

10 December 2016

To: Frank Douglas, Chair, Legislation Committee, New Haven Board of Alders
From: Anstress Farwell
Re: Application for Modification to existing PDD 45, Yale New Haven Hospital Saint Raphael Campus

We have reviewed Yale New Haven Hospital's Application to revise PDD 45 and find, for reasons listed below, that it does not fulfill the City's requirements for a PDD. Neither the City Plan Advisory Report on the Pedestrian Bridges (Report 1563-12), or the Advisory Report on the Medical Area Overall Parking Plan (Report 1563-11) address the criteria for granting or amending a PDD. Both one-page reports are perfunctory and deficient in addressing the two core requirements of a PDD:

First, the intention of a PDD is, through a combined design and zoning process (i.e., the design is the zone) to foster high quality design on a large parcel, and to ensure that the design / zone is compatible with its setting. The Advisory Reports do not address or comment the design of the new Neuroscience Center or the new garages, or their relationship to their setting.

Second, because a PDD impacts a large area, a traffic study PDD is required. The traffic study submitted by the applicant is limited to an analysis of Level of Service (LOS) for vehicular traffic. Our city adopted a Complete Streets Ordinance, which is part of our Comprehensive Plan of Development. By focusing on an analysis of LOS alone, without also analyzing impacts on pedestrians, bike riders, and transit development, the Applicant's traffic study fails to provide a realistic in its assessment of actual conditions in the public right of way and being so, the traffic study is categorically deficient.

We ask that the Legislation Committee to either deny the application, or table it until revisions are made — revisions which will protect the interests of neighborhood residents and the public in clean air, safe streets, neighborhood revitalization, productive use of urban land, historic preservation, local job development, affordable housing opportunities, and a planning and regulatory review process that gives *fair treatment* to, and affords *meaningful involvement* of all people impacted by this plan in both this *underserved community* and the City as a whole.

Planning Context

The Dwight neighborhood is a compact, densely settled, low-scale urban village on the edge of New Haven's Downtown. The area is listed on the National Register of Historic Places, and has a neighborhood plan, created about 20 years ago, which has been adopted into the

City's Comprehensive Plan of Development. The neighborhood plan, which is regularly updated in a partnership between residents, the City and the Yale Urban Design Workshop, offers guidance on shaping growth and change, while protecting the residents' quality of life and the architectural character of their neighborhood.

It is puzzling that the applicant's presentation to the City Plan Commission posited the planning context as being a boomerang-shaped area from the hospital's main campus, through the Chapel West Special Services District, to the St. Raphael campus. While this "lassoing" of disparate areas is relevant to the hospital's facilities planning and operations, it is important to remember that this "lassoed" area includes both hospital property and private properties, (residential, commercial, institutional / educational) in different neighborhoods, with vastly different scales. A design that is appropriate for the central campus is not necessarily appropriate for the St. Raphael campus. To shape a plan for the St. Raphael campus, the design must relate to the most relevant plans and guidelines developed for that area — the Dwight Neighborhood plan and the National Register of Historic Places standards.

The Dwight Neighborhood plan looks to protect residential areas, expand housing options, improve neighborhood retail and commercial services, and use the specific architectural characteristics of the place to shape harmonious and compatible new developments.

A. The current design does not make use of the Dwight Neighborhood plan:

1. The neighborhood plan looks to enhance walkability and public safety by activating streets with residents and businesses, and did not include expansion of structured parking in this area. Instead of building parking, the Hospital should look to expanding housing development on these specific sites. Housing in a walk-to-work environment is the most effective way to eliminate (rather than "manage") parking demand, to make streets safer and more vibrant with people walking, eliminate stressful and expensive commutes, improve health, support local business, and create a live-affirming environment that is attractive to residents, employees, patients and their families.
2. The Revised PDD looks to locate a pharmacy and restaurant within the complex, which would conflict with goals for business expansion in the neighborhood.

B. The current design is contrary to the Department of Interior's guidelines for new construction in National Register Districts: To give two examples:

1. The design of the Neuroscience Center was described by its architect at the City Plan Commission Public Hearing as being a bookend to the Smilow Cancer Center building, which being blocks away and across the highway has not visual relationship to this site or the Dwight neighborhood. The Hospital's apparent interest in creating an "identity system" through its building materials and design (yellow brick, steel, large panes of glass, floors ganged together visually) do not relate the structure to its place. The size of the building is not the issue — the issue is the lack of contextual design. We would recommend that the applicant look at some of the buildings in the Medical District, such as the building designed by Centerbrook Architects on Legion Avenue, for ideas on how a large institutional building can fit into a dense historic context.
2. The proposed new garages are plain, monolithic buildings. The materials and scale do not

relate to either the Hospital buildings across from them on Orchard Street, nor is there any attempt to scale the structures down on George Street where the garages about two-story tall historic structures.

PDD Requirement for Traffic Study

A central consideration in all zoning decisions is ensures that a proposal will not increase traffic congestion and cause dangerous and deleterious conditions. The proposal to revise PDD 45 looks to massively increase off-street parking in an area that is already super-saturated with parking structures, and to locate that parking across from the entrance to the hospital emergency room. The traffic study shows that LOS will be reduced at key intersections — so much so that four new traffic signals will be requires, and eight other signals will need to be re-timed. Who will pay for this? Even if the hospital agreed to pay the significant costs of upgrading traffic signals, this will not mitigate the air pollution impacts, the visual pollution impacts, or the opportunity costs of not using this valuable urban land for higher and better purposes, such as housing or offices.

Parking structures induce demand for parking, and do not offer alternatives for less environmentally harmful transportation modes to develop and succeed. The area, which meets the definition of an Environmental Justice community based on racial demographics and income, is currently in the 88th percentile nationally for air pollution. This already high rate of pollution will be exacerbated by this plan.

While the sky-bridges crossing Orchard Street may provide some additional safety for users of the parking garage, they will exacerbate safety hazards for people using the streets and sidewalks. More work needs to be done to redesign Orchard Street to serve all its functions serving cross-town traffic, pedestrians, bikes, and emergency vehicles. Reducing the amount of parking is necessary to meet equitable, multi-modal community development goals.

Conclusion

For a development of this scale, Yale New Haven Hospital needed to engage people in the most effected neighborhood, and provide meaningful involvement in shaping a plan. This was not done. The Hospital's presentation to the Dwight Central Management Team was made months after the plan was announced, and as recently as two weeks ago, residents had not seen a plan or rendering of the new garages. The garages will impose a disproportionate environmental, aesthetic, and financial burden on precisely those people who were afforded the least opportunity to participate in designs affecting their lives.

The hospital did not seek out and facilitate the involvement of residents, and residents where not given a place in the decision-making process. Attenuated and after-the-fact presentations to Dwight Central Management Teams (the DCMT was told, at the meeting where they first saw the plan that "it was too late to change it"). Being afforded two to three minutes at a Public Hearing to protest a plan is insufficient and unfair treatment. This is a shame because there is broad community support for the Neuroscience Center itself. Again, we ask that you deny or table this application, and direct the applicant to work with the residents, so a plan can be developed that is a win for everybody.