

# **Laurelhurst Community Club**

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City of Seattle Hearing Examiner  
Seattle Children's Hospital Master Plan Public Hearing  
March 10, 2009

My name is Liz Ogden. I am the Vice President of the Laurelhurst Community Club Board of Trustees. I grew up in the Laurelhurst neighborhood and, like most if not all of those who have testified in these proceedings, I strongly support the mission and good work of Children's Hospital. I, too, have been an inpatient at this facility and was one of those lucky enough to be released on Christmas Eve instead of spending the entire holiday there. I was luckier still to have only a 10-block trip home after such an ordeal. Our state has three children's hospitals: this one in Laurelhurst, Sacred Heart in Spokane, and Mary Bridge in Tacoma all of which are growing. It would be nice if there were more so that more children could count themselves among the lucky like me.

When the hospital told us of its plans for this expansion nearly two years ago, it quickly became apparent that it would be the single largest and most complex land use issue ever faced by our neighborhood. We as a board knew that our neighbors were taking this very seriously and therefore we must as well. It has been the main topic of many of our monthly board meetings where neighbors have come to share their concerns. In addition, our board has reviewed and analyzed reams of documents detailing the expansion. The hospital expansion plans have been featured at two of our annual meetings, postings on our website, and in many of our monthly newsletters. Every one of our board members has had countless conversations about the proposed expansion with their neighbors, friends and associates, and we had representation from the board at every single CAC meeting to stay abreast of the issues and provide input as best as we were allowed in that process.

Over the course of this period, the hospital has modified its plans many times, sometimes relieving the community club's concerns and sometimes creating new ones. Likewise, the community club's position has developed as the expansion plans changed, with an increased understanding of the complexities of the issues, and with feedback from our neighborhood. The Citizen's Advisory Committee did admirable work in difficult circumstances in finding solutions for many of the concerns of the neighborhood. There are, however, remaining concerns, many of which can be evidenced in the unprecedented 13 minority reports attached to this CAC's majority report. We believe the impacts of these remaining issues will greatly degrade the livability of the surrounding neighborhoods. Therefore we continue to take them very seriously. While Mr. Buck, in his testimony, stated that the entire process would have to be remanded to the CAC and begun all over again in the event that you found fault with aspects of the proposed expansion, the Hearing Examiner can, in fact, address such aspects herself by applying conditions. We ask that the Hearing Examiner condition the expansion in a manner that will resolve these deep concerns.

As has been mentioned repeatedly at this hearing, the height, bulk and scale of this proposed expansion is among the top concerns of Laurelhurst neighbors and of those in the other surrounding neighborhoods. Significant changes were successfully negotiated via the CAC.

The CAC was not able, however, to achieve the lower height many of its members sought as the hospital would not agree to any amendments that might limit its desired square footage.

Insofar as height is concerned, 140 feet is dramatically out of context of the residential zones surrounding this hospital even with its back up against the hillside. It bears repeating that not all of the MIO 160 being sought is at the bottom of the hill and the proposed height districts actually allow for a 140-foot tower uphill from the lower development. 105 feet really should be the maximum of any height district allowed at this site. It is consistent with decisions on other major institutions in Seattle that are outside of urban areas and with the intent of the Comprehensive Plan. A 105-foot height limit need not be a deal breaker for this proposed expansion – the hospital could achieve its desired results through redesign of its spaces above ground and/or utilizing more below grade space.

Insofar as scale, a clear picture of nearly tripling the size of this hospital is something that is very difficult to fathom. The hospital asked the CAC for 500 to 600 beds and made it clear, up until the final meetings of the CAC, that it really had no idea what exactly was going to be needed in the end. Much has been heard in this hearing about the aim for 65% occupancy. The basic facts are that Department of Health's standard occupancy rates go up to 80% after a hospital is over 300 beds and this would be achieved in the first phase of this expansion. Children's can propose and argue for a 65% rate but there is no evidence they will get it and the relevant factors affecting the occupancy rate – no double rooms, the huge increase in the number of beds available – would increase not decrease the rate. It seems highly possible that 1.5 million square feet of expansion is simply more than is necessary for even the top of the desired bed range, or appropriate, especially given the residential location of this facility.

This area was never expected to see this type of growth and because of this, the surrounding neighborhoods have no neighborhood plans. We were neither required nor allowed to submit neighborhood plans and therefore have not, as a community, identified what will happen with this kind of growth and found ways in which to deal with it. Urban centers and villages are the areas targeted to receive added density and growth. While major institutions are sometimes located in neighborhoods, they still must fit in with overall city planning guidelines. To quote Peter Steinbrueck (on another recent rezone proposal, "The (EIS) law says you must have reasonable alternatives. No plan should be so extreme that it's out of whack with the city's comp plan." Still, no alternatives were set forth that would provide for a something appropriate in scale for a neighborhood or for an alternate location of any sort.

Another problem associated with such tremendous growth at this facility is that it will tie up bed allotments for pediatric and psychiatric facilities all over the state. Hospitals in other parts of the state will not be able to enhance their services in order to better serve those who live near them and, as can be seen from its appeal of the Swedish proposal, Children's guards its bed need fiercely. In his testimony, Dr. Hansen stated that Children's position on that proposal was based on lack of bed need but failed to state that his own new master plan, based on a claim of dire bed need, was already underway while he was still fighting the Swedish proposal. This tactic may be in Children's best interests, but it will have a negative effect on the needs of Washington State patients outside of the King County area. It will certainly keep other children from being lucky like I was and will force children with psychiatric and other medical needs out of their own communities, against current policy trends away from that model.

Another aspect of this topic which hasn't been successfully addressed is found in the setbacks proposed for this expansion. For instance, the CAC subcommittee which addressed this topic found that the 75 foot setback should be continued from the existing campus down the southern border of the Laurelon Terrace site, but this point was went unremembered when the CAC was negotiating height districts and, very, very late in the evening the setbacks designed by the hospital were ushered through part and parcel with the height districts being addressed by the CAC. The CAC was rushed for time in this way on many issues because the hospital would not agree to extend the time they were allowed to study them.

The neighbors have not forgotten this point, however, and they need and deserve the relief from the enormity of this proposed facility that would be provided with a consistent 75 foot setback along this street. This setback on the existing campus was considered a critical part of protecting neighborhood livability in the hospital's previous master plan. NE 45<sup>th</sup> Street is the gateway of our neighborhood and the other side of this narrow street is lined with single family housing. The change in setback could easily be accommodated by burying all or part of the southwest garage. Similarly, the setback along NE 50<sup>th</sup> Street should also be consistently set at 75 feet and should not modulate down to 40 feet for the office building portion of the development. There is certainly room on campus to modify the design of this building to accommodate this.

Along with height, bulk and scale, the impact of the proposed expansion on traffic has been at the top of our neighbors' concerns. As has been well described in other testimony at this hearing, the Sand Point Way/Montlake corridor already has very significant traffic woes and it is the major access route for the surrounding neighborhoods. Of specific concern is that the hospital's proposal did not adequately take into account the impacts of major construction projects along this corridor that are in the pipeline including the traffic from added lanes on 520, development at the University of Washington, the expansion of the University Village, the expansion at the QFC site, the redevelopment of the Talaris site, or anything at Magnuson Park including say, the UW plan for hundreds of new apartment units in Building 9. Much of this will be underway or already constructed before the hospital begins even Phase 2 of its expansion.

At this time, there is very little leeway left before the level of service fails completely in this corridor as exemplified by the ridiculous waits I experienced on my way to this public hearing every day last week. This leeway will have already been used up by that time. It is critical that a comprehensive look be taken at all planned projects on this corridor for a true assessment to be made of the transportation impacts of this project. In addition, through the efforts of the LCC to better understand the trip generation impacts of this proposed development, it has become clear that the data in the FEIS is seriously flawed and not field tested. No wonder Transpo believe that the effect of the expansion will be insignificant. More, and accurate, study is needed on this point.

The Sand Point corridor has already been recently optimized by SDOT. The effect of this optimization was to greatly increase the length of wait at the signals allowing us to exit our neighborhood. The signal that received the greatest impact of the optimization was that of NE 45<sup>th</sup> Street and Sand Point Way. It is literally worth turning off one's car engine at this light while waiting now. Our neighborhood has been informed by SDOT that it is the flow of traffic on Sand Point Way that guides the timing and we will just have to wait longer. What will happen when the traffic is increased due to this project and others on the corridor? Also, it may

be that the queue at that signal can get entirely through due to a long green light, but the long green works in conjunction with the long red at five-corners. Consequently, when traffic exits our neighborhood at this intersection it is only to have the unhappy follow-up of getting to wait again at the light at five-corners.

The hospital has placed the driveways for its new emergency facility and parking garage on 40<sup>th</sup> Avenue NE, a residential street isolated by a triangle of neighborhood property to the west. Why the hospital would ask its frantic parents and emergency vehicles to find its emergency entrances on a neighborhood side street is still a mystery to me. If I were that parent, I would surely want a straight shot off Sand Point Way.

40<sup>th</sup> Avenue NE is not a collector arterial and is not an appropriate location for the type and volume of traffic that would be created by the proposed plan. From the testimony provided already at this hearing, it appears that the hospital may require that these entrances remain because they need 40<sup>th</sup> Avenue NE to hold the traffic queue that will be created such a great increase in development. 40<sup>th</sup> Avenue NE between Sand Point Way and NE 45<sup>th</sup> Street is not an appropriate holding area for this the hospital's queue. Due to the physical landscape of the area and the acreage occupied by the hospital, there are very few ways to get in and out of the neighborhood. Egress from the hospital, especially from one-third of its parking capacity, onto 40<sup>th</sup> Avenue NE will greatly impact our neighbors ability to get in and out of the neighborhood due to the hospital queues on NE 45<sup>th</sup> Street and 40<sup>th</sup> Avenue NE.

Additionally, 40<sup>th</sup> Avenue NE is the route taken by the Fire Department to reach our neighbors when they are in need. The area fire station is currently several blocks west of 40<sup>th</sup> Avenue NE on NE 55<sup>th</sup> Street and it is now moving to the corner of 40<sup>th</sup> Avenue NE and NE 55<sup>th</sup> Street. Queues on 40<sup>th</sup> Avenue NE in Laurelhurst will impact the ability of emergency services to get where they need to go for the convenience of the hospital. The hospital needs to find a way to hold its queues on its own property.

The CAC recommended that the hospital move at least one of its proposed driveways to Sand Point Way to limit just these impacts. Significant footage along Sand Point Way is to be added with the Laurel Terrace property which should allow it to accommodate this recommendation and its own traffic queue. By its testimony at this hearing, it does not appear that Transpo is taking this recommendation with the weight expected by the CAC. Two possible scenarios have been quickly reviewed and apparently dismissed. These scenarios should be more thoroughly studied and others could be developed as well. I ask that the Hearing Examiner consider conditioning this proposal to have no entrances on 40<sup>th</sup> Avenue NE to protect our neighborhood streets from bearing the brunt of hospital traffic.

Further along this avenue, a condition requiring the hospital to pay for a Residential Parking Zone may already be in the master plan, but I would like to note that to date, our neighbors have consistently been opposed to having to cope with the burdens of an RPZ and believe that the hospital itself should be held responsible for keeping its parking out of the neighborhood. The hospital has been fairly successful in doing this over the past number of years and we support the continuance of its policies in this regard. We appreciate that the stipulation for payment of an RPZ is included in the plan, however, in the event that the hospital proves unable to continue its success with the new volumes of traffic that will come with this expansion, the neighborhood may have to seek this assistance in the end.

Much of the new traffic is anticipated to be that of bikes and pedestrians. While this is fabulous, it does bring up new concerns. One of these is the intersection of NE 50<sup>th</sup> Street and Sand Point Way. This is an unsignalized intersection and it is not included to be signalized as a part of this plan. At the current time, this is a dangerous intersection. This is especially true during times when substantial traffic is coming out of the hospital grounds because this eliminates opportunities for cars crossing Sand Point Way when there is a red light at Penny Drive. For pedestrians it is even worse. Any expansion at this site can only serve to increase traffic on Sand Point Way. Further complicating it are the hospital's shuttle fleet which travel at excess speeds and swing into the turn lane to the north of the intersection, cutting off exiting traffic. A traffic signal at this intersection should be included as part of the mitigation for this plan for the safety of all.

Also, the east side of Sand Point Way has no sidewalk between NE 50<sup>th</sup> Street and 47<sup>th</sup> Avenue NE. This forces pedestrian and bike traffic across Sand Point Way as a matter of safety. I believe that I heard in testimony at this hearing that a new sidewalk would be built along this strip in addition to new sidewalk to be built on the south side of NE 50<sup>th</sup> between Sand Point Way and 40<sup>th</sup> Avenue NE as a part of the mitigation for this project. It was my pleasure, and an eye opening experience, to serve on the City's Large Project Review team for Bridging the Gap last year. Through this I gained a fairly clear idea of the costs of construction of sidewalks. While both of the development of both of these sidewalks would be critical in accommodating the increased numbers of bike and pedestrian traffic, the amount outlined in this plan may be enough to construct the latter project, it is nowhere near enough to construct that and the former. I ask that this dedicated to surface infrastructure be increased to accommodate at least both of these mitigations.

Sprawl of this major institution and its ancillary functions are also of great concern to all the surrounding neighborhoods. It was a very big deal for our neighborhood to come to terms with the destruction of the Laurelon Terrace condominiums. At this point it seems imminent and bears the merit of the ample recompense being offered by the hospital to the condominium owners. It is still of very great concern that the hospital is seeking to also jump Sand Point Way and establish MIO area on the west side of that street. This is not just a street, in fact, but a highway and only a very small portion of the site is separated by only roadway. Most of it is separated by one street, a triangle of residential and commercial properties, and the highway. It is in another neighborhood. I do not believe that this is the intent of the Major Institution Code. Because the hospital has already purchased the Hartmann property, it seems reasonable that it continue to use of the property, but it should not be included in the MIO.

An illustration of the inappropriate nature of leaping this one small portion of the Hartmann property that might possibly be considered "contiguous" is that it would put the other properties on that side of the highway at risk of also being eventually drawn in to the MIO or at least into other hospital-oriented uses. Currently there are other aging condominium properties on that side -- properties not contiguous with the hospital or Laurelon Terrace. Will this area be losing even more housing? There is little that would keep a chain reaction of sprawl from occurring.

One other aspect of the growth in size and function of the hospital is the ensuing need for the growth of the Ronald McDonald housing and other non-hospital based patient and ancillary services. As has been testified at this hearing, this Ronald McDonald house, which is several blocks long already, has one hundred units which are typically full. There are also RVs in the

hospital's parking lot in which patients' families stay and the need for additional family housing which is accommodated at Silver Cloud Inns. According to testimony, most of the patients that are expected to come to the expanded hospital for its services will be coming from out of the area. According to Jody Carona, 144 of their 188 current daily patient average come from outside of the King County area.

More than doubling the bed count will greatly increase the need for ancillary patient and family housing. Obviously, there is a need for proximity for this as well. Planning for this need has not been included in any portion of this master plan for this greatly increased need and the impacts that accommodating this need will have. The end result will be more sprawl of hospital-oriented services, forcing themselves deeper into the surrounding neighborhoods. This growth will bring with it the ensuing traffic and density that that are not expected to be seen in these residential neighborhoods with no neighborhood plans. Please look closely at this point in your review of this master plan, Ms. Examiner. There will be sources of impact other than those included in this plan to date.

In regard to replacement housing, it has become clear in the testimony at this hearing that amount of five million dollars is not enough to actually provide for the creation of replacing 136 condominiums in northeast Seattle – “comparable replacement” is specifically required by the Major Institution Code. This amount allows for only \$36,765 per unit. In his testimony, Bill Block stated that it would take \$110,000 to \$140,000 per unit for land plus construction costs. That would require an allotment of 15 to 19 million dollars which is at least three times the amount allotted in this master plan. The hospital is planning to demolish these units wholly for its own benefit and therefore needs to replace them entirely. It is not enough to simply “cause”, or chip in for, some housing to be built – the hospital needs to actually replace the housing it is demolishing.

Creating transitional housing for the homeless is virtuous and more is needed is but it is not comparable to the housing stock being destroyed. Truly, however it appears that it is the hospital's intent to instead chip in on funding the renovation of the old barracks at Magnuson Park (Building 9), which are owned by the University of Washington, so that the University can turn it into housing for its own workforce.

I am surprised that Suzanne Peterson would state that she does not know whose workforce housing this is for, as that is in the terms of the transfer of Building 9 to the University of Washington as part of the disposition of Federal property within Magnuson Park. The terms of transfer require that the building be used for educational purposes, and that historical features be preserved. While development of student or university workforce housing was deemed an acceptable use under this clause, strict conditions limit the occupancy of the building by any for-profit business. This must be workforce or student housing for the university only.

The UW hired Lorig Associates to investigate alternative uses for Building 9 that would not create new financial burden on the UW. Lorig identified a potential method of redevelopment that would make it possible to restore Building 9. The proposed project would provide approximately for approximately 160 off-campus apartments. Recently, the University has approached the Northeast District Council to say that it has now filled its funding gap on this project and will be proceeding with it. In Lorig's description of its three possible financing scenarios, the one which has the now familiar \$5,000,000 no-interest thirty-year loan coming from a local group appears to be that which would be most suitable for it's purposes. It seems

that the Children's replacement housing money allocation is a done deal before it has even begun to be studied..

It is not enough to chip in on the cost of another major institution's plan to create its own workforce housing. Laurelton Terrace is not workforce housing for the University of Washington. The money spent acquiring Laurelton Terrace was the simply the purchase cost for the property - it does not somehow also go toward the cost of replacing the housing that is on it. Those are two separate line items. The renovation of Building 9 does not provide comparable replacement housing, it is not in close proximity to the housing being removed, and five million dollars is not enough to provide housing stock comparable to that which the hospital is planning to demolish.

In addition to these impact issues, I would like to address idiosyncrasies of the CAC makeup that have had ample affect on the outcome of that process. CAC makeup is governed by the Department of Neighborhood's Director's Rule entitled DON Operating Instructions for Citizen Advisory Committee Process for Review of Major Institutions Master Plans and Annual Report Status. Section 5.1 of this DR states that the CAC will be comprised of 6-12 members, a majority of whom shall be drawn from the neighborhoods adjacent to the institution. 6.2 states that three members of the CAC shall be drawn from the 1- city/neighborhood planning processes under the city's Neighborhood Planning Office; 2- from the community at large or a citywide organization; 3- non-management representative from the institution. 7.9 In the event that a vacancy occurs... every effort should be made to ensure that the representative balance of the CAC is maintained.

When the hospital effectively purchased Laurelton Terrace, two of the neighborhood CAC members and one neighborhood alternate had to step down from their positions due to conflict of interest. Instead of following section 7.9 of its own Director's Rule, DON simply moved up its two remaining alternates. One of those was an adjacent neighborhood alternate and one was a citywide organization alternate. However, the citywide organization designated position was already filled by Yvette Moy. The change in balance of the CAC makeup proved pivotal as Theresa Doherty, the new second citywide rep, took a leading role in the process and supporting the wish list of the hospital over the needs of the neighborhood.

Ms. Doherty, as she noted, does not live in the area but in Gig Harbor. Her employer, the University of Washington, has a very integral interest in the expansion of Children's hospital as it is its own pediatric teaching hospital. Ms. Doherty pointed out in her testimony that another CAC member, Cheryl Kitchen, also works for the University of Washington and made what I found to be some rather odd assertions in regard to the similarities between Ms. Kitchen and herself, presumably to cover for the discrepancy of her own duplicate citywide organization rep position on the CAC. I would like to make quite clear the actual complete lack of similarity between these two CAC members. Ms. Doherty is the Assistant Vice President of Regional Affairs. Ms. Kitchen is the CFO for KUOW, an entirely discreet enterprise. Additionally, there were procedural irregularities with Ms. Doherty serving as a voting member of the CAC as she was designated as the alternate for the citywide rep. Ms. Kitchen not only had no such designation, she was in fact a Laurelhurst resident and the Laurelhurst Community Club's representative on the committee.

Another point Ms. Doherty made in her testimony that I would like to clarify is her statement that sixteen of the CAC's eighteen members signed the CAC's majority report. As its record

reflects, the CAC did not vote on the acceptance of the overall final report. They only voted on individual aspects of the report and never on how those aspects fit together as a whole although many of the CAC members were expecting to have an opportunity to do so. The lack of the inclusion of review as part of the process has produced a final report that is compromised in its integrity.

This can be illustrated by the confusion over the MIO division between the 140' and 125' height districts that is being debated by CAC members and the hospital as recently as this morning. The concerns expressed today by CAC member Doug Hanafin, who had made the friendly amendment to Mike Omura's recommendation which established this division, went so far as to not only question the hospital's division line in this location when it does not reflect the CAC's intentions as exhibited in the map included in its final report, but went further to question the lack of a consistent 75' setback along NE 45<sup>th</sup> Street which he noted was also the intent of the CAC. He had not realized the setbacks were ushered in part and parcel with the height districts until yesterday.

Additionally, minority report authors were not allowed to present their reports and have an opportunity to garner more signatures for them. When members were asked to sign the signature page of the majority report there was confusion as to who could sign it in light of the large number of minority reports. The DON ex-officio member advised them that everyone could sign the majority report in addition to their minority reports.

This brings me to another discrepancy in the CAC makeup that, in all likelihood, significantly changed the outcome of the process. Section 6.4 of the Director's Rule governing ex-officio membership of the CAC stipulates that four ex-officio, non-voting members shall represent the Institution, DCLU, Seatran, and DON. Now some of the names may have changed, but the same departments still exist. Ruth Benfield of Seattle Children's, Scott Ringold of DPD, and Steve Sheppard of DON were at all of the CAC meetings and provided a great deal of assistance and direction in their areas of expertise for the CAC. Where was the SDOT member?

Again, this facility is located on a very impacted highway and transportation concerns have been a primary concern of both the CAC and the surrounding neighborhoods from the beginning. An ex-officio member from SDOT could have clarified for the CAC that the "transit hub" is just a bus stop and a pathway to the Burke Gilman. With its strong desire for transportation mitigation, the CAC found the idea of "transit hub" so appealing that it voted to include the Hartmann site in the major institution overlay in order to get it. And yet it was really just a bus stop. This transit hub can and should still be included as part of the transportation plan without the Hartmann site being included in the MIO.

An SDOT ex-officio member could also have counseled the CAC when it was, in one of its last meetings, struggling with the entrances on 40<sup>th</sup> Avenue NE. The CAC's discussion centered around providing specific limitations to traffic patterns to keep the traffic from unduly affecting the neighborhood. They were reassured by the hospital's consultants that options were available to enact these limitations, many of which are likely not possible given the nature of the streets in question. An SDOT ex-officio member could certainly have given specific information on the variety of CAC suggestions for mitigation and it is possible that the CAC would have recommended no entrances on 40<sup>th</sup> Avenue at all with that understanding.

I have two final points that I would like to bring to the Examiner's attention. The first is in regard to the hospital's helipad. I believe the helipad is addressed in the master plan but I am concerned that DPD failed to mention it in its Directors Report. The current helipad is a council conditional use for bringing children with the most critical needs to the hospital. This is an important function for the hospital and we support having the helipad and the conditions that currently go with it be included in this new master plan.

Finally, Ruth Benfield described in her testimony how the hospital's surveys showed a high support for Children's growth, but it is important to note that these surveys provided no absolutely no opportunity to express an opinion that did not work in the hospital's favor. Responses were limited to specific options such as: "strongly agree", "agree", and "not affected". There was no possible outcome of these surveys but high support for Children's growth. These twenty minute interviews, one of which I participated in myself, were so bizarre and frustrating that the community club received an abundance of outraged comments from our neighborhood.

I'm pretty sure that, had the hospital's surveys been of a more balanced and answerable nature, it still would have had high support for growth. I understand Children's need for growth. The Laurelhurst Community Club understands Children's need for growth and supports it. The hospital needs to grow, and will grow. It is critical to this city, and the citizens of it, that major institutions such as Children's balance their needs with the needs of the surrounding areas. They must do this under the Major Institutions Code in return for the special dispensations for height and density they have been given through that code. With the acreage gained through the Laurelton Terrace property and the generous FAR that has been agreed upon, Children's has ample room to go forward and design the buildings it needs without the inclusion of the Hartmann property in the MIO, without unduly impacting residential streets, and with protecting the livability of the surrounding neighborhoods. Please carefully consider the true impacts of growth of this magnitude and condition this plan in a manner that can achieve this result.

Thank you for your patience with this entire process and for the opportunity to provide comment.