at least a minimal transition at the MIMP Boundary. The 0' ground level setbacks do not recognize that this is adjacent to a residential neighborhood. The current ground level setbacks should not be reduced. Upper level setbacks should be increased.

Swedish is proposing a two-level skybridge joining buildings on the east and west side of 16th Avenue. Currently, there is a one-level skybridge in this location. It is currently used by patients, staff, medical personnel and the public. Currently, corridors and elevators are used by patients, staff, medical personnel and the public. Users are not segregated by type. Swedish has stated that they want a separate skybridge for use by patients and hospital personnel but have not made an argument as to why this is necessary. Since the patient care tower is separate from the research facility, it they will serve different populations. It appears this request is more about convenience than need.

As a policy, the City of Seattle discourages skybridges both because of their impact on the pedestrian environment as well as on the urban realm. A proposed two-story skybridge is the equivalent of a 2-story (approximately 20') building being suspended over the road. The current skybridge already blocks visibility down the street. A double-level skybridge will effectively erect a 20' high wall between the two sides of 16th Avenue. A two-story skybridge will have a detrimental impact on the urban realm and further divide the neighborhood between the north and the south.

The multistory Harborview skybridge is an example of the negative impact that this can have.

I encourage the CAC to reject the Swedish proposal for the expansion of the skybridge to two stories.

Please see the attached policy on skybridges: SDOT Director's Rule 2-06 and DPD Director's Rule 23-2006.

Date: March 18, 2015
To: Swedish Medical Center Cherry Hill Major Institutions Master Plan Citizen's Advisory Committee
From: Joy Jacobson, resident: 318 16th Ave
Subject: Comments on Draft CAC Recommendations and Street Sections

First and foremost I would like to acknowledge the hard work and dedication of the Citizens Advisory Committee (CAC) over two years and truly appreciate your attention to mitigating the impact of the proposed Swedish MIMP.

The Major Institution Master Plan (MIMP) proposed by Swedish Medical Center will have a profound impact on Squire Park and the Central Area, the outcome is of great concern to the surrounding community.

After reviewing the recently revised sections submitted by the institution on March 12, 2015 and the MIMP Alternate 12, along with the current CAC recommendations I would like to further stress the importance of setbacks both at ground level and upper stories.

The following is my response to the new sections, and I urge the CAC to consider further enhancements to setbacks and height in their report.

Regarding 18th Avenue and E. Cherry and E. Jefferson

I agree that heights on the block of 18th Avenue which abuts residential development should be limited to MIO 37 feet, removing the need for upper level setbacks at the proposed MIO 50 heights. It is rare for a Major Institution Overlay boundary to be placed mid-block, without a buffer of a natural feature or major arterial. More consideration should be done to ensure compatibility with the abutting single-family zone. This could include limits on the maximum lot coverage, and modulation which could break up the massing of the building façade.

Section A-A - I agree with the CAC recommendation to limit the height to MIO 37, and feel the 25 foot setback is appropriate. Further break-up of the almost 600 foot long building mass should be addressed as it abuts 11 Single Family lots, and one condominium lot.

Section B-B - I agree with the CAC recommendation to limit the height to MIO 37, and feel the 10 foot setback is appropriate with the lowered height.

Section C-C - I agree with the CAC recommendation to limit the height to MIO 37, and feel the 10 foot setback is appropriate with the lowered height.

Section D-D - I agree with the CAC recommendation to limit the height to MIO 37, and feel the 0 foot setback is appropriate along 18th in order to maximize the distance from the Single Family lots due east of the MIO.

Regarding E. Jefferson from 15th Ave to 18th Ave:

E. Jefferson Street faces single family zoning with a mix of single family homes, low rise apartments, and duplexes; remnants from an earlier brief period of multifamily zoning, which subsequently was restored to single family zoning, reaffirming the neighborhoods desire to remain as an urban single family zone.

effect along this section of the site is imperative to preventing a single family and low rise neighborhood from being fractured further by high rise construction and the effect of cutting off light, views and bisecting a neighborhood. Establishing a substantial setback at MIO 37 feet will maintain a human and pedestrian scale to this important north-south connecting street in the community. Additionally, I recommend that the design of future development attempt to create transparency at the street level for human interaction and pedestrian scale, and limit large expanses of blank facades or driveways. Transparency can be achieved in areas of hospitals such as corridors, similar to the south facing corridor paralleling E. Jefferson near vacated 17th Ave.

Sections:

Section KK-1 East I request that the CAC consider an increase at the ground level setback to 10 feet on each side of the street. Lower the upper story setback on the east side from MIO 65 to MIO 37 with a minimum 20 foot setback. Limit the height to preferably MIO 105, or a maximum of MIO 140.

Section KK-1 West I request that the CAC consider an increase at the ground level setback from 0 to 10 feet the west side of the street.

Section KK-2 East I request that the CAC consider an increase at the ground level setback from 5 feet to 10 feet for the 45% proposal. Maintain the proposed 55% upper story setback starting at MIO 37 with the minimum 30 foot setback and limit the total height to preferably MIO 105, or a maximum of MIO 140.

Section KK-2 West I request that the CAC consider an increase at the ground level setback from 0 to 10 feet. Increase the upper story setback at MIO 37 with from 5 feet to 20 feet. I support the CAC proposed height limit the of MIO 105(100) conditioned to 100 feet with a mid block average.

Section KK-3 I request that the CAC consider increasing the at grade setback to 10 feet on the west side of the street to match the east side. I agree with the proposed heights as shown.

As the CAC acknowledges, development within this Master Institution Overlay (MIO) is complicated in part because of its location outside of an area with a higher underlying zoning, land use designation, or Urban Village classification. The land use code consistently refers to transitions between zoning types. The inherent implication is a gradual transition from low heights to higher heights, as well as low intensity uses to higher intensity uses. The land use code recognizes the need for higher limits allowed to institutions with the designation of MIO districts as compensation to restrain horizontal spread. However it likely did not intend to allow high-rise construction adjacent to residential neighborhoods without appropriate transition. Because there is neither available land nor existing environmental buffers to create appropriate gradual transition to the surrounding residential neighborhood, the transitions must occur with at-grade setbacks, upper story setbacks, and lower perimeter heights to establish the transitional zone. It's imperative that appropriate transitions be created between the institution and the neighborhood.

Sincerely,

Joy Jacobson

Section E-E - I request that the CAC consider increasing the ground level set back from 5 feet to 10 feet at the property line, and increasing the CAC proposal of a 15 foot setback above MIO 37 to 20 feet. This edge of the institution faces Single Family Zoning, though some of it has been developed as Multi Family, it is still a much lower height and in scale with the surrounding single family development.

Section F-F - I request that the CAC consider increasing the proposed upper story setback of 15 feet to 20 feet, or the closest structural grid line of the existing structure(should it remain). This location is across the street from existing single family homes, the scale of the homes and their privacy should be respected. Much care was taken during the design of the existing parking facility to provide modulation, screening, fenestration, and light shielding. Input was received from the affected homes at the time of design, additionally they had concerns with privacy from the parking structure, setting additional stories further back will help alleviate privacy intrusion.

Regarding 15th Avenue:

15th Avenue is an important north south connector street in the neighborhood which has great potential to be something more than parking for the institutions it is sandwiched between. Unfortunately it has had back door treatment from both Seattle University and Swedish, other than the Kidney Center there is limited interaction by people because they face a harsh environment of either a solid 400 foot or so long blank wall, or parking structures. If addressed properly, this street has the potential to become more humane for pedestrians.

Section G-G 1 - I request the CAC consider increasing the at grade set back from 5 feet to 10 feet. The west side of the street (Seattle University property) is providing a 15 foot setback for future construction, the east side of the street should achieve 10 feet.

Section G-G 2 - I fully support the CAC proposal to lower the height from MIO 160(150) to MIO 125. I recommend increasing the at grade set back from 5 feet to 10 feet. Additionally revise the upper story setback percentage so that above MIO 65 to 60% of the facade is setback 30 feet, and 40% of the facade is setback 15 feet. This reverses the proposal set forth in Alternative 12; 40% at 30 feet and 60% at 15 feet.

Section G-G 3 - This proposal is acceptable and is in alignment with the proposed changes to GG 2 and GG 3.

Regarding E. Cherry from 15th Ave to 18th Ave

East Cherry is currently a challenging environment, with speeding cars, utilitarian facades, minimal transparency and poor landscaping. This has the potential to become more pleasant, starting with adequate setbacks, and reduced heights.

Section H-H - This proposal is acceptable and aligns with other proposals along E. Cherry St.

Section J-J - I request that the CAC consider increasing the at grade setback from 5 feet to 10 feet - Cherry is a narrower Right of Way and the buildings should be set back further to minimize neighborhood shadowing and bulk at grade. I encourage the CAC to press for MIO 105 feet, though agree with CAC, for a minimum lowering of overall maximum height from MIO 160 to MIO 140.

Regarding 16th Ave:

I agree with the CAC's concern regarding the creation of a canyon effect along 16th Avenue and agree that the setbacks along this block should be increased both at the ground level and at upper levels. Preventing a canyon

Letter to

the Swedish: Cherry Hill CAC members
March 27th, 2015
Ability Bradshaw

To you all,

I was sad and angry at last night's CAC meeting. I wanted to speak, but I couldn't. I wanted the CAC members to get up from your chairs and go to the window and look out at the east side of 18th Avenue.

I wanted to show you the two-block span between Cherry and Jefferson, and the two-and-a-half story building deteriorating there. I wanted you all to imagine, instead, a five-story, two-block-long building, with mechanicals on top, spanning that side of the street.

But that's the finished, proposed building as it will stand above grade. There is, also, a multi-level, underground parking garage proposed in this soil. This soil touches the soil of my property. I wanted to explain that this project is not a completed building, but a several-years-long construction project that will cause me and my wife to have to sell our beautiful home that we continue to work so hard on.

I have worked eight years in building construction, and I know what it takes to build an underground parking garage. There is massive excavation, along with interminable pounding of I-beams deep into the earth. They are pounded down with a pile-driver. This is a pile driver, it makes a loud, rhythmic vibration that is maddening. I don't know if it will harm the foundation of my 110 year-old home, and neither do they. I offer that no one actually cares.



I am not sending this email to ask for sympathy for my, or my neighbor's situations. I am sending this email to remind you that the two-block span of real estate between Cherry and Jefferson is owned by Sabey Corporation.

Sabey obtained this real estate through nefarious means. Providence Hospital acquired this property, outside their footprint, with the understanding that they would develop it in a minimal way, since it was contiguous to residential properties. They would build a day-care center, a gym, a small hotel, and other buildings that benefited the immediate neighborhood. These would be stand-alone buildings, in keeping with the homes on the west side of 19th Avenue. There were no plans for a multi-level, underground, parking garage. But, this never came to pass. Providence scrapped that plan, sold the property to Sabey Corporation, and under the same MIMP designed another building. This one was a monolithic, two-block-long, uninterrupted building. Providence called the re-design a minor amendment, and tried to push the MIMP through. The neighbors called foul, testified to the Hearing Examiner that the new design was a major amendment, not a minor amendment, and we won. Providence had to get a new MIMP. Providence, then, tried to sue the neighbors that testified.

Now, here we are. Swedish does not want us to recall the history of how this property was acquired. It was acquired with one thing having been promised, and is being developed in a far more aggressive manner.

So, back to my, personal story. It is one thing to lose my home to a major institution that does good things for a community. It is another thing altogether to lose my home to a for-profit developer who has lied and cheated the system to gain access to, heretofore, untouchable real estate. I am absolutely sick about this.

You don't know my circumstances, nor do you know my neighbor's circumstances, nor should you have to. The whole point of the MIMP process is to protect neighborhoods from predatory developers like Sabey, because neighborhoods are important. The neighborhood-protections that are supposed to be in place through the MIMP process are absent, here.

I would, also, like to apologize for rarely thanking you all for your service on this CAC. I feel your pain. I see how the neighbors and Swedish/Sabey can push both of our agendas, and I have seen it in your eyes that this is difficult for you. Please accept my heart-felt gratitude for simply sticking with this, particular MIMP process.

Sincerely,

Abil Bradshaw



TO: Steve Sheppard, Department of Neighborhoods, City of Seattle
Citizens Advisory Committee, Swedish Medical Center Cherry Hill Campus

From: Robert P. Schwartz 
Seattle University
Associate Vice President, Facilities Services

Date: March 26, 2015

SUBJ: Seattle University Comments on the City of Seattle Department of
Planning and Draft Analysis, Recommendation and Determination on the
new MIMP for the Swedish Medical Center Cherry Hill Campus (MUP#
3012953)

ATTACH: 1) Seattle University Memo dated September 30, 2015
2) Seattle University Memo dated January 29, 2015

We want to take this opportunity to emphasize our previous comments to the CAC and urge the CAC to adopt the DPD recommendations and our previous comments for their final report. We will not review the technical comments contained in our prior memos, however, we would like to review our general comments for consideration as follows:

1. MIO Building Heights: Seattle University recognizes that lower building heights should be maintained near residential borders and in return is willing to accept the higher building heights proposed near the Seattle University's MIO boundary along 15th Avenue.
 - a. We note that the draft DPD report reduces the current approved development rights for the half-block along 18th avenue. The current zoning allows for a MIO 37. The draft report recommends MIO 37 conditioned down to 15 feet in locations with a 25 foot setback along the rear property line.

MUP# 3012953
Seattle University Comments
March 26, 2015
Page 2

- b. Seattle University supports the conditioning down and setbacks along 18th Avenue as a way to balance impact of the height increases along 15th.
2. Traffic Mitigation: We are concerned about potential traffic impacts as the campus grows. Mitigating the impact of changing traffic patterns on adjacent institutions and residences is of critical importance.
3. Pedestrian Safety: Seattle University supports the proposed pedestrian safety improvements.

Seattle University understands that the MIMP process is designed to balance the needs of institutions with the needs of neighborhoods. Having completed our own MIMP process in the last two years, we can appreciate the difficulty of achieving a reasonable balance. The DPD draft report as conditioned represents a reasonable balance. We would urge the Citizens Advisory Committee to adopt this balanced approach in drafting their report.

April 3, 2015

To: Steve Sheppard, Steve.Sheppard@seattle.gov / DPD
Re: DPD Project Number 3012953 - Swedish/Sabey MIMP
Project address: 500 17th Ave.

I am writing to urge rejection of the Swedish/Sabey Cherry Hill expansion as outlined by the proposed MIMP revision.

I support those who have pointed out the deep, troublesome, and detrimental problems associated with the proposed expansion of Swedish/Sabey as put forth by Swedish/Sabey's proposed plan. This proposal is riddled with problems relating to scale, height, traffic, and environmental concerns, and it should not be approved.

Do not mistake the public comments made by neighbors and those in the area as "NIMBY"-type complaints - these are people who have lived in this Seattle area for decades, who love Seattle, and who care what happens to it. The public comments given orally and in writing during the past two years show the amount of caring and dedication we have to this area of Seattle, which is central to Seattle neighborhoods. Citizens have every right to be concerned that a large, private, for-profit developer is lurking behind this entire proposal with intentions that have nothing to do with providing healthcare. That cannot and should not be dismissed as business as usual.

This situation plainly goes against the intent of the city's MIMP process. Those overseeing the MIMP revision, including those who have the authority to approve or reject these plans, should be aware of the potentially duplicitous issues involved with this project. The proposal is not faithful to the intent of the MIMP process, and this extremely large expansion project

If this unprecedented situation of a partnership between a for-profit developer and a major institution is allowed to go through under a process that was clearly designed to benefit the major institution, then similar land-use abuses could arise in its wake.

Further, the traffic studies put forth recently do not show the extent of the traffic congestion that will arise from this proposed building project, which is far too large, bulky, and high for this area. The infrastructure cannot support it.

The outcome of this decision will set important precedents, and a wrong outcome will have a devastating effect on Seattle development, including one of the oldest neighborhoods of Seattle, which is the area that this campus is situated in.

This proposal is an insult to the City of Seattle's process that seeks to guide development in a just, beneficial way.

I urge you to instead consider adopting the minority report alternative put forth by Dean Paton of the C.A.C. committee. This proposal is more in keeping with the intent of MIMP guidelines.

Thank you.

Sincerely,

Karen Wasserman

Please note once again for the record to be provided to the Hearing Examiner that the neighbors on 15th Avenue strongly oppose Swedish Alternative 12. 15th Avenue is a boundary and the buildings and setbacks should be treated as transition to the adjacent SU MIO of 65' AND as a transition to the residential neighborhood north and south. Ground level set backs should be gracious enough to imply a park-like setting with lush plantings. If the center building exceeds 65', the upper level setback should be 30' at a height of 37'. Under no circumstance should this building exceed 90'. Finally, Swedish and SU should be required to redesign and construct a new 15th Ave streetscape which rescues this block from the no-man's land that it is and knits it back into the neighborhood, providing a more gracious environment that stitches the neighborhood back together again.
Thank you.

Sent from my iPad. Spelling errors courtesy of Apple!

Ellen Sollod

SWEDISH MEDICAL CENTER CHERRY HILL
MIMP SPACE NEEDS ANALYSIS

JANUARY 16, 2014

Terrie Martin
CONSULTING



1. Purpose of Space Needs Analysis

2. The Context
 - Demographics: ExisAng and Projected
 - Trends in Health Care Delivery
 - The Region

3. Forecasts
 - Volumes
 - Space



AGENDA

To validate and refine future space needs on the Campus by type of space

1. Hospital
2. Clinical/Research
3. EducaAon
4. Hotel
5. Long Term Care/Assisted Living/Skilled Nursing
6. Other Campus Support

PURPOSE OF SPACE NEEDS ANALYSIS

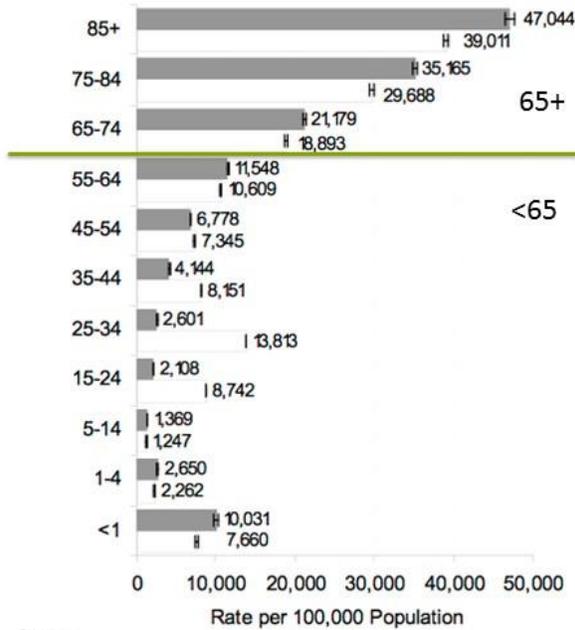
Aging PopulaAon

year	1910	2013
Ave Life Expectancy	51.5	80.3

- People living longer means:
 - more elderly alive today because of medical intervenAons
 - more chronic disease
 - more complex medical condiAons prevalent with the elderly
 - more support needed for elderly
 - Sicker inpaAents
 - More fragile outpaAents

THE CONTEXT

**Hospitalization
Age and Gender
Hospital Discharge Data 2002-2004**



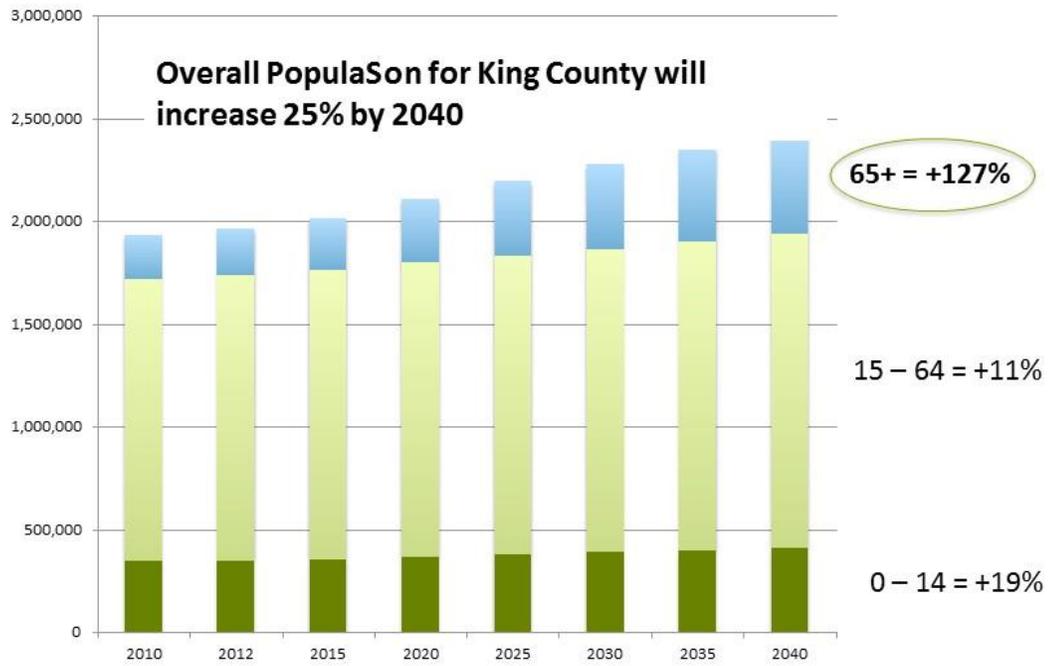
Source:

WA State Dept of Health

Female Male

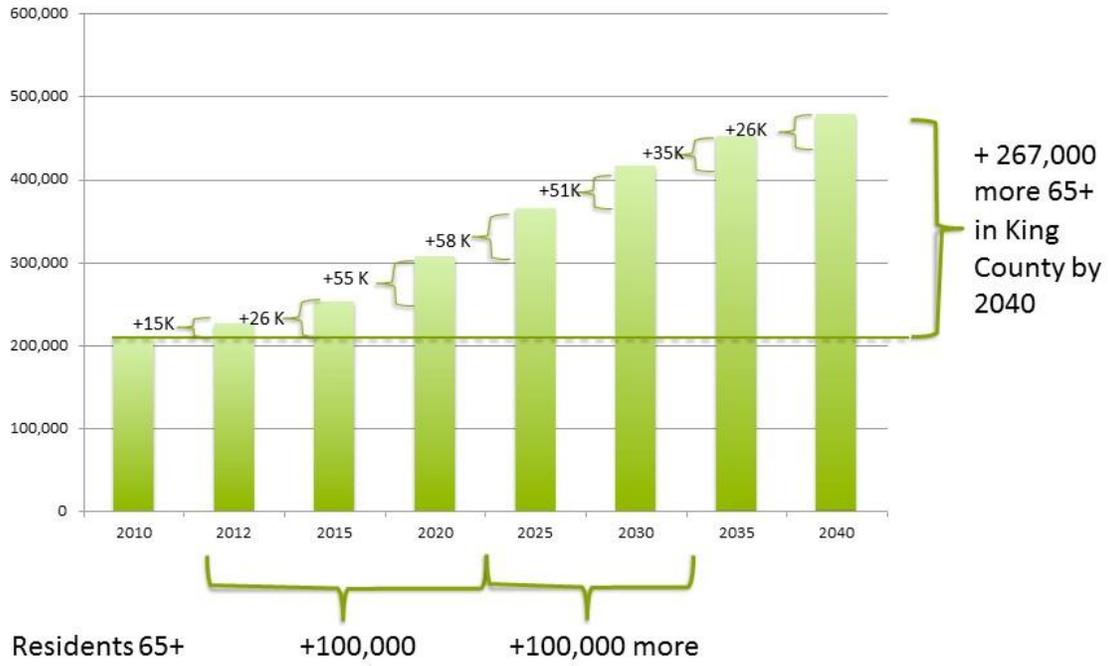
Those aged 65+ are
admitted to hospitals
3.5 times more
often than those
under 65.

HOSPITAL DISCHARGE RATES BY AGE: WASHINGTON STATE



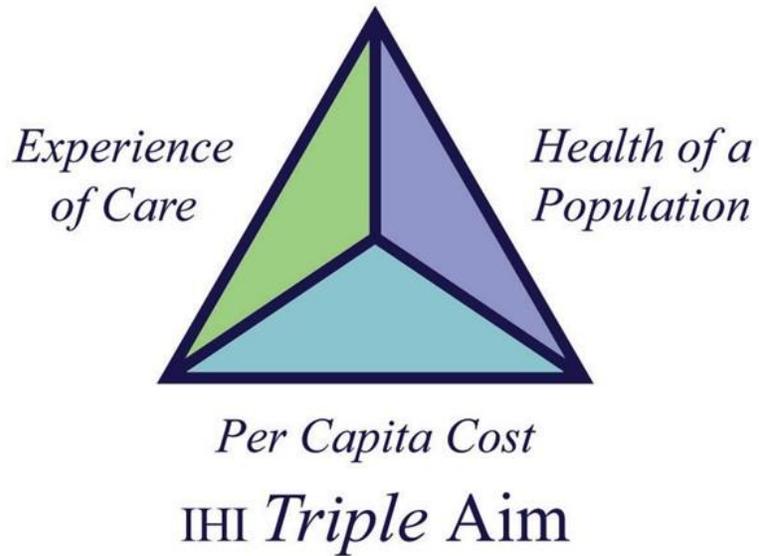
POPULATION GROWTH BY AGE

65+ Age Group



KING COUNTY 65+ POPULATION

Major Trends in Health Care Delivery



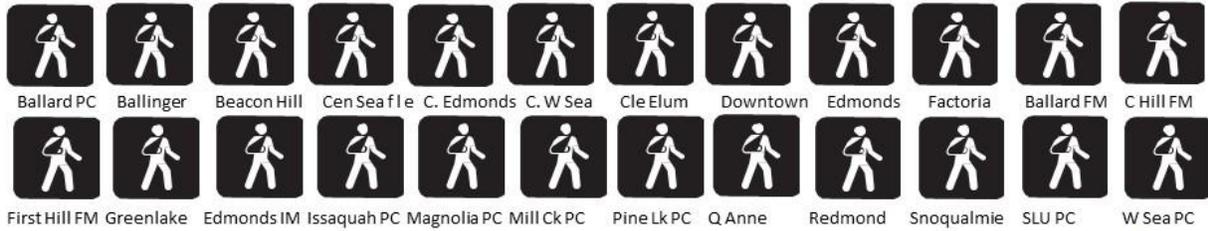
THE CONTEXT



- Improved access to the right care at the right time
- Shift from inpatient to outpatient
- Improved outcomes
- Integrated systems of care
 - Hospital mergers
- **Better care for lower cost**
- Prudent use of technologies
- Changing/evolving reimbursement systems
- **Breakthroughs in research**
 - Integration of clinical care and research
 - Innovative technologies
- **Challenges in medical professional staffing**
 - Optimize precious resources
- **Aging physical infrastructure**

MAJOR HEALTH CARE TRENDS

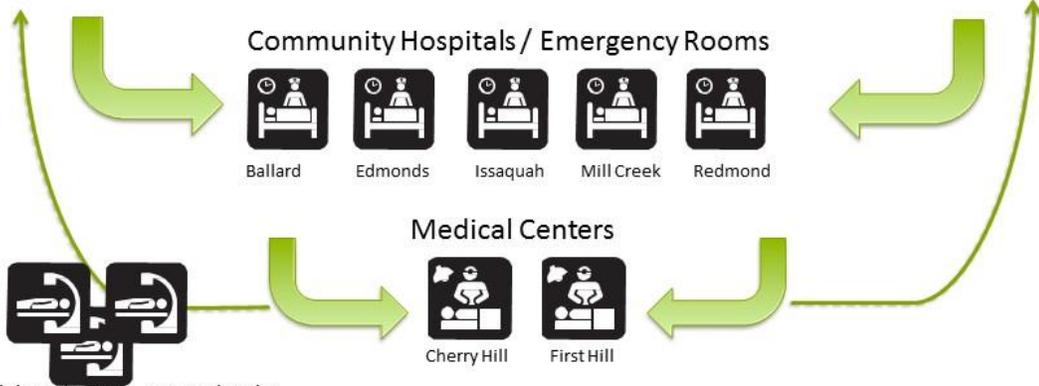
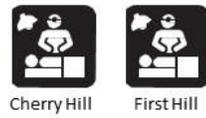
Primary Care Clinics



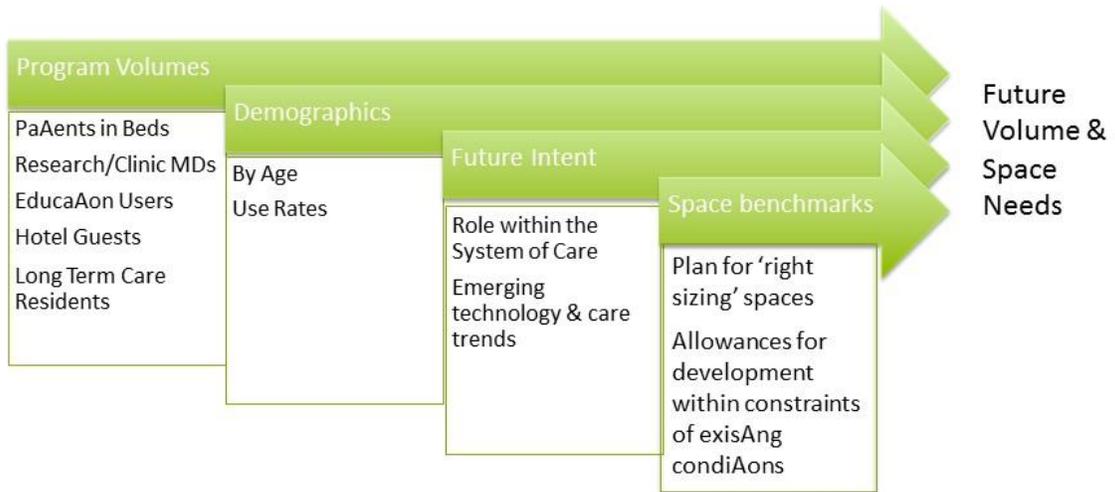
Community Hospitals / Emergency Rooms



Medical Centers

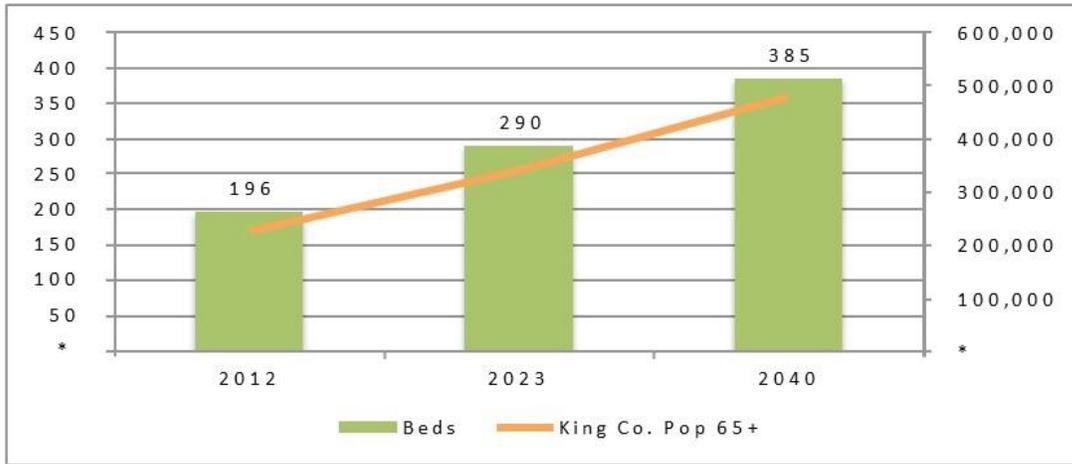


INTEGRATED SYSTEM COMPONENTS



FORECASTS

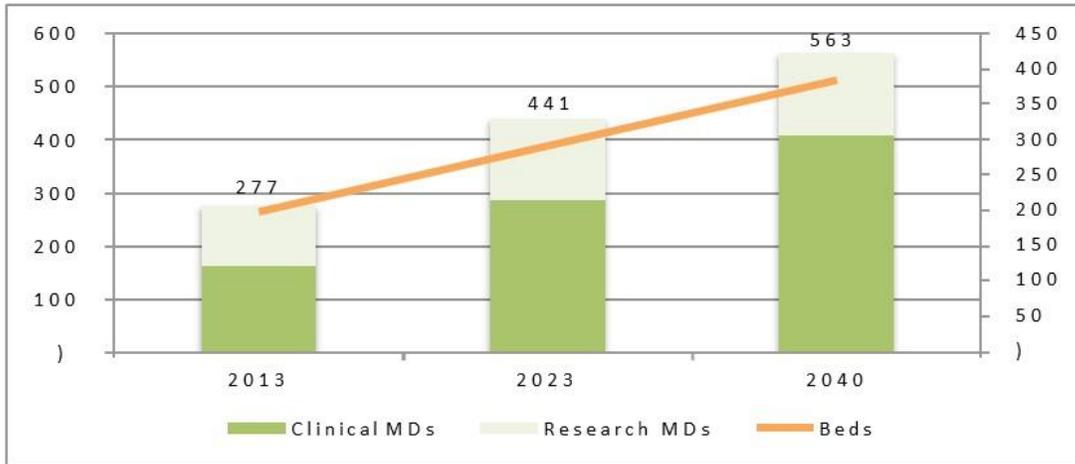
Hospital Bed Forecast



Bed forecasts influenced by population change, service demand, ACA (new patients), and average length of stay.

VOLUME FORECASTS

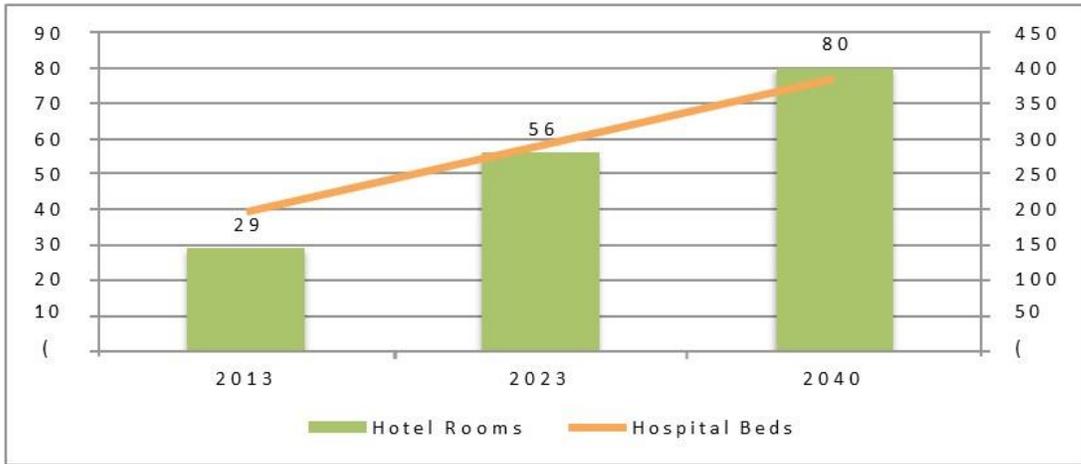
Clinical and Research MDs



Clinical & Research MD forecasts influenced by inpatient bed growth, enhancing specialty programs, and expanding to meet needs of ACA.

VOLUME FORECASTS

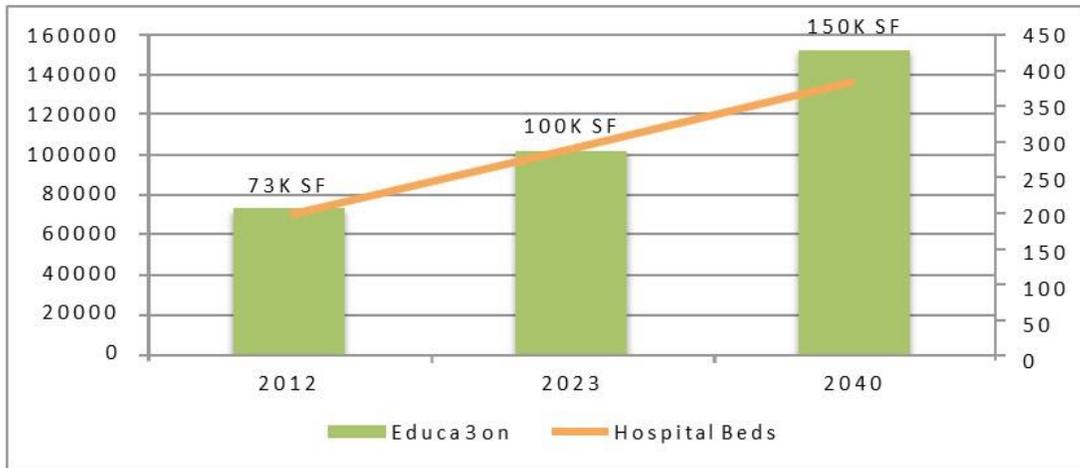
Hotel Rooms



Hotel Room forecast primarily influenced by inpatient bed growth. Some beds set aside for outpatients coming from out-of-town for treatment.

VOLUME FORECASTS

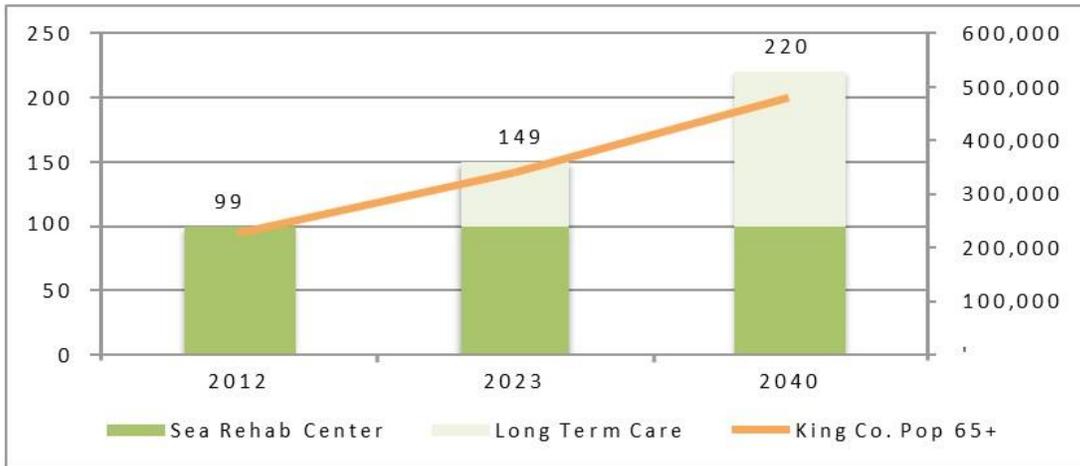
EducaAon



EducaAon forecast influenced by increases in paAent volumes driving the need for addiAonal staff, staff training for new technology and data/record systems, residency programs, and other teaching and training.

VOLUME FORECASTS

Long Term Care/Assisted Living/Skilled Nursing Beds



Long Term Care forecast assumes Sea fl e Rehab Center maintains exisAng program. AddiAonal development on campus is assumed to be a mix of acute rehab and assisted living. Size is based on operaAonal consideraAons.

VOLUME FORECASTS

Building Gross Square Feet

Year	ExisSng	2023	2040
Hospital	541,300	1,014,000	1,350,000
Clinical/Research	427,000	1,014,000	1,250,000
EducaAon	73,000	100,000	150,000
Hotel	12,500	40,000	80,000
Long Term Care	43,000	93,000	220,000
Other Support	50,000	50,000	50,000
TOTAL	1,146,800	2,311,000	3,100,000

CAMPUS SPACE NEED PROJECTIONS