

# **Laurelhurst Community Club**

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*Serving Seattle's Laurelhurst Community since 1920*

Seattle Children's Hospital Proposed Master Plan  
City of Seattle Hearing Examiner  
March 6, 2009

My name is Jeannie Hale. I am president of the Laurelhurst Community Club Board of Trustees.

Background: The Laurelhurst Community Club (LCC), formerly the Laurelhurst Improvement Club, was established in 1920 to foster the improvement and beautification of the Laurelhurst neighborhood. It seeks to identify and address community concerns and to provide a forum to promote solutions by working with the community at large, other civic organizations and government.

Although it is an honor to serve on the Laurelhurst Community Club Board of Trustees, there are no honorary positions. Each of LCC's 14 trustees share responsibilities to ensure that LCC is an effective, vital organization. Trustees and others serve on committees, represent the community in other organizations, work on community improvement or special projects or specific issues such as crime prevention, transportation or land use. Trustees and others in the neighborhood contribute hundreds of volunteer hours each year to maintain the livability and vitality of the community.

The LCC Board of Trustees meets monthly. Trustees are provided with a thick agenda packet that includes background material, reports and other information about projects and issues of concern upon which decisions must be made. LCC does its best to reflect the values and priorities of its neighbors—whether it is support for parks, open space, public safety, schools, libraries or other issues. Neighbors appreciate that LCC does its homework on issues.

Neighbors are always welcome to attend monthly trustee meetings. Notice of trustee meetings is published in LCC's monthly community newsletter. A segment of each meeting is devoted to "calls and concerns" from neighbors. The board addresses each telephone call, email or other communication with neighbors. Trustees respond to neighbors by providing information requested about community projects or issues, or how to maneuver through the city's bureaucracy to solve problems. Neighbors attending trustee meetings may and often do address the board. LCC holds an annual neighbors meeting each spring and members elect trustees at that meeting.

LCC publishes and mails a newsletter to neighbors ten times a year. The newsletter includes information and updates about actions and projects undertaken by LCC. LCC also has an email network with approximately 1100 subscribers and periodically sends out messages to neighbors and others on the list. LCC maintains a website with information about LCC, issues, LCC correspondence and testimony, and important links to neighborhood businesses, schools, and churches.

LCC initially opposed expansion of Seattle Children's boundaries to include Laurelon Terrace. Laurelon residents attended LCC meetings to express their views on this issue. LCC has since modified its position and no longer opposes expansion of Children's boundaries to include this area. Instead LCC has focused on the replacement in our neighborhood of the 136 units of affordable housing that Children's will demolish.

Regarding Children's proposed master plan and the EIS, LCC has reviewed volumes and volumes of materials and has been involved in every step of the process. LCC has done its best to get the community engaged on the issues by providing notice of CAC and other meetings in its newsletter and featuring representatives from Children's at annual neighbors meetings. LCC's views on the various issues have been publicized in its monthly community newsletter and on its website ([www.laurelhurstcc.com](http://www.laurelhurstcc.com)).

Children's proposed master plan. LCC supports the mission of Children's Hospital, its important work and reasonable expansion consistent with the City's Comprehensive Plan, Land Use Code and other laws. As has been stated, the Major Institutions Code requires a balance between the public benefit from the proposed expansion and the need to protect the livability and vitality of the surrounding neighborhoods. It is not as simple as stating that you support or oppose Alternative 7R because the Code requires a balance.

To determine the appropriate balance, it was important for LCC to understand the legal framework, Children's need to expand and the impacts of its preferred alternative. To this end, LCC commissioned an independent land use consultant, a hospital planning consultant and a transportation consultant.

So what did LCC learn from these independent consultants? First, LCC learned that the bed need projected by Seattle Children's differed considerably from an independent review by Field Associates. Children's estimated a need for 382 beds by 2026, whereas Field Associates applied the Department of Health methodology and projected a bed need for this period between 60 and 79 new beds.

Children's hospital consultant stated that Field Associates applied the state's methodology by including only patients 14 and under in Step 1, whereas Children's serves a greater age range. While this is true, what the Hearing Examiner was not told was that Step 12 of the methodology is an adjustment factor to add in other information, including children over 14. Field Associates made this adjustment.

Children's consultant said that all she does is provide the data and anyone applying the state's bed need methodology would come up with the same result. We disagree. The state's methodology is subject to interpretation and manipulation. For example, a recent Certificate of Need application for 80 acute care beds at Evergreen Hospital Medical Center in Kirkland which we understand was prepared by the same hospital planning consultant assisting Seattle Children's was denied. The state Department of Health concluded that the applicant did not demonstrate sufficient need for additional acute care beds in the planning area. LCC understands that this application is under reconsideration. The point is, why would other hospitals get

involved in the Certificate of Need process if the state methodology was not subject to varying interpretations?

This is important as Children's estimates 4,000 square feet per bed. Less beds means less square footage—and less impacts to the surrounding communities. An expansion that actually meets the hospital's needs will serve both Children's and the community.

No one wants a sick child turned away due to lack of beds, including LCC. No child will be turned away if Children's is allowed to expand to meet its actual needs. Some have asked, "Why would Children's seek such a massive expansion if it did not need the beds." Maybe Children's wants to capture more of a market share of pediatric care from its major competitor, Swedish? All that can really be relied upon is the Department of Health's methodology in projecting bed need. Neither LCC, nor the Hearing Examiner, nor DOH can determine intent.

Questions remain about why Children's is seeking such a massive expansion in a low density, single family area. And, of course, there are questions about the 195 (modified to 140) psychiatric beds sought with no reduction in the square footage for these beds which do not require the same support equipment and services as acute care. There is also no explanation as to why this pediatric psychiatric hospital cannot be located elsewhere and why Children's believes it can capture the entire pediatric psychiatric market in the state in light of policies encouraging these services to be provided where families are located.

With this backdrop, LCC looked hard at Alternative 7R to determine the appropriate balance and the impacts of the expansion. It is not a just a matter of LCC and neighbors being concerned about being stuck in traffic due to the increase in the size of the facility and vehicle trips as some would suggest. LCC is concerned about what is required under the Major Institutions Code, the Comp Plan and other laws.

Seattle Children's had not made its case that it needs 1.5 million additional square feet of expansion. Nor is there justification to expand the institution's boundaries across Sand Point Way to include the Hartmann property. That property can be redeveloped within the existing lowrise zoning to provide additional square footage.

LCC's has concerns about:

- Expansion of major institution boundaries to include the Hartmann property across Sand Point Way (this leaping across what has always been understood to be the clear and obvious boundary for the campus is a major concern, both now and for the future of the adjacent uses).
- The square footage expansion and Children's consistent refusal to compromise on this; (LCC is confident that Children's talented architects can design a facility to meet the hospital's actual needs with far less square footage);
- Height, bulk and scale of the proposed expansion (heights should be limited to 105 feet);
- Setbacks along NE 45<sup>th</sup> and 50<sup>th</sup>;
- Access to the campus on 40<sup>th</sup> Avenue NE that will adversely affect emergency vehicle access to Laurelhurst neighbors;
- Traffic and transportation impacts;

- Lot coverage and FAR; and
- Replacement of comparable housing due to the loss of the 136 Laurelon garden condominium complex;

These are all issues that can be addressed and resolved by placing conditions on the master plan. LCC land use consultant Carol Eychaner has outlined the conditions we seek and provided an extensive analysis of the issues. We hope that you will incorporate LCC's proposed conditions in your final report and incorporate changes in the master plan to reflect the appropriate balance required under the Major Institutions Code.

*Jeannie Hale*

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