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Hand Delivered

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Re: Comments on CHRMC's Draft EIS

Dear Scott,

I have been asked by the Laurelhurst Community Club (LCC) to review and comment on the June 9, 2008 draft environmental impact statement (DEIS) that was prepared for Children's Hospital and Regional Medical Center's (CHRMC's) proposed draft master plan. I have worked in the development and planning profession since 1975, have reviewed numerous projects for environmental impacts, have reviewed and commented on numerous environmental impact statements (EISs), and have assisted with the preparation of environmental documents, including expanded environmental checklists and EISs. See curriculum vitae in Attachment A. This letter and its attachments comprise my DEIS comments, submitted on behalf of LCC, and they should be addressed and distributed in their entirety.

All growth alternatives in the DEIS (Alternatives 3, 6 and 7)[1] are based on the same magnitude of development in the same localized area: All show 1.5 million square feet of new facility (2.4 million total square feet) and 350 additional hospital beds (600 total beds) in the Laurelhurst neighborhood.[2] Although not identified as such in the draft master plan or DEIS, CHRMC has stated that Alternative 7 is its preferred alternative.

Many of my comments identify fundamental information that is missing from the DEIS – information that is essential for a basic understanding of the proposal and its impacts and for meaningful public comment. They also demonstrate the need for an EIS "growth" alternative(s) that has less development square footage in Laurelhurst. A supplemental draft EIS, with a new public review and comment period, should be prepared to address these deficiencies.

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[1] Alternatives that were identified in preliminary draft documents as 2, 4 and 5 are not included in the June 9, 2008 DEIS; Alternative 1 is a "no action" alternative, in which CHRMC would only build the remaining square footage that is allowed under its current master plan.

[2] The amount of proposed development is reported inconsistently in the draft master plan and DEIS. These figures are from the draft master plan. The DEIS states all growth alternatives will have 2.23 gross square feet. This discrepancy between the two documents should be corrected throughout each.

## Summary

CHRMC is asking the public, the Citizens Advisory Committee and City decision-makers to support and approve an unprecedented rezone and development expansion in a low density, single family area that is outside of any urban village or center. By adding approximately 1.5 million square feet (for a total of 2.4 million square feet), the rezone and master plan would nearly triple the size of CHRMC's existing 830,000 square-foot (+/-) hospital facility. The "expansion" is akin to locating a new hospital in Laurelhurst.

In DEIS Alternative 7 – CHRMC's preferred alternative – CHRMC proposes to significantly expand its major institution overlay (MIO) boundary to include the 6.75-acre Laurelon Terrace garden townhouse community, which would be demolished for institutional development. The non-contiguous 1.78-acre Hartmann site would also be added to the MIO in Alternatives 3 and 7. Although not openly targeted for development in this proposed master plan, additional properties around and near CHRMC's existing campus have been acquired by the institution.

In all DEIS "growth" alternatives (Nos. 3, 6 and 7), the proposed rezones would increase MIO heights for CHRMC's structures to 160 feet. MIO 160 heights are currently found only in the city's most intensely developed urban centers, First Hill and the University Community (higher MIO heights of 240 feet are similarly located only in urban centers). CHRMC's requested MIO 160 is more than five times the 30-foot height allowed in the single family and lowrise multifamily zones that underlie CHRMC's development sites and surrounding residential properties.

The magnitude of CHMRC's proposed expansion – in a low scale, low density area outside of any urban village – is wholly in conflict with the urban village growth strategy that is the foundation of the City's Comprehensive Plan. The impacts of the development proposal under all DEIS growth alternatives on the character, scale, land use, transportation systems, viability, vitality and livability of the surrounding community are significant and unmitigatable. CHRMC has also made it clear that its plans will not stop with this master plan proposal, but that it is the building block for more to come in "the next 100 years" (Draft Master Plan, p. 17).

In order to be approved, the Land Use Code requires that CHRMC's proposal represents "a reasonable balance of the public benefits of development and change with the need to maintain [the] livability and vitality of adjacent neighborhoods" (SMC 23.69.032.E.2). Even if all of CHRMC's development provided true, essential public benefit, the magnitude of the expansion and its impacts are too extreme and unprecedented for a residential neighborhood that is outside of any urban village. However, in this case, the justification for CHRMC's immense development proposal is not credible, and much of it has the appearance of empire building for the purpose of increasing CHRMC's self-described market share. The "reasonable balance" test mandated by the Code is not met.

The DEIS that has been prepared for CHRMC's master plan omits or grossly understates many of the significant impacts that would result from 1.5 million square feet of new development on the existing Laurelhurst campus and/or the Laurelon Terrace and Hartmann sites. Much of the analysis needs to be expanded or revised in a supplemental DEIS to provide an adequate disclosure of CHRMC's significant impacts. Some of the more blatant omissions and inadequacies arise with respect to the analyses of land use, height, bulk and scale, transportation and public services impacts. The DEIS also fails to provide objective "need" information that is necessary for decision-makers to assess the proposal's true public benefit.

For the reasons described above and detailed on the following pages, none of the alternatives described in the DEIS come anywhere close to meeting the Code's "reasonable balance" test that is required for master plan approval. Nor are they consistent with the City's urban village growth strategy. One or more new alternatives should be developed and analyzed in a supplemental DEIS. Less empire-building and increased decentralization – to Seattle areas that are designated as urban villages/centers and to other areas outside of Seattle – should be an integral part of the new development program. The result should be a new, significantly smaller master plan that is contained within the current campus boundary, and that respects and responds to its neighborhood context, the Comprehensive Plan, and the "reasonable balance" test.

## I. Public Benefit / Development Program / Bed Projections

CHRMC's proposed master plan and all DEIS growth alternatives have 2.4 million square feet of development (not including parking). 1.5 million square feet would be added to the roughly 900,00 square feet of development that is now approved, and mostly built, under the current master plan.

The sole basis for this expansion is CHRMC's proposed growth in hospital beds from 250 to 600, at 4000 square feet per bed (4000 square feet/bed x 600 beds = 2.4 million total square feet).

To assess consistency with applicable plans, policies, and codes – part of SEPA review per the Department of Ecology's SEPA regulations – it is critical that the master plan and EIS provide accurate, relevant information about the claimed public benefit (including in terms of claimed public need) for the additional 350 beds and 1.5 million square feet of expansion at the Laurelhurst site.

The justification provided in the master plan and DEIS for CHRMC's projected growth and resulting development proposals is not credible, and the extent of true public benefit is overstated. CHRMC's proposed development is also not consistent with its own stated objectives and growth information.

Because the magnitude of CHRMC's proposed expansion is so unprecedented for a low density residential neighborhood, and its impacts so significant and unmitigatable, it is especially

important that CHRMC's claimed need and public benefit be closely scrutinized, and that the actual need and public benefit be accurately reported in the EIS.

1. DOH's 12-Step Bed Forecast. The DEIS (pp. 2-2 through 2-5) provides general discussion about health care needs and CHRMC's mission, but the discussion lacks relevance to the decisions that must be made by DPD, the Seattle Hearing Examiner, City Council and the Department of Health (DOH), who must determine:

    - The level of public benefit of the CHRMC proposal to more than double its current size at this site, in accordance with the definition of public benefit in the applicable city and state codes and regulations;

    - The impacts of the proposal on other medical facilities;

    - Whether an appropriate balance is achieved between 1) CHRMC's ability to change and the expansion's true public benefit, and 2) the need to protect the livability and vitality of the adjacent neighborhoods; and

    - Whether the expansion is consistent with the State Department of Health's methodology for projecting future beds and approving additional, new beds through its Certificate of Need program.

    The DEIS discussion is also inconsistent with bed need/public benefit information that is provided by other sources (examples provided in Comments #2 through #7, below).

    Because CHRMC's proposed expansion is unprecedented in many ways, has significant impacts, and requires the assessment of public benefit and alternatives, the EIS should provide the fundamental analysis of whether the requested number of inpatient beds is consistent with the Department of Health's 12-step methodology for forecasting future beds.

    One such 12-step forecast analysis was prepared in early January 2008 by Field Associates (based on DOH data available at the time), and should be included in the EIS. It shows that the number of beds requested by CHRMC is nearly 10 times greater than the number of beds forecasted using the DOH 12-step methodology. (The Field analysis is being submitted to DPD separately as an attachment to Field Associates' DEIS comments.)

    In addition, when generally discussing health care and population trends, the EIS should cite data sources that are used by DOH in its 12-step bed forecasting methodology (such as CHARS data), which are different than the sources cited in the DEIS.

2. Certificate of Need Commitment. The DEIS generally describes DOH's Certificate of Need program, which forecasts, approves and licenses beds for Washington state hospitals (DEIS, pp. 1-2 and 2-4). It concludes that CHRMC cannot apply for a Certificate of Need (and thus

get DOH's bed forecasts) prior to approval of its master plan because 1) site approvals must first be obtained and 2) the Certificate of Need approval would expire before construction of the expansion began. This conclusion is not correct, and must be revised in the EIS.

While DOH cannot issue a Certificate of Need for a project until it has an environmental decision in the form of a DNS or Final EIS, state law allows the Department to commit to issuing the Certificate of Need without the environmental decision, thereby postponing the actual issuance until the hospital has the necessary land use and environmental approvals to move forward with construction:

> Timing and procedures for hospital certificates of need. Where a state or local agency other than the department is lead agency for hospital construction, the department shall not issue a certificate of need approving this hospital construction until the applicant has supplied it with a determination of nonsignificance or a final EIS, and until seven days after the issuance by the lead agency of any final EIS. *Nothing in this subsection shall preclude the department from making a commitment to issue a certificate of need to an applicant subject to the timely receipt of an appropriate environmental impact statement or determination of nonsignificance.* (WAC 246-03-030(4)(b); italics emphasis added)

Examples of projects that have received such advance DOH commitments can be reviewed on DOH's Certificate of Need web site,[3] including two that received commitment approvals in 2007:

- Franciscan Health Care's phased expansion of St. Francis Hospital in Federal Way to add 42 beds (See Attachment B, p. 5 of DOH decision), and

- Swedish Health Services' construction of a new, phased 175-bed hospital in Issaquah; for this project, a final site selection had not even been made, and zoning, environmental and other approvals were far from imminent (See Attachment B, p. 7 of DOH decision, including footnote).

In light of the above, the EIS should be revised to correctly describe the DOH commitment process. As stated in Comment #1 (above), the DOH 12-step methodology for forecasting beds should be completed for CHRMC and included in the EIS analysis. In the alternative, the EIS should assume a worst case analysis (no public benefit/no need) for the expansion that CHRMC has chosen to pursue without DOH review.

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[3] The web site for 2007 decisions is http://www.doh.wa.gov/hsqa/fsl/CertNeed/archive2007.htm

3. DOH Reports Show Declining Inpatient Days for CHRMC. The DEIS cites a national study (prepared by a pediatric hospital organization, of which CHRMC is a member) that estimates the inpatient demand for pediatric hospitals will grow 3.1% per year, through 2010, and then states that CHRMC's experience reflects the national trends (DEIS, p. 2-3). The DEIS also states that "Children's is experiencing the effects of local and regional population growth . . . the hospital has been directly affected by increasing patient volumes and intensified levels of care" (DEIS, p. 1-2).

   These statements are not consistent with CHRMC's own quarterly reports to the Department of Health, which show that inpatient demand at CHRMC has slightly declined since adding beds in late 2004.[4] Instead of presenting advocacy-oriented information offered by CHRMC to justify its application, the DEIS analysis and discussion should be objective, focusing on the following authoritative data from state-required DOH reports.

   CHRMC reported to DOH that its total annual inpatient days (generally, the unit of measurement used to determine hospital use and bed occupancy) decreased from 2005 to 2007 by 913 inpatient days (-1.3%). There was a similar decrease from 2005 to 2006 of 1766 inpatient days (-2.6%). While the number of individual patients who were admitted went up during the period of 2005 to 2007, the length of stay decreased, resulting in the declining number of inpatient days. The accurate DOH information should be in the EIS. See also CHRMC's statements about declining inpatient use rates in Comment #4.

4. CHRMC Cites Flat and Declining Inpatient Demand in Opposition to 8 Beds at Swedish Hospital/Issaquah. As currently written, the DEIS is an advocacy document that does not critically examine, and instead transmits with little effort, CHRMC's message that there will be a huge local and regional need for the 350 additional pediatric beds proposed by CHRMC. However, this message is not consistent with statements made by CHRMC at a 2005 public hearing, where it opposed Swedish Hospital's proposal for just eight pediatric beds in a new hospital on the east side (Issaquah).

   In its 29-page letter opposing a facility that would allow at least some Eastside families to avoid the trip to Laurelhurst (Attachment C), CHRMC urged DOH to deny a Certificate of Need for Swedish's proposed eight pediatric beds because there was no need for the beds:

   > "All available data suggests that the demand does not exist for such a unit, and that use rates for inpatient pediatric care continue to decline with the service area." (p. 3)
   >
   > "While the planning area population has been growing rapidly (the number of pediatric residents ages 0-14 increased 11% between 1995 and 2003), the number of pediatric (non-newborn) discharges has been flat. *As a result,*

[4] The quarterly reports can be found on the Washington State Department of Health web site at: http://www.doh.wa.gov/EHSPHL/hospdata/Quarterly/Default.htm

> *pediatric use rates (discharges per 1,000 pediatric resident) declined by 15%*. The pediatric inpatient market has shifted dramatically in the past 10-15 years." (p. 4; italics emphasis by CHRMC)

CHRMC also repeatedly objected to the eight pediatric beds out of concern for its market share of patients (pp. 4 and 5).

CHRMC continues to oppose the eight-bed unit and has appealed DOH's Certificate of Need for the Swedish/Issaquah hospital.

The EIS should be revised to accurately report the flat-to-declining inpatient pediatric use rates, consistent with the inpatient days that have been reported to DOH (see Comment #3).

5. Prior CHRMC Bed Projections by DOH. In its 2002 Certificate of Need approval for 42 beds at CHRMC, DOH applied its 12-step methodology and projected CHRMC's beds through the year 2020. DOH projected a total of 315 beds for 2020, consisting of 295 acute care plus 20 psychiatric care beds. See Attachment D.[5] DOH's 315-bed projection for 2020 is nearly half the number of beds now sought by CHRMC.

   The following table shows the large difference between DOH's projections for various years and projections prepared by CHRMC, in November 2007 and January 2008, in an attempt to justify its expansion to the master plan Citizen Advisory Committee.

| **Bed Projections** | 2008 | 2009 | 2010 | 2015 | 2020 | 2026 |
|---|---|---|---|---|---|---|
| **CHRMC Projections (prepared for CAC meetings in Nov. 2007 and Jan. 2008)** | | | | | | |
| Acute care beds | 268 | 277 | 286 | 333 | 382 | 437 |
| Psych care beds | 120 | 124 | 127 | 145 | 166 | 195 |
| **Total beds** | **388** | **401** | **413** | **478** | **548** | **632** |
| **DOH Projections (prepared for CHRMC's 2002 Certificate of Need)** | | | | | | |
| Acute care beds | 227 | 231 | 236 | 265 | 295 | Not |
| Psych care beds | 19 | 19 | 19 | 19 | 20 | done |
| **Total beds** | **246** | **250** | **255** | **284** | **315** | |

[5] In Attachment D, the spread sheet for CHRMC's psychiatric bed projections is inaccurately entitled "Clark County Acute Care Bed Need." Department of Health staff have confirmed this is the correct spread sheet and the figures match the Department's Certificate of Need decision.

6. Basis for Growth. Other bases for growth claimed by CHRMC and cited in the DEIS don't add up, or don't provide enough information to be relevant:

- The DEIS says that CHRMC's outpatient visits have grown 11% over the last 4 years (DEIS, page 2-5), but the development proposed for the Laurelhurst campus is for more inpatient hospital beds, not more outpatient facilities. Moreover, many such outpatient visits will be distributed in the future to clinics that CHRMC has or is in the process of building in Bellevue, Everett, Federal Way, Olympia, and elsewhere in the region and state – they will not occur at the Laurelhurst campus.

  The DEIS further claims that such increased outpatient visits will trigger more inpatient admissions, thus offering this purported nexus as justification for CHRMC's bed expansion (DEIS, p. 2-5). However, as suggested by CHRMC in its own March 2005 letter opposing eight pediatric beds at Swedish Hospital/Issaquah (Attachment C, page 4, first bullet), the increased ability to treat patients in clinics without hospitalization generally reduces – not increases – demand for inpatient facilities.

  Statistics also show that an increase in outpatient visits does not trigger a commensurate need for more hospital beds. As detailed in Comment #3, quarterly reports submitted by CHRMC to DOH for the calendar years of 2005 though 2007 show a decline in inpatient days during the very time when CHRMC reported its increase in outpatient visits.

  In addition, according to the Field Associates bed projection study (January 2008), which looked at a longer time frame of ten years from 1997 through 2006, the number of pediatric inpatient days at CHRMC has been very stable – 44,789 days in 1997 to 47,318 days in 2006 – and CHRMC's rate of use by children statewide has grown very slowly at 4% over an entire 10-year period (from WA DOH and CHARS data).

  Data from both the DOH reports and the Field Associates study demonstrates that the CHRMC's reported growth in outpatient visits (11% over the last four years) does not translate into an equivalent growth in inpatient days at hospitals. In fact, inpatient days have actually decreased during the last three years as outpatient visits have increased. The EIS should not lead reviewers to a connection and conclusion between outpatient and inpatient use that does not exist, and it should be revised to accurately report relevant data for CHRMC's decreasing inpatient days.

- The DEIS section on "Regional Population Growth" generally describes certain growth characteristics in central Puget Sound and King County, including an increase in the general population, a slight rise in the area's average household size, and an increase in its foreign born population. However, the DEIS provides no

explanation of why or how this information is relevant to the expansion of a pediatric hospital (DEIS, p.2-4).

How much of the regional growth cited in the DEIS is attributable to children aged 0-14, which is CHRMC's served population per DOH (and is used to calculate the hospital's 12-step bed projection)? Without actually stating so, the DEIS implies that the increases in overall population, household size and foreign-born residents are largely attributable to children.

However, increased populations and larger households are also no doubt attributable, perhaps in large part, to an aging population with longer life spans and to families whose households includes three (or even four) generations of family members (a family-friendly custom that is more honored by the cultures of many foreign-born residents than those born in the United States). Both could result in more adult members than children.

And where is the growth occurring . . . in Seattle near CHRMC, or on the East Side or other locations outside of Seattle?

If regional population information is to be included in the EIS, more detail regarding its relevance to children aged 0-14, their hospital use and their location must be provided.

7. Psychiatric Beds. The "Health Care Needs" section of the DEIS ignores numerous problems related to CHRMC's expansion proposal and its claimed need for psychiatric beds.

Twenty of CHRMC's 250 beds (8% of its total beds) are currently used for inpatient psychiatric care. This allocation is exactly consistent with DOH's 2002 bed projections (see Table in Comment #5).

CHRMC's 600-bed expansion proposal is based on a dramatic increase in the number of psychiatric beds – 195 psych beds were projected by CHRMC for 2026. This is nearly ten times the current number of psych beds, and is almost one-third of the total 600 beds proposed by CHRMC. Such a significant increase in the number of psych beds and shift in allocation between acute care and psych beds are neither remotely close to the bed projections and allocations made by DOH and Field Associates. Yet the DEIS fails to inquire into these changes in the Health Care Needs section.

The increase in psych beds is also inconsistent with CHRMC's own objectives, as outlined in its adopted strategic plan. According to CHRMC, its 2006 Strategic Plan "emphasized six growth areas – cardiovascular, hematology/oncology, neonatology, transplantation, orthopedics and general surgery . . ." This Strategic Plan provides the basis for CHRMC's future space needs and master plan development. (See Draft Master Plan, p. 17) Not one of these identified growth areas is for psychiatric services, yet according to CHRMC's

projections, the most dramatic growth is for psych beds. What is the basis for a ten-fold increase in psych beds when psych services are not identified as a "growth area" in the Strategic Plan?

The square-feet-per-bed design ratio used by CHRMC to develop its 2.4 million square foot campus is, as verified by Field Associates DEIS comments, excessive for psych beds. CHRMC based its total square footage of proposed development on 4000 square feet per bed for 600 beds, but psych beds don't require the same level of support facilities as acute care beds and don't require 4000 square feet per bed. Assuming CHRMC really intends to use nearly 200 beds for psychiatric care (a number that is not supported by DOH or Field Associates projections, nor by CHRMC's Strategic Plan), there is substantial unnecessary, excess square footage in the expansion alternatives that can be attributed solely to this inflated design ratio.

It is very unclear whether CHRMC actually intends to use the full 195 psych beds it projected for psychiatric care, or whether the projections were generated in an after-the-fact effort to justify, under DOH's 12-step methodology, the drastic expansion CHRMC had already decided upon. Assuming DOH would even approve the large increase in psych beds, CHRMC representatives have stated at CAC meetings that CHRMC plans to use "only" about 100 of the 195-projected psych beds for psychiatric care – the rest would be used for acute care. If true, such a bait-and-switch would increase the number of acute care beds well beyond the number supported by the 12-step bed projections, whether performed by DOH (such as in its 2002 Certificate of Need), Field Associates, or even CHRMC's own consultant.

All of the above issues should be resolved and accurately reported in the Health Care Needs section of the DEIS.

## II. Benefits of Postponing Implementation

The long 20-year planning term of CHRMC's master plan is problematic, and becomes an important factor when so much development is proposed in such an inappropriate location.

CHRMC's current master plan demonstrates the unreliability of making such long-term development decisions. During the 1993-94 planning process for its current master plan, CHRMC proposed to increase its outpatient and research facilities on the Laurelhurst campus – an increase that was considered large for this campus and context, but was a small fraction of the square footage now being proposed. At the time, CHRMC insisted that the increase in on-campus research and outpatient facilities was necessary because 1) the length of inpatient stays had decreased and thus reduced the need for beds, 2) the multicare nature of many illnesses required an increase in outpatient care facilities "all within the same building" on campus, and 3) CHRMC's research had to be located near its clinical space for a variety of reasons, including

the need to attract top medical specialists and researchers and the early detection of disease, such as E. coli.

Since then, CHRMC has, commendably, founds ways to decentralize both its outpatient and research facilities, despite its assertions during the 1993-94 planning process that such decentralization would be very problematic, if not impossible. This demonstrates the dynamic nature of health care planning and the pitfalls of making land use decisions for projects that are too far in the future to be predicted with any reasonable accuracy. It also demonstrates that decentralization can be accomplished in a manner that benefits the institution and community, even if the institution claims, at the time, that such decentralization is not possible.

In its discussion of the benefits and disadvantages of delaying project implementation (DEIS, p. 2-23), the EIS should thus acknowledge the following benefits of postponing some or all new construction and boundary expansion:

- Decentralization, which would reduce impacts in and near the Laurelhurst neighborhood and along already severely congested traffic corridors, can be more fully explored and pursued; otherwise such options may be foreclosed.

- Using a shorter planning horizon – DOH uses a seven year term when assessing certificates of need for hospital expansion – would minimize the speculative nature of long-term bed projections and provide more certainty regarding the extent of the proposal's public benefit.

- A more comprehensive analysis of local, regional and statewide pediatric beds could be done, which would help avoid the issuance of land use approvals "on spec," the overbuilding of public health service facilities and the adverse impacts associated with each.

## III. EIS Alternatives

All of the DEIS growth alternatives have MIO heights of 160 feet and approximately 1.5 million square feet of new development – an "expansion" that is more than 1½ times the size of the current hospital. All have significant impacts that cannot be effectively mitigated. As described more fully in other sections of this letter, the magnitude of development and it resulting significant, adverse environmental impacts is inconsistent with the Comprehensive Plan and the direction it provides for growth in areas outside of urban villages.

The exploration of alternatives through the EIS process, including those analyzed in the DEIS and those that have been proposed but rejected, has conclusively demonstrated that the amount of development desired by CHRMC, when located in the Laurelhurst neighborhood, will have significant, unmitigatable impacts no matter how it is packaged – whether it be on the

current campus, on the Laurelon Terrace property and/or on the Hartmann site. Some of the impacts may be shifted from one part of the neighborhood to another, or from one street to another, but they are not mitigated to levels that are acceptable for a low density residential neighborhood that is not a designated urban village.

It is thus essential that a new alternative(s), consistent with the level of development anticipated in the Comprehensive Plan for areas outside of urban villages, be developed for and analyzed in the EIS. This is particularly important in light of the fact that significant rezones are required for the type and amount of development that CHRMC's desires. Neither the current master plan nor the underlying zoning of the proposed development sites convey any "right" for CHRMC to develop in the manner and magnitude it now proposes. State law is clear that when a proposal involves a rezone, alternative sites outside the Laurelhurst neighborhood can be evaluated in the EIS (see Comment #3, below). In addition, the Land Use Code requires an analysis of the "holding capacity" of the existing campus (with its current MIOs) and the potential for new development without any boundary expansions (SMC 23.34.124.B.1).

As described more fully below, the new alternative(s) should be based on substantially more decentralization, reduced square footage, and lower MIOs than proposed in the DEIS alternatives. At least one alternative should have no boundary expansions.

1. Reduced MIO/Building Heights and Square Footage. To reduce significant impacts, one or more alternatives should have substantially reduced square footage and building heights than currently shown in the DEIS alternatives. This has been repeatedly requested by members of the public and CAC. Regardless of whether such specific alternatives are set out in the DEIS, the CAC and the City may consider them when making their recommendations. However, it is inexcusable that the DEIS is falling short of fulfilling its function as an objective source of data for decisionmakers by failing in the fundamental task of providing real alternatives.

   Development parameters that should be used to guide a reduced development alternative(s) include:

   - 105-foot maximum MIO and building heights at selected locations, with substantial sculpting and lower MIO and building heights toward and along property boundaries. No major institution located outside of an urban center has MIO and building heights greater than 105 feet.

   - A substantially reduced floor area ratio (FAR)[6] than currently proposed. CHRMC's currently approved FAR is .9. Other major institutions located outside

[6] FAR is the ratio of building square footage (or floor area) divided by the square footage of the lot. It is a measure of development density, and serves to limit the overall building square footage relative to the square footage of the campus. For example, 10,000 square feet can be developed on a 10,000 square foot

> of urban villages have the same or lower FAR. The FAR of the DEIS alternatives ranges from approximately 1.82 to 2.35 – this is double or more than double the hospital's existing density, even with the addition of 8.5 acres to the campus.
>
> A reduced development density alternative should approximate the .9 FAR that is currently approved for CHRMC. (Note: The "lot size" of the campus with Laurelon Terrace (but not the Hartmann site) is about 1.24 million square feet; existing building square footage on the campus only is about 829,000 square feet, per the draft master plan.)

2. Hartmann Property. In all alternatives, including any new alternatives, the MIO should be removed from the Hartmann property. The Comprehensive Plan strongly discourages the expansion of major institution boundaries. The Land Use Code rezone criteria is even more explicit in stating that any boundary expansion must be contiguous with the main major institution campus:

> 2. Boundaries for an MIO district shall correspond with the main, contiguous major institution campus. Properties separated by only a street, alley or other public right-of-way shall be considered contiguous.
>
> 3. Boundaries shall provide for contiguous areas which are as compact as possible within the constraints of existing development and property ownership. (SMC 23.34.124.B.2 and .3; underlined emphasis added)

As shown on the map in Attachment E, the Hartmann property is separated from CHRMC's campus by two streets and two private properties. Even if CHRMC's boundary were expanded to include Laurelon Terrace, the Hartmann property would still be separated from the expanded campus by two intervening streets and one private property, the Wells Fargo site. If the MIO were expanded to both the Hartmann property and Laurelon Terrace, the Wells Fargo site would be sandwiched between CHRMC development – a condition that the Code's contiguous requirement is intended to prevent, and one that is made even worse by CHRMC's partnership interest in the Springbrook buildings. See Attachment E, CHRMC Property Acquisition Map (June 16, 2008).

The DEIS land use analysis does not address these explicit rezone criteria, and must be revised to reflect the proposal's basic inconsistency with the contiguous requirement. The Draft Master Plan, prepared by CHRMC consultants, purports to analyze the rezone criteria, but fails to acknowledge the Wells Fargo property as in intervening parcel, and is thus inaccurate.

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lot with an FAR of 1.0; 5,000 square feet can be developed if its FAR is .5; and 20,000 square feet can be developed if its FAR is 2.0.

Because it is not contiguous with CHRMC's campus (with or without Laurelon Terrace), and because of associated land use and other impacts (including the loss of the property's residential development potential), the MIO should not be expanded onto the Hartmann property in any EIS alternative.

3. Decentralization and Downtown / Denny Triangle Property. If CHRMC desires hospital facilities of the magnitude it now proposes, many of these facilities should be decentralized and developed in appropriate locations outside of the Laurelhurst campus. One potential site that could accommodate a substantial amount of additional hospital functions is CHRMC's Denny Triangle site, which was acquired by CHRMC in 2006/2007 for its research facilities. The site has ½ to ¾ million square feet more capacity than called for in CHRMC's long-term strategic plan for full build out of its research facility. Unlike the Laurelhurst neighborhood, there are a multitude of convenient options for transportation to/from the Denny Triangle site via public transportation and private vehicle. And unlike the current campus or the Hartmann and Laurelon Terrace properties, the Denny Triangle site is located in a designated urban center, an area that is appropriate for highrise towers and million square-foot building complexes.

   When CHRMC proposed its current master plan for the Laurelhurst campus, adopted in 1994, it argued that it was essential to have its clinical and research space in close proximity on the same campus:

   > . . . the hospital claims that its ability to attract and/or retain the most highly qualified clinical and research physicians is directly related to its ability to provide both clinical and research space with the same campus. Due to the growing numbers of physicians who perform both these functions, in addition to the growing interdependence between clinicians and researchers, CHRMC believes that it must accommodate these needs on campus in order to remain a preeminent pediatric medical center. (Analysis and Recommendation of the Director of the Department of Construction and Land use, 10/21/93; p. 9.)

   Apparently the need was not so essential after all, since all of CHRMC's research is now located off campus at or near the Denny Triangle site. There are likely other hospital functions that could be located at the Denny Triangle site, and thereby alleviate development pressure and impacts at the Laurelhurst campus. One such candidate is a psychiatric unit for the 195 beds CHRMC has projected, should it really want to develop what would be the largest psychiatric inpatient facility in Washington. Some of the relocated hospital functions could also benefit from close association with the research facility.

   SEPA provides clear authority to identify and evaluate alternative sites, such as the Denny Triangle site, when the proposal involves a rezone:

   > When a proposal is for a private project on a specific site, the lead agency shall be required to evaluate only the no action alternative plus other

> reasonable alternatives for achieving the proposal's objective on the same site. *This subsection shall not apply when the proposal includes a rezone, unless the rezone is for a use allowed in an existing comprehensive plan that was adopted after review under SEPA. Further, alternative sites may be evaluated if other locations for the type of proposed use have not been included or considered in existing planning or zoning documents*. (WAC 197-11-440(5)(d); italics emphasis added)

In this case, neither the Laurelon Terrace property or the Hartmann property are designated in the Comprehensive Plan for institutional use. Both are designated for multifamily residential use. In such cases, alternatives on other sites outside the Laurelhurst neighborhood, including especially in the Denny Triangle urban center, are reasonable options for CHRMC's desired development.

4. Psych Beds. As previously discussed, CHRMC's projection of a large number of psych beds is not supported by credible data (including its own) or by prior projections, and the 4000 square-feet-per-bed design ratio that CHRMC used for the psych beds is excessive. The EIS should include a new or modified alternative that significantly reduces the number of psych beds – resulting in a psych bed count that would be consistent with DOH's bed projections – and that uses a smaller design ratio for the beds. Alternatively, should CHRMC want to pursue a large psych unit of 100 to 195 beds, an alternative should address its location outside the Laurelhurst neighborhood, as described in the preceding Comment #3. Both options would substantially reduce the square footage of CHRMC development – and related impacts – on and near the Laurelhurst campus.

5. Alternative 7, Early Laurelon Terrace Development. City policies and codes strongly discourage the expansion of an established major institution's boundary. Boundary expansions can, directly and indirectly, create institutional sprawl, isolate private properties and uses from others in the neighborhood, and eliminate housing and independent neighborhood businesses and services. These impacts – all of which would occur in the Early Laurelon Terrace Development alternative – can undermine or destroy the viability and livability of the affected community.

   Including the Laurelon Terrace property in CHRMC's MIO boundary would have significant land use impacts. With its 136 moderately priced (for non-CHRMC purchasers) garden townhouses and substantial green spaces, Laurelon Terrace offers an affordable and highly desirable unit type and site design that is rarely replicated in today's development market. The Lowrise 3 zoned site could also be redeveloped with new multifamily residences. The property represents a large percentage of the Laurelhurst community's multifamily housing and zoned land that would be lost forever.

   Converting Laurelon Terrace to institutional use would substantially increase the growing stock of institutional property holdings in the Laurelhurst community's "west end". CHRMC, Talaris and the University of Washington all own (in some form) property in this

area, consisting of institutional campuses, single family houses, multifamily residences, and commercial buildings that house (or once housed) small professional offices and other businesses. See Attachment E for a map showing many of these institution-owned properties. A critical mass of non-institutional properties is necessary to sustain a diverse west end that is not owned and controlled by institutional uses. At what point is this critical mass gone? Would the addition of the large 6.75 acre Laurelon Terrace property become the tipping point?

Extending the MIO boundary to Laurelon Terrace should only be considered, if at all, when there is a clear and significant benefit to the Laurelhurst community, and when impacts are effectively and fully mitigated. Modifications to core Alternative 7 elements are necessary before boundary expansion can be contemplated, including:

- Height: The maximum MIO height on the Laurelon Terrace property should be no more than 105 feet, with substantially terraced MIO heights stepping down toward street boundaries (to the south, west and north). The MIO heights on the current campus should remain as shown in the currently approved master plan.

- Street Setbacks: Setbacks along all streets for new construction should be 75 feet. (Note: CHRMC will be able to develop its current 40-foot wide west setback, so the net effect of the 75 foot setback is an increase of 35 feet.) Existing, unaltered buildings can retain existing, smaller setbacks. Buffers should be landscaped. Drives/roads should be located outside of buffers except: 1) where necessary to enter the campus (and then should be at approximately right angles to the property line); 2) the existing Whale Garage entrance, and 3) the existing service road along NE 45th Street; that is, there should be no drives/roads in the landscaped buffers that run parallel to the boundary.

- Hartmann Site: Develop the Hartmann site with multifamily housing that is comparable to the demolished Laurelon Terrace housing – that is, housing with a similar townhouse unit type, site design, density and cost (before prices were inflated by CHRMC's buyout offer). Like Laurelon Terrace was before the CHRMC acquisitions, the housing should be available to the open market and in non-institutional ownership or management – a private project. This type of housing would qualify for the comparable replacement housing that is required by Code, would stabilize the residential zoning in the area, and would complement the Laurel Crest housing to the north of the Hartmann site. No zoning changes would be required because the property is already zoned for Lowrise 3 multifamily development (maximum 1 unit per 800 square feet of lot area).

- Vehicle Access to Campus: The proposed access point off of NE 50th Street should be removed. Together with the proposed traffic signal at NE 50th and Sand Point Way, and its close proximity to the north garage(s), the access will likely attract

untended use by vehicles, even with physical "discouragements." If the access is established, it will be easier for CHRMC to seek approval for unrestricted use of it in the future.

In general, there should be no new vehicle access points or expansion of existing points (like the bus pullout) for general traffic, shuttles, or any other vehicles, off of the residential streets that abut the campus on the south, east and north, including NE 45th Street and NE 50th Street. Vehicle access from 40th Avenue NE may not be needed in this reduced square footage alternative, and such access should be minimized or eliminated.

- Development Density: Lot coverage, FAR and open space standards should be established so the development density and character is compatible with the surrounding low density single family and multifamily neighborhoods, and with the small scale commercial area – that is, compatible with an area outside of an urban village. FAR should approximate .9. More information is needed about the amount of lot coverage and open space that is proposed in the DEIS Alternative 7, in order to comment on and determine an appropriate standard.

- Single Family Houses Re-Sold to Non-Institutional Owners/Occupants: CHRMC should sell the single family houses it purchased since June 2007, so that they are owned and controlled by non-institutions. It should cease its purchase of additional properties. The house purchases occurred, in large part, because of the magnitude of CHRMC's height and development proposals for the main campus, and its proposed access on NE 45th Street. Such intense development would not occur under the Early Laurelon Terrace alternative, as modified above, and the houses should be returned to non-institutional ownership.

This is a partial list of mitigation and benefits that should be included in any alternative that extends the MIO boundary to Laurelon Terrace. In the absence of such provisions – and in light of the strong policy against MIO boundary expansions – the current alternative is not objectively reasonable.

## IV. Height, Bulk and Scale

The DEIS analysis correctly concludes that significant unavoidable adverse height, bulk and scale impacts would result from development in each of the three growth alternatives (DEIS, p.3.9-10). However, the DEIS has erroneously limited this conclusion to impacts along Sand Point Way, and fails to disclose and assess other sensitive height, bulk and scale relationships.

There is little qualitative disclosure and analysis in the DEIS of height, bulk and scale impacts. It is essentially limited to photos from eight viewpoints showing before-and-after views

of the existing campus and DEIS alternatives, and a table describing the number of building floors that would be visible from these viewpoints. Locations, including those identified in Comment #9 below, that would suffer from equal or greater height, bulk and scale impacts than those selected for the DEIS photos are not acknowledged in the DEIS. Beyond the photo depiction of views and counting of visible floors, there is no attempt to assess the height, bulk and scale relationship between the massive development proposals and their low density, low scale context, or to disclose how this relationship affects the character and livability of the impacted area.

Given the unprecedented magnitude of the expansion and its location in a residential neighborhood outside of any urban village, such superficial treatment of height, bulk and scale impacts is wholly deficient and must be remedied in a supplemental DEIS. Analysis that should be in the EIS height, bulk and scale section includes the following:

1. Comparison with Single Family Development. There is no comparison in the DEIS of the character and height, bulk and scale of the adjacent single family neighborhood and CHRMC's underlying single family zone, with the character and height, bulk and scale of the development proposed by CHRMC. While the DEIS impact analysis glosses over height, bulk and scale impacts with respect to the commercial district (incorrectly claiming there are none; DEIS p. 3.9-4), it says nothing about the single family neighborhood or underlying single family zone. This blatant and telling omission casts an ominous shadow over the objectivity of the document.

2. Single Family Provisions in Code and Comp Plan. There is no discussion in the DEIS about the Land Use Code's description of the development character that is intended for single family zones, or of the Comprehensive Plan's urban village growth strategy and land use goals and policies that emphasize the need to preserve single family scale and character. The following Code and Comprehensive Plan provisions regarding single family scale and character should be among those analyzed in the EIS:

    - The function of single family areas, as described in the rezone section of the Land Use Code, is to provide "predominantly detached single-family structures on lot sizes compatible with the existing pattern of development and the character of single-family neighborhoods." (SMC 23.34.011.A)

    - "In order to *support the existing character of areas outside of urban villages*, and to encourage continued investment in all of Seattle's neighborhoods, permit areas outside of urban villages to accommodate some growth *in a less dense development pattern consisting primarily of single family-neighborhoods*, and limited multifamily, commercial and industrial areas." (Comprehensive Plan, Urban Village Element, UV7; italics emphasis added)

- "*Protect single family areas, both inside and outside of urban villages*. Allow *limited* multifamily, commercial, and industrial uses outside of villages to support the surrounding area or to permit the *existing character to remain*." (Comprehensive Plan, Urban Village Element, UV36; italics emphasis added)

- "*Preserve the character of single-family residential areas* and discourage the demolition of single-family residences and displacement of residents, in a ways that encourages rehabilitation and provides housing opportunities throughout the city. *The character of single family areas includes use, development and density characteristics*." (Comprehensive Plan, Land Use Element, LUG9; italics emphasis added).

3. MIO Heights Outside of Urban Villages. The DEIS has no comparison of or discussion about the permitted MIO heights of other major institutions that are outside of urban villages/centers, none of which exceed 105 feet. This information, shown in Attachment __, should be in the EIS because it provides height, bulk and scale context for decision-makers, and discloses the unprecedented nature of CHRMC's requested heights and their incongruity with single family residential neighborhoods.

4. Zoning of Other Major Institutions with 160-Foot MIO Heights. Similarly, the DEIS has no comparison of or discussion about the underlying zoning of the three major institutions that have 160-foot MIO heights, all of which are located in urban centers (not single family neighborhoods) and all of which have underlying zones that are much higher and more intense than single-family:

    - University of Washington, MIO 160 over Midrise zone (60-foot height limit)

    - Seattle University, MIO 160 over Neighborhood Commercial 3/85 (85-foot height limit)

    - Swedish Medical Center/First Hill, MIO 160 over Highrise (160-foot height limit, can be increased to 240 feet) and Neighborhood Commercial 3/160 (160-foot height limit)

    This information, shown in Attachment F, should be in the EIS.

5. Rezone Criterion for Height in Land Use Code. The DEIS has no discussion relevant to the rezone criterion that generally limits heights in areas outside of urban villages to 40 feet. (SMC 23.34.008.E.4) The Code states that heights greater than 40 feet can be considered outside of urban villages where higher height limits would be consistent with an adopted neighborhood plan (Laurelhurst does not have one), a major institution's adopted master plan (CHRMC's current plan does not contemplate higher heights), or where the designation would be consistent with the existing built character of the area (the built character of the

area around the CHRMC campus is 30 feet or less). While a complete rezone analysis and decision should not be in the EIS, impact information that is relevant to the rezone criteria and that would assist in the decision-making should be included.

6. Rezone Objective. There is no discussion in the DEIS relevant to the rezone criterion that states the objective of rezones "shall be to achieve a better relationship between residential or commercial uses and the Major Institution uses, and to reduce or eliminate major land use conflicts in the area" (SMC 23.34.124.A), especially with respect to the single family, townhouse and duplex residences that are most affected by CHRMC's proposal. As previously described, the DEIS is void of any such qualitative discussion about height, bulk and scale relationships. The growth alternatives do not improve the height, bulk and scale relationship between the institution and its surrounding residential and commercial areas, and should be acknowledged as such in the EIS.

7. Architectural Character/Aesthetic Compatibility. The DEIS impact analysis states that the proposed CHRMC buildings "would be composed of materials that aesthetically blend in with the existing buildings on campus, e.g. precast/ceramic wall cladding system or glazed aluminum curtainwall system, among others" (p. 3.9-2), and that the "surfaces, façade articulation, and fenestration would all make the buildings look more consistent with the existing architectural character" (p.3.9-3). Aesthetic compatibility with CHRMC's own buildings is not the issue. The EIS should analyze the aesthetic and height, bulk and scale compatibility of the institutional proposal with its residential setting and underlying zoning.

8. Setbacks/Landscaped Buffers. Although the DEIS acknowledges that CHRMC's buildings would be "taller, denser, and, in some cases, wider" (p. 3.9-2), it seems to suggest in the next sentence that that the impacts of the significantly increased height, bulk and scale would be mitigated because the existing setbacks and landscaped buffers would remain the same. This implication is not correct. Landscaping cannot effectively hide all portions of the proposed massive facades, and dense, tall landscaping may not be desirable in some places. Further, Alternatives 3 and 6 would substantially reduce the width of landscaping along the east boundary of the campus to accommodate two proposed roadways from NE 45th and NE 50th Streets. The fire access proposed from NE 50th Street in Alternative 7 may also reduce the landscaping along the east boundary. In addition, existing mature landscaping in other buffers, such as those that exist along NE 50th Street, that could offer partial mitigation, would also likely be removed during construction, exposing structures for many years afterwards.

   CHRMC's building setbacks are already less than other institutions in similar settings (of which there are few), and are too narrow along some boundary lines to effectively mitigate height, bulk and scale impacts and provide light, air and sufficient growing area. A continuation or reduction of these already inadequate setbacks/landscaped buffers will not mitigate the impacts of CHRMC's expanded structures.

9. Sensitive Height, Bulk and Scale Edges / Before-and-After Photo Locations. The before-and-after photos in the DEIS omit several locations where significant height, bulk and scale impacts would occur. These locations, described below, should be photographed and qualitatively analyzed in the EIS along with the eight locations that are already included in the photos:

    - Hartmann Site. Development of the Hartmann site is proposed in all DEIS growth alternatives. The allowable building height would be increased from 30 feet (the maximum allowed in a Lowrise 3 zone) to 65 feet (Alternatives 6 and 7) or 105 feet (Alternative 3). All proposed heights are substantially greater than the maximum 30-foot and 40-foot heights that are allowed in the Laurelhurst commercial area and along the Burke Gilman Trail. Yet there is no before-and-after photo analysis of the height impacts on the streetscape, the Burke Gilman Trail, or abutting and nearby residences, including especially Laurel Crest (located to the north of the Hartmann site).

    - NE 45th Street (approximately between Sand Point Way and NE 43rd Street. The segment of NE 45th Street is one of Laurelhurst's gateways to the single family neighborhood. It is also lined on its south side with single family zoned properties and single family residences, some of which would be directly opposite CHRMC's massive facades. At least three viewpoints should be examined along this segment: 1) looking east/northeast from the south sidewalk along NE 45th Street, just west of the intersection of NE 45th Street and 40th Avenue NE; 2) looking north from single family residences located across from Laurelon Terrace (between 40th Avenue NE and 42nd Avenue NE); and 3) looking west/northwest from single family residences in the vicinity of the NE 45th Street/42nd Avenue NE intersection (these residences may be impacted by Alternative 7 development, especially if existing vegetation is removed for construction).

    - 40th Avenue NE between NE 45th Street and 40th Avenue NE. Lowrise zoning and low scale, low density multifamily residences are located along this segment of 40th Avenue NE, directly opposite massive facades that are proposed in all DEIS growth alternatives. Viewpoints that should be examined include those from: 1) Laurelon Terrace units and/or open space, which will be impacted by facades in Alternatives 3 and 6; and 2) the residences on the west side of 40th Avenue NE, which will be impacted by facades in all alternatives.

    - Residential neighborhood north of campus. This area has a 25-foot height limit and is developed with single family residences, duplexes and triplexes. The MIO height opposite these residences would vary with each alternative, but would generally be increased in places from 37 feet to 50 feet (all alternatives) and 90 feet (Alternative 6). Bulky development would occur along most of the north property line, where the setback would vary in each alternative from 20 feet to 75 feet. It is likely that some or much of the existing vegetation along this streetscape, which

screens the current parking garage, will be removed for or damaged by construction. Viewpoints depicting this streetscape before-and-after development should be in the EIS.

- Residential neighborhood west of Burke Gilman Trail. During the CAC site visit to this neighborhood, it became apparent to all in attendance that the height and bulk of CHRMC's proposed development, in all alternatives, would be in full view from many residences. The concrete mass would replace substantial vegetation, and some views of Mt. Rainier may be eliminated. Photo viewpoints could/should be established at residences that were part of the tour, including the one located at 5026 – 38th Avenue NE.

10. Scenic Resources. The DEIS incorrectly states that there would be no impact to scenic resources (DEIS 3.9-3). Sand Point Way is designated as a scenic drive (DEIS, p. 3.9-1) and, as acknowledged in the DEIS (p. 3.9-10), the height, bulk and scale impacts of all three growth alternatives with respect to portions of Sand Point Way are significant and unmitigatable. The statement of no impact to scenic resources should be corrected to disclose and analyze the significant height, bulk and scale impact on the scenic drive.

11. Significant, Unavoidable Impact. The DEIS acknowledges that CHRMC's buildings would become "taller, denser and, in some cases, wider" (p. 3.9-2) but found only one general area where there would be significant, unavoidable height, bulk and scale impacts – that is, along Sand Point Way NE. Yet the photos, which do not depict all the relevant viewpoints from impacted residential areas, nonetheless show that tall, bulky institutional façades in Alternatives 3 and 6 would be visible from many places in the residential community where the existing facades are not now seen. In places where CHRMC's buildings are already somewhat visible, the buildings would be expanded and the views from residences made worse. See, for example, the facades in Viewpoints 3, 5 and 6.

    Similar or even greater height, bulk and scale impacts from the growth alternatives would occur along the sensitive edges identified in Comment #9, above – edges with single family residences, townhouses and duplexes that should be protected from the severe intrusion of yet more imposing, out-of-character structures.

    When the relevant viewpoints are properly documented and analyzed in accordance with the factors and pertinent City goals, policies and regulations described above, it is evident that all growth alternatives result in unmitigatable significant adverse height, bulk and scale impacts. The EIS analysis should reflect the broad extent of this significant impact.

## V. Land Use

As detailed below, the land use analysis in the DEIS is wholly inadequate and does not identify the many critical land use issues and impacts related to CHRMC's plan, including those

that are occurring now from the mere prospect of plan approval. The DEIS concludes that the near tripling of major institution development in the Laurelhurst residential neighborhood, and the related, ongoing changes in land use character of the area, would result in "no significant impacts to land use" (DEIS, p. 3.7-16).

This statement has no basis in reality given the recent residential property sales that have been precipitated by CHRMC's proposal, and the institution's aggressive land acquisition activities. The analysis also fails to disclose and discuss Comprehensive Plan goals and policies related to the protection of single family and low density areas that are outside of urban villages/centers.

1. Urban Village/Center Growth Strategy. There is very little discussion in the DEIS about the proposals' inherent inconsistency with the City's fundamental urban village/center growth strategy. The DEIS ignores the significant extent to which intense out-of-scale development, large-scale employment and traffic arising from CHRMC's proposal would be located in an area that is outside of any urban village/center and away from a transportation hub. While the Comprehensive Plan recognizes that institutions exist outside of urban villages/centers, it does not give major institutions a blank check for unprecedented expansion that is contrary to the urban village strategy:

> "Areas outside urban villages will accommodate some growth in less dense development patterns consisting primarily of single-family neighborhoods, limited multifamily and commercial areas and scattered industrial areas. *The strategy of focusing future development in urban villages continues to direct new development away from Seattle's single-family areas*." (Comprehensive Plan, Urban Village strategy discussion p.1.4; italics emphasis added.)

With 1200 FTE employees on 21.7 acres, CHRMC's jobs/acre ratio is already more than twice that of a hub urban village. When completed, the proposed expansion would be nearly three times the size of the current campus, and CHRMC would likely have a commensurate number of additional jobs/employees. Such intense development and job growth outside of an urban village and a transportation hub is not supported by the Comprehensive Plan's urban village strategy, yet the DEIS is silent about this inconsistency.

2. Property Sales/Land Use Impacts. The DEIS ignores the land use significance of rampant property sales to CHRMC that have been triggered by the master plan proposal and alternatives. The intensity, bulk and height of institutional development, and the prospect of decades of construction, have led the owners of no fewer than nine single family houses and 43 Laurelon Terrace condominiums (a total of 52 residential units, many of them affordable) to sell to CHRMC since it went public with its master plan proposal about one year ago.[7] See Attachment E. Such massive sales are a solid indicator that the proposal significantly

[7] Sales of single family homes and Laurelon Terrace units are from the King County Recorder's Office, as of June 16, 2008.

and adversely affects the viability of nearby non-CHRMC uses and properties, and should be acknowledged in the EIS as a significant land use impact.

3. Expansion/Sprawl of CHRMC Outside of Urban Village. The amount of residential, commercial, park and other property that is owned, controlled or used by CHRMC for its Laurelhurst facility is expanding and sprawling around the campus perimeter and along the Sand Point Way NE corridor. These properties include: the main campus, Hartmann property, Springbrook Building, the satellite administrative and parking facilities, and single family and condominium residences. Such residential acquisitions and arterial sprawl outside of urban villages and centers, and outside of a transportation hub, is the antithesis of the urban village growth strategy. Yet there is no discussion in the DEIS of this land use impact.

4. "Company Town" Effect. The DEIS says that CHRMC's expansion may precipitate more retail and customer service businesses to serve the institution's increased staff, patients and visitors, the implication being that CHRMC's proposed development would indirectly lead to businesses and services that would be useful for the residential community (DEIS, p. 3.7-16). While this might occur to a very limited degree, it is much more likely that the nearby Laurelhurst business and residential community will take on the characteristics of a "company town" – as is happening already – where the properties are increasingly owned, controlled and used by CHRMC (or in partnership with other institutions in the area). Such institutional ownership, control and/or use does not increase the vitality, livability, diversity or viability of the neighborhood or the independent characteristics and voices of its residents and businesses, and should be acknowledged in the EIS as a significant impact.

5. Future Rezone or Text Amendments. While CHRMC may maintain the residential use of its acquired properties in the near term (as stated in the DEIS), such acquisitions could result in a critical mass of properties that would precipitate CHRMC-requested rezones or Code text amendments for more intense uses and MIO (or even urban village) boundary expansions. This impact should be disclosed in the EIS.

6. Boundary Expansions. CHRMC proposes to expand its MIO boundary by leap-frogging over several properties and streets to the non-contiguous Hartmann site. DEIS Alternative 7 would expand the MIO boundary to also include Laurelon Terrace. Both expansions are controversial, and both would result in significant, adverse land use impacts without providing meaningful relief from the other impacts of CHRMC's proposal.

   The issue of boundary expansion is very clearly addressed by the Comprehensive Plan, the major institutions section of the Land Use Code, and the rezone criteria in the Code. Boundary expansions are to be discouraged (SMC 23.69.002.C and .E; Comprehensive Plan LU186). If boundary expansions occur, they must be contiguous with the existing boundary (SMC 23.34.124.B.2 and.3, cited in Comment #2 of Section III, above).

Boundary expansions are discouraged by the Comprehensive Plan and Land Use Code, and non-contiguous expansions prohibited by the Code, for many reasons, including to prevent institutional sprawl, the isolation of private properties and uses from others in the neighborhood, and the elimination of housing and independent neighborhood businesses and services. These impacts can undermine or destroy the viability and livability of the affected community.

The DEIS land use analysis does not address the explicit rezone criteria that prohibit non-contiguous boundary expansion. It must be revised to state that the Hartmann boundary expansion does not comply with the Code's contiguous requirement. The draft master plan, prepared by CHRMC consultants, purports to analyze the rezone criteria, but fails to acknowledge the Wells Fargo property as an intervening parcel, and is thus inaccurate.

The DEIS' narrative text (p. 3.7-16) and policy table (Table 3.7-3) should also acknowledge the clear conflict between the Laurelon Terrace boundary expansion and the on-point provisions in the Comprehensive Plan and Land Use Code that explicitly discourage boundary expansions. Instead, the DEIS cites Comprehensive Plan goals and policies that vaguely seek to minimize the "impacts associated with development and geographic expansion" (LUG32 and LU181) or that say nothing at all about boundary expansion (LU181), and interprets them as having equal weight to those that explicitly address boundary expansion. As the DEIS is now drafted, these general policies are presented as of equal importance with the explicit ones that directly address the boundary issues presented here. This misleading presentation in the DEIS invites decisionmakers to engage in inappropriate apples to oranges balancing as part of the master plan approval process.

This is not an insignificant point because decisionmakers are expected to look to the EIS for succinct and accurate disclosure of which policies apply – and in what priority. As it stands now, the DEIS will misinform them, perhaps in an effort to not discomfort CHRMC, the project proponent. This reflects a serious error in judgment on the part of those preparing the EIS. The explicit policies against boundary expansion and requiring contiguity could not be clearer – until they are filtered through the DEIS prism. Well-settled legal principles and planning precepts confirm that explicit, on-point policy transcends less focused, general policy statements. The explicit policies here concerning expansion of a major institution's boundary set a very high bar that, in a disservice to City decisionmakers, is soft-soaped in the DEIS.

7. Lot Coverage and FAR. The Land Use Section of the preliminary DEIS included an informative table that identified the lot coverage and floor area ratio (FAR) of the then-proposed EIS growth alternatives (Table 3.7-1 in the Preliminary DEIS). These development standards reflect the intensity of development on a site, and are a required component of all master plans. Inexplicably, the lot coverage and FAR information for the current DEIS alternatives is not disclosed in the DEIS (although an approximate FAR could be calculated from the acreage and square footage provided in the DEIS).

The missing lot coverage and FAR information for all alternatives should be provided in the EIS. In addition to these figures, the EIS should include a comparative analysis of the lot coverages and FARs of the current master plan, of the alternatives, of CHRMC's underlying and abutting single family zones (35% allowed lot coverage; no FAR), and of institutions with a similar neighborhood context. Factors to address in the analysis include:

- The lot coverage of the DEIS growth alternatives likely substantially exceeds the 35% permitted lot coverage of the current master plan and of the single family zone that underlies and surrounds the campus site.

- Similarly, the FARs of the growth alternatives – 1.82 FAR for Alternative 7 and 2.34 FAR for Alternatives 3 and 6 – are more than double the maximum permitted .9 FAR of the current master plan (note that some documents state that CHRMC's current allowable FAR is .95, but DON master plan records indicate that it is .9).

- The lot coverage and FAR of the growth alternatives also exceed those in recently adopted master plans of other institutions that are outside of urban villages/centers in a residential neighborhood context similar to, although still more intense than, CHRMC's:

  South Seattle Community College (2007): .3 FAR; 25% maximum lot coverage
  Seattle Pacific University (2000): .9 FAR; lot coverage unknown

8. Relevant Comp Plan Goals and Policies that were Omitted from DEIS. The Comprehensive Plan has many goals and policies that state the importance of protecting the livability and character of single family and other low density areas that are outside of urban villages/centers. Such goals and policies are applicable to CHRMC's master plan proposal. Some are identified in the DEIS (see Comment #9, below), but others are not.

   As acknowledged in the DEIS, many of the omitted goals and policies are from Section B of the Land Use Element and "pertain specifically to the protection of single family and multi-family land use categories" (DEIS p.3.7-8). These goals and policies were apparently rejected in favor of reporting those that address major institutions. While the major institution goals and policies should be in the EIS, their inclusion is not a basis or excuse for excluding other relevant policies. After all, the Comprehensive Plan states that the major institution goals and policies are intended to "augment" – not supercede – the single family and multi-family goals and polices. And, the proposal itself involves obvious interaction with and impacts upon single family uses and zones. Again , the DEIS does a disservice in avoiding a hard look – or any look at all – at the consistency of the proposal with clearly relevant single family policies. On this basis alone (and on the basis of the failures described elsewhere in this letter to address clearly relevant policies, the DEIS must be reworked and reissued for comment before the City proceeds to the FEIS stage.

Goals and policies from the Urban Village and Land Use elements of the Plan that should have been analyzed in, but were omitted from, the DEIS are as follows:

- UVG5 "Direct the greatest share of future development to centers and urban villages and reduce the potential for dispersed growth along arterials and in other areas not conducive to walking, transit use, and cohesive community development."

  Contrary to this goal, all DEIS growth alternatives significantly intensify development outside of designated urban villages. The DEIS alternatives for the campus, Hartmann site, Laurelon Terrace and CHRMC's satellite administrative and parking facilities, all increase the dispersal of development along an arterial and in an area that has relatively poor transit service.

- UV7 "In order to support the existing character of areas outside of urban villages, and to encourage continued investment in all of Seattle's neighborhoods, permit areas outside of urban villages to accommodate some growth in a less dense development pattern consisting primarily of single-family neighborhoods and limited multifamily, commercial, and industrial uses."

  Contrary to this policy, the density and height, bulk and scale of the DEIS growth alternatives do not support the existing character of CHRMC's neighborhood context and do not reflect a "less dense" development pattern.

- UVG32 "Plan for urban centers to receive the most substantial share of Seattle's growth consistent with their role in shaping the regional growth pattern."

  Contrary to this goal, the Laurelhurst community – an area outside of urban villages – would receive significant growth that is intended for urban centers. The amount of development proposed by CHRMC, by itself as well as when combined with other institutions in the area, would create a de facto urban center or hub urban village in an area that is outside of urban centers/villages.

- LUG8 "Preserve and protect low-density, single-family neighborhoods that provide opportunities for home-ownership, that are attractive to households with children and other residents, that provide residents with privacy and open spaces immediately accessible to residents, and where the amount of impervious surface can be limited."

  Contrary to this goal, the DEIS growth alternatives threaten the density and character of the adjacent single family neighborhood, and reduce opportunities for homeownership.

- LUG9 "Preserve the character of single-family residential areas and discourage the demolition of single-family residences and displacement of residents, in a way that encourages rehabilitation and provides housing opportunities throughout the city. The character of single-family areas includes use, development, and density characteristics."

  Contrary to this goal, the DEIS growth alternatives significantly alter the character of the single family area. CHRMC's ongoing land acquisitions reduce non-CHRMC housing opportunities and create land use instability that discourages homeowner rehabilitation.

- LU62 "Limit the number and type of non-residential uses permitted in single-family residential areas to protect those areas from the negative impacts of incompatible uses."

  Contrary to this policy, the DEIS growth alternatives would significantly intensify an incompatible, non-residential use and its impacts in a single family area.

9. Relevant Comprehensive Plan Policies Are Inadequately Addressed in the DEIS. The DEIS analysis of several applicable Comprehensive Plan policies is incomplete, non-existent or lacking logic. The EIS analysis for the following Urban Village and Land Use goals and policies should be revised (all policies and their consistency analysis appear on p. 3.7-7 of the DEIS):

   - UV35 "Provide that the area of the city outside urban centers and villages remain primarily as residential and commercial areas with allowable densities similar to existing conditions, or as industrial areas, or major institutions."

     The DEIS claims that "Children's" is consistent with this policy simply because it is a designated major institution and is located outside of an urban village or center. This entirely misses the point of the policy. "Children's" as an entity, its major institution designation and its currently adopted master plan is not an issue. CHRMC's proposal to expand into residential areas that are outside of urban villages, change the land use, and significantly increase development density, is at the heart of the issue and the policy. Contrary to this policy, the DEIS growth alternatives would significantly increase CHRMC's density well beyond existing conditions and beyond that allowed in the current master plan. All growth alternatives threaten the existing uses and densities of the residentially zoned properties that would be redeveloped for institutional use and, less directly but equally detrimental over time, of nearby properties that are rendered undesirable for private home ownership and residential use.

- UV36 "Protect single-family areas, both inside and outside of urban villages. Allow limited multifamily, commercial, and industrial uses outside of villages to support the surrounding area or to permit the existing character to remain."

  The DEIS states that this policy is not applicable because "no conversion of single family zoning is proposed." This applicability of this policy is not limited to single family zoning conversions; in fact, there is no mention at all of such conversions in the policy. The point of the policy is to protect single family areas, while allowing limited non-residential uses in single family areas located outside of urban villages.

  The DEIS growth alternatives do not protect the single family area that surrounds the campus or that is located west of the Burke Gilman Trail. Instead, their significant height, bulk and scale, land use (including housing) and transportation impacts would degrade the single family areas and would further erode the residential character of the streetscapes and views. The amount of development proposed by CHRMC far exceeds the "limited" amount of non-single-family development intended by this policy.

- UV38 "Permit limited amounts of development consistent with the desire to maintain the general intensity of development that presently characterizes the multifamily, commercial and industrial areas outside of urban centers and villages and direct the greatest share of growth to the urban centers and villages."

  The DEIS provides no analysis of the policy, claiming only that it must be balanced with another policy, UV 39 (addressed in the next bullet). Contrary to this policy, the DEIS growth alternatives would direct a significant amount of growth to an area outside of an urban village. The alternatives far exceed the intensity of development that characterizes Laurelhurst's multifamily and commercial areas.

- UV39 "Accommodate growth consistent with adopted master plans for designated major institutions located throughout the city."

  The only commentary provided in the DEIS about this policy is that CHRMC "is a designated major institution, has an adopted master plan, and has asked for City approval of a new master plan." It should have also noted that, contrary to this policy, CHRMC's adopted master plan does not contemplate or provide the direction for the extensive growth now proposed by CHRMC.

- LU6 "In order to focus future growth, consistent with the urban village strategy, limit higher intensity zoning designations to urban centers, urban villages and manufacturing/industrial centers. Limit zoning with height limits that are significantly higher than those found in single-family areas to urban centers, urban villages, and an manufacturing/industrial centers and to those areas outside of

urban villages where higher height limits would be consistent with an adopted neighborhood plan, a major institution's adopted master plan, or with the existing built character of the area."

The DEIS consistency analysis is the same as provided for UV39, above. There is no attempt to analyze the intent or spirit of the policy. A 1.5 million square foot expansion, 160-foot zoned heights, and the conversion of residentially zoned properties to intense institutional use, outside of any urban village, is wholly contradictory to this policy and not at all contemplated by CHRMC's adopted master plan.

10. Comp Plan Goals and Policies for Major Institutions. The Comprehensive Plan's goals and policies for major institutions are presented in a DEIS table that has a column labeled "Consistency of Children's Master Plan." However, there is no consistency analysis for many of the policies. Instead, non-responsive comments that are procedural, rather than analytical, in nature are provided in the columns, thereby ignoring the growth alternatives' land use and other impacts on the surrounding neighborhood, including those described in the bullets above. Other policies need to be more fully analyzed if the DEIS is to serve as an objective environmental document to assist decision-makers. For example:

    - Land Use Policy LU183 generally allows modifications to a major institution's underlying zoning while "ensuring that impacts of development on the surrounding neighborhood are satisfactorily mitigated." The DEIS' full assessment of the consistency of CHRMC's proposal with this policy is "the decision . . . will be made by the City Council . . ." This is not responsive to the policy – where is the assessment of neighborhood impacts and mitigation that the policy ensures, and that should guide the decisionmakers?

    - Similarly, Land Use Policy LU204 states that the objective of a rezone is to "achieve a better relationship between residential, commercial or industrial uses and the Major Institution uses, and to reduce or eliminate major land use conflicts in the area." Once again, the DEIS "consistency" response is that rezones are required and must be approved by City Council. Where is the assessment of how CHRMC's requested heights actually achieve the rezone objective of achieving a better relationship between uses and/or of reducing/eliminating land use conflicts?

    - Land Use Goal LUG33 seeks to generally recognize the city-wide and regional economic benefits of major institutions and their contributions to economic growth. The DEIS assesses the consistency of CHRMC's proposed development with this policy by citing the institution's $428 million salary and other expenditures for 2005 – a number that would dramatically increase under full development of the master plan. However, the DEIS fails to disclose that, under the urban village growth strategy, such large economic and employment growth generators are

supposed to be located in urban villages, and particularly in urban centers and hub urban villages – not in areas outside of urban villages. A balanced assessment of this goal would discuss CHRMC's economic contributions but also the problematic aspect of large employment and economic growth outside of urban villages.
Such an objective, balanced analysis is especially warranted in light of the Comprehensive Plan's Economic Development Goal EDG3, which states: "Support the Urban Village Strategy by encouraging the growth of jobs *in Urban Centers and Hub Urban Villages* and by promoting the health of neighborhood commercial districts" (italics emphasis added). Creating and expanding high employment generators, like CHRMC, outside of urban centers and hub urban villages, is contrary to the underpinning principle of the urban village strategy.

- Land Use Goal LUG32 seeks to maximum the public benefits of major institutions while minimizing the adverse impacts of the institution. The DEIS consistency response for this goal is focused on the boundary expansions and, in particular, the conversion of Laurelon Terrace. For this issue, the DEIS states the expansion would impact multifamily housing (an understatement if there ever were one, since all the housing would be demolished) but would somewhat lessen the expansion's impact on the single family community located east of the hospital. As written, the DEIS response presents an either/or scenario in which the neighborhood is the loser regardless of which alternative might be chosen – an outcome that would be true <u>if</u> the options were limited only to the DEIS growth alternatives. The response to this goal should be revised to disclose that alternatives with substantially reduced square footage, and more decentralization, would reduce the need for boundary expansions and result in fewer impacts throughout the neighborhood. (This comment also applied to the DEIS analysis of LU186.)

- Other major institution goals and policies are intended to promote a thoughtful assessment of neighborhood impacts and ensure the livability and vitality of adjacent neighborhoods. Like the goals and policies described above, the DEIS' assessment of LUG34, LU182, and LU194 is non-responsive to or dismissive of the critical issues and impacts that are addressed by the goals and policies.

## VI. <u>Transportation</u>

The following transportation comments are focused exclusively on trip generation issues. Trip generation is the foundation of any transportation impact analysis, affecting all aspects of traffic, parking and safety. However, basic information is needed for the reader to understand and critique the DEIS' analysis and conclusions. This information had to be developed in order to prepare the DEIS, and it should be disclosed in more detail, as described below.

1. Existing and Future Trip Generation: Sub-Group Information Required. The DEIS does not adequately convey the composition of CHRMC's "population," and how resulting existing and future trip generation was determined. The DEIS focuses on general mode splits, but discloses nothing about the actual number of existing and future non-medical staff, physicians/residents/other medical personnel, patients and visitors, service/delivery providers, etc – that is, the people who comprise the "population" but who likely have greatly varying travel characteristics – and their respective mode splits and trip generation (all of which had to be determined in order to estimate trip generation).

   For example, what is the largest user group in terms of people or person trips? What user group contributes the most vehicle trips? How many of the existing and future SOV trips were made by each of these user groups? The DEIS provides no information that allows a reader to answer these fundamental questions and thereby assess the DEIS' broadbrush "analysis."

   Such sub-group user information must be provided in the EIS so readers can understand and critique the assumptions that underlie the trip projections. The sub-group information is also essential to assess the effectiveness of mitigation measures with respect to different population/user groups, the trips they generate and their impacts.

2. Future Trip Generation: Growth Factor. The DEIS future trip generation (unmitigated) does not seem commensurate with the growth that is proposed in the master plan; it appears lower than it should be.

   Attachment T-1 of Appendix D states that future trip generation (unmitigated) was based on "Children's projected rate of growth which ranged from a factor of 1.5 to 2.11 by 2030," using the same mode split that was developed for existing trip generation. The range of factors apparently reflects the different population/user groups, but they are not identified (see Comment #9). In the DEIS, average daily trips increased from 9,200 (existing) to 17,600 (plan build out). This results in 8,400 net new trips – fewer trips than generated by the current hospital (which is smaller than the expansion) – and an average growth factor for all trips (existing plus new) of 1.9.

   Under all the DEIS growth alternatives, hospital facilities and beds would increase by more than the factors projected by CHRMC and used for the trip generation. Hospital facilities would increase from about 830,000 square feet (existing) to 2.4 million square feet at full build out – a growth factor of about 2.9. Hospital beds would increase from 250 (existing) to 600 – a growth factor of 2.4. Applying these factors to the number of existing average daily trips of 9,200, would result in a range of 22,080 to 26,680 total trips at full build out – many more than the 17,600 trips estimated in the DEIS.

   It is understood that not all hospital user groups would increase by the same factor as the facility or bed growth – for example, there would be only one president and CEO no matter how much development occurred. However, an expansion that nearly triples the size of the

hospital would seem to generate more new trips than currently exists, yet the DEIS says the net new trips from the expansion would be fewer than currently exist.

The trip generation growth factor should be revised to more closely correspond to the facility and bed growth factors. If the trip generation is not revised accordingly, the EIS should provide a detailed explanation of how CHRMC determined its growth factors, and why they are so much lower than the factors for facility and bed growth.

3. Future Trip Generation: 30% Trips Mitigated by Enhanced TMP. The DEIS estimates that the proposed, enhanced TMP would reduced future CHRMC traffic an additional 30% during peak hours (p. 3.10-12 and -13), resulting in other corridor benefits (like less travel time). However, no information was provided about how this additional reduction was determined, the rationale behind it, or what user groups would accomplish it.

   Future, unmitigated trip projections already assume a very high, 68% non-SOV travel mode for employees. The DEIS offers no objective justification for the apparent assumption that other user groups (physicians, patients) will substantially increase their non-SOV travel beyond that assumed in the unmitigated, future projections. It is questionable whether the additional 30% reduction is achievable anywhere but on paper.

   The DEIS (including its attachments) also provides no numbers for the future daily and a.m. peak hour trips that are estimated to occur with the enhanced TMP, or for the inbound/outbound p.m. split.

   The EIS should thus provide a detailed explanation of 1) how many trips were reduced by the enhanced TMP for future inbound and outbound, daily and a.m./p.m. peak trips (this could be in a table similar to Table 3.10-3, which was done for existing and future, unmitigated trips), 2) the basis or rationale for the reductions, and 3) the population/user groups that would reduce their trips and by how much.

## VII. Public Services

There is no discussion in the DEIS regarding the effect of CHRMC's proposed expansion on other hospitals in Seattle, the greater Puget Sound area and the state. There is no discussion regarding the proposal's consistency with state policies that seek to prevent the overbuilding of hospital facilities, and the resulting localized and statewide impacts. This impact evaluation should be included in the EIS discussion of public services, which is defined in Seattle SEPA Policies as including public health services, whether provided by a public agency or private entity (SMC 25.05.675.O.1).

Thank you for your consideration of these comments.

Respectfully submitted,

(*signature on original*)

Carol Eychaner
Land Use and Community Planner

cc: Citizen's Advisory Committee
Steve Sheppard, DON
Laurelhurst Community Club
Peter Eglick

Attachments:

A Curriculum Vitae of Carol Eychaner
B Advance Certificate of Need Commitments by Department of Health
C CHRMC Letter Opposing 8-Bed Pediatric Unit in Swedish Hospital/Issaquah
D DOH Bed Projections for CHRMC's 2002 Certificate of Need
E CHRMC Property Acquisitions, Map and Tables
F Major Institution Overlay maximum Height Comparison Chart