



City of Seattle  
Seattle Department of Neighborhoods  
Bernie Matsuno, Director

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

### DRAFT Meeting Notes

#### Meeting #4

February 21, 2013

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

#### 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*

### Members and Alternates Present

Najwa Alsheikh	Jamile 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  
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. 16<sup>th</sup> and 18<sup>th</sup> 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 19<sup>th</sup>. 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 16<sup>th</sup> and 18<sup>th</sup>. 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 19<sup>th</sup> 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 later. 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 is on the east side of the 500 block of 19<sup>th</sup> Avenue. He stated that he appreciates the consultative 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 19<sup>th</sup> 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 16<sup>th</sup> 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 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 19<sup>th</sup> 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. Schianterelli 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 19<sup>th</sup> expansion. Ne noted that SMC is presenting their needs, and not considering others

**Comments from Patrick Angus:** Mr. Angus stated that he has lived at 18<sup>th</sup> 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 19<sup>th</sup> 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 19<sup>th</sup> 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 16<sup>th</sup> 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, 19<sup>th</sup> 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 18<sup>th</sup> to the central campus thus reducing heights along the 18<sup>th</sup> Avenue block below the projected 90 feet. He also observed that he could see the rationale for the vacation of 16<sup>th</sup> but not 18<sup>th</sup> 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 15<sup>th</sup> or especially 19<sup>th</sup> 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 charrett 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 feet height along the east side of 18<sup>th</sup> is also pretty hard to swallow.

Nicholas Richter observed that the poison pill is the east side of 18<sup>th</sup> and the 90 foot wall there between 18<sup>th</sup> and 19<sup>th</sup>. It's a huge problem not just for the members of the community but also the members of the CAC. The street vacation on 18<sup>th</sup> is more problematic than on 16<sup>th</sup> since 18<sup>th</sup> 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.