



City of Seattle
 Seattle Department of Neighborhoods
 Bernie Matsuno, Director

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

**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

Christina Van Valkenburgh, SDOT

Stephanie Haines, DPD

(See sign-in sheet)

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 Petter: - Ms. Van Petter 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.