

The approval process for the hospital's 7th Avenue medical pavilion which occurred a few years ago and came through the Board included a condition for New York City Landmark's Preservation review.

We urge that any action that you take include not simply review by the Civic Council, as CB#6 asked, but include Landmark's Preservation Commission review as you asked previously.

CHAIR SRINIVASAN: I'm sorry. Your time is up.

MR. ABRAMSON: Thank you.

CHAIR SRINIVASAN: The next speaker.

DR. PETERSON: Good afternoon. My name is Dr. Steven Peterson. I'm the Chair of Medicine at New York Methodist Hospital.

I also live in the community on 8th Street.

The world of medicine is undergoing a transformation in this country. We previously relied on in-patient care and emergency room care.

The new world order demands more efficient structured and coordinated care in the out-patient setting.

This includes ambulatory surgery; ambulatory interventional procedures; radiology testing and out-patient chemotherapy. We are currently the best and most efficient hospital in Brooklyn.

But, we are not currently set up for this transformation.

This new building allows us to make this transformation as it is designed to meet the needs of our patient population for the next few decades.

It is beautifully designed and well thought out. It is no secret that Brooklyn hospitals are in serious financial trouble with infrastructure and equipment problems.

The people of Brooklyn deserve better.

New York Methodist Hospital is not in this predicament because of superb leadership that anticipates what changes a hospital must make to adapt.

We are blessed with a superb hospital administration lead by Mr. Mark Mundy (Phonetic).

It is important that Brooklyn hospitals make the necessary transition to offer better and more coordinated out-patient care.

We cannot do this at New York Methodist Hospital without the building that you see proposed today.

This center would provide state-of-the-art care for patients in ambulatory surgery, stress tests, out-patient chemotherapy, colonoscopy, interventional radiology procedures, etc.

This is what is required and this is what our patients deserve. I understand that construction always creates some disruption and inconvenience but the hospital has pledged to work closely with the community during the construction period.

As a local resident, my neighbors and I look forward to completion of this state-of-the-art comprehensive care center.

As a medical professional, this comprehensive and transparent planning makes me proud to work at such an innovative medical institution.

We are in a highly regulated field in medicine but we answer to a much higher authority; that is, the patients that we serve in our wonderful community.

Let us not ignore the changing world of medicine and have, yet, another hospital in Brooklyn not anticipate the changes that are required for the next generation of superb medical care.

I ask you to vote yes on behalf of the people of Brooklyn and their health care needs. Thank you for your time.

CHAIR SRINIVASAN: Thank you. The next speaker.

MR. SHAFFER: Good afternoon, Madam Chair, members of the Board, my name is Gary Shaffer. S H A F F E R.

I am an attorney. I live in Park Slope and for three years I was the Assistant Commissioner for Enforcement at the City's Department of Buildings.

I want to focus my comments briefly because I know time is short on the claimed programmatic needs of Methodist Hospital and what I see as the complete lack of support for those needs which serve as the basis for the requested variance, and I think that this can be best highlighted by looking table V-1 which is attached to the revised CEQR application of the hospital. It's page 129, table V-1 and it's a summary of affected out-patient facilities and the chart shows the difference between the - - sorry - - 2013 uses at the hospital in terms of staff and patients and the future uses in the new building with regard to staff and annual visits of patients. And, it shows rather dramatic increases in both staff and patient visits.

And, I think the fundamental flaw in the application and whether the requested variance makes any sense whatsoever is where do these numbers come from? There is no way to know.

We had a meeting about a month ago at John Jay High School where members of the hospital were present and, in fact, I asked each one of these people if they could tell us where the numbers came from and they were unable to.

Ms. Wagner wasn't able to. Mr. Travis was unable to. There were about five other people there. None of them could say where these numbers come from.

I would simply note at the bottom of this table it says source to note. And, what's the source. It says New York Methodist Hospital. There's nothing there. I don't know whether it's smoke or mirrors but the fact is you can't tell what if any the factual basis is for the programmatic needs and, therefore, what underlies the request for the variance.

I therefore would request that the application be denied. Thank you.

CHAIR SRINIVASAN: Thank you. The next speaker.

MS. LOREIA: Good afternoon everyone. I'm Irene Loreia. (Phonetic) I'm from Park Slope. I've lived in the neighborhood for over forty years and I'm speaking for myself and my partner where there have been community activists and business people and residents of Park Slope.

In our opinion, wanting a bigger and better Methodist Hospital is absolutely a no brainer. We consider ourselves lucky to have a vibrant medical facility in our own neighborhood.

There are always negative consequences to a large project but we have to ask ourselves is it worth it? To us, the answer is a resounding yes.

We all know about traffic. My position on traffic is this.

If I wanted to live where there's no traffic problems, I wouldn't pick the biggest and greatest city in the world. That's like okay. That's a part of being in the big city and

there are places that have no traffic; have no people; have nothing; nothing happening and they probably have no hospital and before you go there, find out how long it's going to take you to get to the hospital.

Okay, noise and - - there's problems with noise and construction. Again, we live in the city and that's a constant.

And, I would note that the hospital could do this as-of-right. So, we would have the noise and construction anyway because they're going to do it. They have to do it. They have to stay on top of their game. St. Vincent's is gone. The future of Litch (Phonetic) is uncertain. Brooklyn is hot. And, it has a growing population. Brooklyn needs more health services not less.

And, if a hospital does not grow and improve, it will die like other institutions. We see that around us. It must be on top of its game providing great care and a wide range of services to attract the best doctors and we deserve a great facility and the best doctors. Thank you very much.

CHAIR SRINIVASAN: Thank you. The next speaker.

MR. STEINNERGER: It's always hard to follow Irene who brings a good measure of common sense to things. Thank you. My name is Andrew Steinnerger. (Phonetic) I'm the Vice-President of Economic Development at the Brooklyn Chamber of Commerce and thank you for taking the time today to the Chair and to the members of the Board.

I'm here on behalf of our president, Carlos Shersurer (Phonetic) and we are in full support of the expansion of the outpatient care services at New York Methodist Hospital.

The Brooklyn Chamber of Commerce is a membership based business assistance organization which represents the interests of over 1500 members in Brooklyn and a far as well as non-for-profits and economic development organizations, all which are a part of our chamber.

Brooklyn is booming and its growth has been reflected in New York Methodist's patient census and patient services.

While many hospitals have seen in-patient volume go down in recent years, New York Methodist has grown even as changes in health care delivery and technology have led to a shift from in-patient to out-patient services.

Both the State of New York and private insurers are encouraging providers to offer services that can safely be done on an out-patient basis since these procedures require less time spent in the hospital and, therefore, provide a more affordable option to patients.

The new health care delivery system assumes such centers will be incorporated into hospitals.

For over 130 years, New York Methodist has provided health services for Park Slope and the greater Brooklyn community. I should know. I'm a neighbor and have also used your services quite frequently so I do appreciate that and as an anchor for Park Slope's main commercial strip along 7th Avenue.

Brooklyn hospitals are important components to the vibrancy of communities. Typically, they hire thousands of local employees who make large purchases from surrounding businesses which, in turn, attract more business to the area.

In addition, the accessibility of medical services and quality health care is often a consideration for both businesses and individuals to relocate to an area.

Naturally, the expansion of New York Methodist's out-patient services will serve to further increase the economic vibrancy of Park Slope.

As a responsible corporate citizen, New York Methodist has gone to great lengths to make the community aware of their proposed plans to expand and has solicited their feedback in the plan.

Many procedures that once kept out-patient - - kept patients in the hospitals for weeks can now be done using minimally invasive techniques to allow them to go home the same day. This is more convenient for patients and results in greater efficiencies and lower costs.

When a hospital invests in expanding their suite of services, new opportunities for additional economic development evolve in the neighborhoods that they serve. And, for these reasons, the Brooklyn Chamber of Commerce is in absolute full support of Methodist's plan to expand their out-patient services. Thank you very much.

CHAIR SRINIVASAN: Thank you. The next speaker.

MS. ELLIS: Good afternoon. My name is Marjorie Monthe (Phonetic) Zer (Phonetic) Ellis, and I'm a senior program director at Camba (Phonetic) and the greater Brooklyn Health Coalition.

Camba, as you may know, is a non-profit organization that provides social services to community residents of over 45,000 people each year; low-income folks who often go to New York Methodist for their health care.

The Greater Brooklyn Health Coalition was formed in 1996 as a way to work on the health disparities that exist in Brooklyn. It is comprised of many health clinics, hospitals, health insurance companies and community based organizations including New York Methodist Hospital.

The work of the coalition is to help reduce the health disparities that exist in Brooklyn because as many of you may know, low-income folks face greater health risks than those who are more advantaged.

New York Methodist has seen an increase in the number of people who visit their facilities from other neighborhoods outside of Park Slope. Many of the residents who live in Crown Heights, Brooklyn; in Flatbush, in East New York and Ocean Hill, Brownsville now can count on a high quality institution in their own borough.

We fully support the expansion of New York Methodist because we believe that people of low income also deserve to be able to travel conveniently to a place where they can receive out-patient care where physicians have the facilities and are close to in-patient care. We also believe that people should not have a difference in their health outcome because of where they live.

And, so for this, we highly recommend that New York Methodist be allowed to expand. Thank you.

CHAIR SRINIVASAN: Thank you. The next speaker.

MR. SACCHI: Good afternoon. My name is Perry Sacchi (Phonetic). I'm a cardiologist at New York Methodist Hospital and I appreciate the opportunity to speak to you today.

I'd like to make this a little bit more personal in the sense that I was born in Brooklyn. You know, my mom still lives in the same house that we grew up; went to school in Brooklyn.

After I completed my training, I decided that I would want to come back and work in Brooklyn and my first job was at Long Island College Hospital.

I also moved into Park Slope and I've been a resident of Park Slope on 2nd Street several blocks from the hospital and the proposed site of the building about twenty-five years ago.

Long Island College Hospital is a great institution and it did so much good for so many people.

Whatever the reasons why it is now on the verge of closing is open for speculation but I find it a little disingenuous because there wasn't a great amount of support from some of the surrounding communities there and now though it's not the whole answer it was certainly problematic when I was there.

About ten years ago, a project came up in New York State to develop cardiovascular services in New York.

In my early part of my career, I was aghast at the dichotomy of care between Brooklyn and into Manhattan. And, a lot of us felt that why couldn't we reduplicate that or exceed that and that was the mission of many of us in Brooklyn.

So, when this opportunity came up, I was intrigued and we came. And, over the last ten years, we've built extraordinary services.

And, when I got to Methodist, it was a very good hospital. It is now an exceedingly good hospital and it is on the verge of becoming a great hospital.

I heard one of the speakers before and I would argue strongly, we have made tremendous outreach. The mission statement of the cardiovascular program was to reach out into Brooklyn to the underserved communities and we have done that.

The hospital has supported us even though at times it's financially probably not the best things from a business sense but we have done that. We have our physicians throughout Brooklyn serving the underserved trying to bring them into the hospital if they need services.

At this point, I could say from a programmatic standpoint, we are hamstrung trying to take us to a next level. With the facility that we have, we are falling over each other and I live in Park Slope and I understand the disruption.

I think like the Affordable Care Act, some people are hurt, some people are disrupted but the overall good, I think, is without question. I think this building will help Methodist and will help not so much Park Slope but also all of Brooklyn, and I think that is something that is quite important. Thank you very much.

CHAIR SRINIVASAN: Thank you. The next speaker.

MR. VALLERY: Madam Chair, members of the Board, good afternoon. I am Dr. Emanuel Vallery, (Phonetic) Medical Director at the New York Methodist Association of Flatbush; one of New York Methodist Hospital's satellite facilities which serve the people of East Flatbush, Flatbush and several Brooklyn communities.

I have been at Methodist for twenty-one years now. New York Methodist Hospital has been providing primary and secondary care for the people of Brooklyn in

our satellite facilities in the neighborhood throughout the borough since 1992. And, I'm very proud to be part of this effort.

The patients that come to our centers come because they know that they will receive quality medical care in excellent conditions from excellent physicians and they can access this care close to their homes.

The assurance that they need to undergo the surgery that cannot be performed in a medical office, that procedure will be done at the New York Methodist Hospital is very important for the patients.

As you probably know, patients come to Methodist from all over Brooklyn. The number of in-patients coming to New York Methodist from Flatbush, from East Flatbush increased from 1200 in 1990 to over 4300 in 2012. That is an increase of nearly 450 percent.

Now, as we see, more and more procedures in specialty diagnostic cares have been done on an out-patient basis. Many patients will go to the main hospital in Park Slope for these procedures.

I know that my patients will benefit greatly from the new center of Community Health. They still have the out-care that they will receive with fully integrated and coordinated and the setting for their care will be comfortable and convenient for them.

I hope that you will approve the variances needed to build this important care facility. Thank you very much.

CHAIR SRINIVASAN: Thank you. The next speaker.

MR. KLEINBERG: I don't know if everyone can see this so I'll hold it up. My name is Bennett Kleinberg. I'm a resident of Park Slope. I'm also

a very, very grateful patient of Methodist Hospital. My life was saved there in 2003 and I'm here to talk about opposing this project and I want to bring us sort of back to task on something because there's a lot of talk here about Obama Care and all sorts of other things.

We're talking about a variance and I'm not a land use expert, and I stand here today in dramatic contrast to what Kramer Levin has to say, one of the most esteemed law firms in the City in terms of land use that's probably here every day.

So, let's be very, very clear about the variance.

MR. COSTANZA: Hold on one second. We're just going to have that shut off.

MR. KLEINBERG: Okay. I can have it hold it up. It's all right.

MR. COSTANZA: Go ahead.

MR. KLEINBERG: This is what their proposal is going to look like. They haven't shown you a picture like this. This is based on their numbers; their figures. This is how it is going to dominate our community and it all boils down to this.

As Chairman Kummer said, in the 2003 rezoning, there was space that was set aside for Methodist to expand. They have the right to expand on it. It is zoned for expansion. It's right here.

For one reason or another, they don't want to expand on this property. They initially claimed to me that they absolutely could not build on this spec of land, on this

garage. It was inconceivable. It could not be done. I was told that both to my face. I was told it - - and it was made in public statements.

Now, all of a sudden, they come up with an engineer's letter that says wait, actually we can build on that. We can build five stories. Five stories is a lot of space, especially when we're talking about a property that's 311,000 square feet. I've consulted with numerous architects and urban designers who have come up with a plan to give Methodist the same 311,000 square feet, which I believe is more than they need because they have not demonstrated a programmatic need; that have come up with a plan to put together 311,000 square feet in an envelope within their existing property.

Now, they're still going to demolish sixteen period buildings. No one seems to be very bothered by that.

But, what I really want this Board to focus on what we're here today to talk about which is the variance. They're coming here to ask for a variance. And, they're coming here to ask for it for a very simple reason. It is cheaper and easier for them to build with a variance than it is for them to build on this parking lot which contrasts greatly to the claims of numerous Methodist executives who have come up here and said this hospital is in excellent financial shape. They're one of the most financially secure hospitals in Brooklyn.

If this is indeed the case, why should the BSA be giving them the privilege of doing something cheaper and easier if they have the time, the money and the energy to build within the zone?

And, that's really my point. I just want you to take a look at this picture and look at it very, very closely. I'm not going to take all of my three minutes.

CHAIR SRINIVASAN: Thank you. The next speaker.

MR. MEYER: Good afternoon. My name is Adam Mayer.

And, I'm a portfolio manager for a company called Slope Realty.

Slope Realty is a mid-sized owner and operator of real estate and we currently own over twenty-five buildings in the immediate Park Slope neighborhood.

Since the company's inception, we have played a role amongst many small and mid-sized owners in the complete gentrification of the neighborhood.

Associated with our purchase of properties, we pay particular attention to the restoration and preservation of the buildings and neighborhood's natural and architectural and historical detail, and we do so because we firmly believe it is precisely because of the neighborhood's distinct, quote unquote, "brownstone look" that creates a tremendous value in the neighborhood.

To that end, we were in favor of the creation of the Landmark Preservation District as well as the rezoning that took place which we've already discussed; the Landmark Preservation District which encompasses a very broad swath of land covering the Park Slope neighborhood and we were in favor of the Landmark Preservation District even though we were well aware of the incredibly restrictive nature inherent in the creation of such a district.

Small to mid-sized property owners such as myself endure tremendous bureaucratic difficulty in performing both large-scale renovations or even minor maintenance such as window repair or exterior step repair.

The Landmark Preservation District has caused us both time and expense to perform renovations frequently taking up to six months to gain Landmark's approval, let alone the standard Department of Building's approval.

But, as I previously said, we willingly endure this hardship because of our commitment to the neighborhood as well as our professional belief that property values are directly tethered to the unique character and quote unquote, "direct look" of the Preservation District.

Methodist Hospital who owns five brownstone buildings three to four stories high on the south side of 5th Street between 7th and 8th Avenues directly across from a particular building which we condo'd a few years back, 515 5th Street.

Their plan calls for the wholesale demolition consisting of nearly half a block and the replacement of with - - with a seven story structure.

The first question that needs to be asked is how was - - even though it is not directly relevant right now - - how was Methodist able to conveniently gain exemption from the Landmark Preservation District when we were not, nor many other owners like ourselves were not?

The final point, though, that I wish to make is that this proposed redevelopment undermines the tremendous sacrifice property owners like myself have made to preserve the neighborhood.

It is without question that this building not only destroyed the distinct look and feel of a two square block area but also consists of a bonafide assault on property owners like myself who endure hardship for the common good. And, if the little guy should

endure hardship for the common good, shouldn't the big guy as well? Thank you for your time.

CHAIR SRINIVASAN: Thank you. The next speaker.

MS. BAUM: Good afternoon. I'm Terry Baum and I'm a resident of Park Slope.

The question is does this proposal change the essential character of the Park Slope neighborhood?

The answer is so obvious it reminds me of the story of the Emperor's New Clothes where many pretend not to see the obvious.

If this building is built, and you were walking through Park Slope, a beautiful architecturally unique neighborhood that took hundreds of years of vision and sustained work by many to create and preserve, even a child would point and comment, hey mom or hey dad, what is that building doing there? It doesn't fit in.

The building will rise 152 feet compared to surrounding brownstones that are one quarter to one third the size or said in the inverse, this tower will be three, four times the size of neighboring buildings.

The scale is enormous; 300,000 square feet or 1,000 times the square feet of an average residence in the neighborhood.

This is a commercial complex similar to a mall or an industrial park. And, don't forget, while the hospital is providing medical services, it is a business. And, it is a large, corporate business.

Further, the proposed facility will not solve Brooklyn's health care crisis. It is a self-serving business purely meant to generate income for New York Methodist.

Patient turnover not traditional hospital care is at the core of this business.

Patients will be arriving and leaving for hourly treatments and procedures.

The majority of patients will arrive by car. The proposed facility will reasonably generate at a minimum 1,000 car trips daily to the neighborhood.

It is well-known that unsafe traffic conditions continue to get more unsafe in Park Slope and the narrow side streets and main avenues are already congested with traffic.

If this facility is permitted, vehicles will overrun the neighborhood. Air quality along with the human element that makes Park Slope so attractive and appealing will be severely impaired. Let's look at the big picture. Let's use our common sense and the answer is clear.

This proposal alters the essential nature of the neighborhood and should be denied. Thank you.

CHAIR SRINIVASAN: Thank you. The next speaker.

Yes. Please come forward.

MS. GARTNER: Madam Chair and Commissioners, my name is Eve Gartner. I wanted to address some of the flaws in the Environmental Assessment Statement.

As Mr. Klein previously stated, we strongly believe that one fundamental flaw in the EAS is that they don't compare the proposed development to the current conditions.

This is especially important now that we've learned that the so-called complying development is not complying.

Even if they are going to correct that error for the future the EAS was analyzed based on a flawed understanding of an as-of-right building that is not as-of-right.

In addition to this reason that the proper baseline should be the current conditions is the fact that the complying development really, truly, if you think about it is an empty threat.

There's no way even if Methodist gets up here and tells you that that's what they're going to build, that they really are going to build that because of, as has been repeatedly said, the availability of the land over the garage.

The complying development that they're talking about would involve building on the garage but building more than five stories so, as they say, they would have to close the garage for seventeen months.

Actually, in their first documents that they submitted, they said they would have to close it for fifty-three months. Now they say they can do the complying plan, the so-called complying plan in seventeen months but they can build up to five stories over the garage and only shut the garage for two months.

Realistically, they're not going to shut the garage for seventeen months because there's no way they can operate for a whole year and a half without a garage. They can do it in two months and, frankly, our experts say they can do it in less than two months because they can stage the development.

So, this is not a credible plan, the so-called complying plan. They're going to if the variances are denied, they're going to build over the garage. They're going to build up to the five-stories which they can do without the structural alterations and it's going to be a completely different building.

Because of that inevitability, the EAS really needs to be analyzed comparing the proposed development to the current conditions because you have not been provided with a realistic complying development.

In addition, the EAS needs to be redone because even if it complies with CEQR and we think there's a range of reasons it doesn't comply with CEQR it doesn't give you the information you need to make the public health, the public welfare analysis that the Cornell doctrine requires.

For example, and I submitted a letter with some of this, Methodist still has not told anyone how much additional nitrogen oxide, carbon monoxide and particulate matter will be emitted by the boiler operation needed to fuel this new facility.

Even if that is not required by CEQR, at a minimum you need to know that to make the Cornell public welfare determination.

In addition the EAS is deficient because it doesn't look at the cumulative impacts of all of the ways that this new facility is going to affect air quality in addition to the traffic, the boiler emissions and the construction and - - one other point; that they not - - they have also segmented the entire review of the Title 5 air permits which is also inappropriate under CEQR so we believe the environmental assessment statement needs to be done from scratch. Thank you.

CHAIR SRINIVASAN: Thank you. The next speaker.

MS. SILVERSHUR: Good afternoon, Madam Chair and Commissioners. My name is Valerie Silvershur (Phonetic). I live at 442 6th Street which is half a block downstream from the hospital and this is traffic testimony.

We believe that the BSA should consider traffic issues in reviewing the application being made by Methodist because increased traffic and the resulting dangers and pollution would absolutely alter the essential character of the neighborhood.

While we understand and support the hospital's wish to expand that can't be demonstrated more. Everybody in our neighborhood values the hospital.

The infrastructure of the neighborhood will simply not support the facility size they have in mind. It's simple math. The bigger the building, the more people and cars that will come - - as the neighbor put it simply on my street, which is about this wide and we get six cars probably every other couple of minutes. The streets are not getting any wider.

What is bad for us is bad for them. Traffic is not inseparable from land use decisions. The proposed development will have a significant and horrendous impact on traffic congestion, parking and pedestrian safety. Traffic is relevant to the question of whether the requested variance will alter the essential character of the neighborhood.

It cannot be separated from many decisions being made regarding land use.

For example, the size and scale of the facility will determine the number of people and autos drawn to the neighborhood. The size and scale of the parking lot will affect the ultimate traffic impact. Many people want more spots in the garage not less.

Decisions that affect traffic patterns and congestion including such issues as location of entrances and drop-off points, garage ramps, loading docks, etc., will have a direct impact on and negatively affect the surrounding neighborhood.

In fact, land use decisions can affect the safety and quality of life on the surrounding streets which, in turn, would alter the essential character of the neighborhood.

Methodist's traffic assessment is insufficient. The current traffic and parking problems in no Park Slope are well-known. There are no major access or exit arteries for large volumes of cars; trucks and speeding ambulances nor are there large garages close to the hospital.

Methodist is unable to properly handle the current volume of patients, visitors, ambulance and ambulances. Yet, the situation is not reflected in the traffic study. We urge the BSA to require an independent third party traffic study that realistically evaluates the impact of expansion on traffic.

Without that, we are concerned that arbitrary and a rationale traffic decision will be made with flawed data in a response to very limited community input.

Among Methodist's traffic study's most significant failings are the fact that it does not meet the CEQR standards and the fact that it is not (Unintelligible) on the nearly 5,000 students at surrounding schools.

Methodist's traffic study does not speak to actual driving behavior. For instance, a patient being driven to Methodist in their own car may circle the neighborhood many times looking for parking or navigating the one-way streets.

When this happens, one hundred cars will have the impact of five hundred cars.

Methodist Hospital is clearly unable to handle the current - -

CHAIR SRINIVASAN: I'm sorry. Your time is up. But, you can submit any written testimony into the record if you would like. The next speaker.

Good afternoon, all. My name is Samantha Conrad and I am a resident of (Unintelligible) three and a half years ago. I'm coming here on behalf of myself and my boyfriend who has been a resident of Park Slope for his entirety of his twenty-two and a half years.

My boyfriend, who knows the neighborhood better than I has always been against everything being changed and everything has to be the same with him. He just doesn't like - - he loves this neighborhood. He wants it all to be the same. He wants it to just be (Unintelligible). Even when the nearby movie theatre, they changed the seats, he went on for days just going on about how he didn't like it in terms of the change. He couldn't stand it. So, myself, my mother has been a medical professional for well over a decade and for years she'd always tell me and my brothers all the things that she saw go on while she was (Unintelligible) and while she was a nurse's assistant and all of the things that she saw were quite horrifying.

A few years ago, I had to be admitted in a hospital for two and a half weeks and for years afterwards I just had nightmares, just horrible nightmares that I would wake up screaming and thrash about, cold sweats and so outright, I just fear hospitals. I can't stand them.

However, myself and my boyfriend can put aside our feelings for a change, for hospitals and anything else to say that we fully support this hospital because we recognize all of the good it can do for the people and also the nearby businesses because I

know from first-hand experience the first thing you want to do is get out of the hospital as fast as you can.

The second is want to get something good to eat because hospital food is just horrible and you want to feel better because you're out of the hospital.

So, it's a good thing for all the people, the businesses - - you just go there and you feel better and I'm just outright ashamed that people, that they don't want this to happen because it - - there's going to be some more traffic because people have to go the hospital and it's going to be noisy because of construction and that's just something that you just deal with in order to help people. I can't understand why people wouldn't want this just to help humanity. I just can't understand why people wouldn't want to do this. It's just people you have got to do something for the good of everybody not just for the good of you. Thank you.

CHAIR SRINIVASAN: Thank you. The next speaker.

MS. WOODWARD: My name is Candice Woodward. I'm a trustee and former Vice President of the Park Slope Civic Council. I serve on community committees of New York Methodist Hospital and Prospect Park Alliance.

Today, I'm here speaking for myself, a resident of 6th Avenue in Park Slope since 1982.

While it is crucial that the expansion of New York Methodist Hospital fit well within our low-rise community and that various issues said - - concerns about traffic be addressed.

I would just like to state that I, for, one feel lucky that we have in the Park Slope community a good hospital and a sound financial footing affiliated with one of the best hospitals in the country. Thank you.

CHAIR SRINIVASAN: Thank you. The next speaker.

MR. CONTANA: Good afternoon, members of the Board. My name is Manuel Contana (Phonetic). I am the owner with my wife of a building that is on 5th Street between 8th Avenue and Prospect Park West which puts it just a little bit to the east of the proposed development.

I am a member of the Board of Trustees at Brooklyn Law School; a deacon of the Catholic Church and have been assigned to the Cathedral of St. Joseph on Pacific just off of Vanderbilt.

I speak in opposition to the plan. Simply stated if you were to get out of a subway train on 8th Avenue around 15th Street and walk northward till 8th Avenue ends on Flatbush, you would pass low buildings. You would notice that every building that you pass is made of stone. The height is usually four to five stories.

What is being proposed here, quite obviously, changes the entire character of what is fundamentally a residential neighborhood.

It is a steel glass plate building entirely out-of-keeping with the neighborhood. Development is necessary.

I've been a New York resident all of my life.

When I was a little kid, Con Ed put up a sign, dig we must. We're a growing New York and it blocked all the streets.

Progress is inevitable and Methodist Hospital has developed. It must become a better hospital, not necessarily a bigger hospital.

But if it has to become somewhat bigger, not as big as it says it must or wants to be. There is no reason that it has to be made of aluminum. There is no reason that it has to be made of plate glass. Indeed, when they did their expansion on 8th Avenue between 6th and 7th Street, when you walk that strip, you'll see it's made of brick.

Why is the proposal here not stone structure? Reset properly from the sidewalk; reset in terms of setbacks so that it cannot be seen from the park? Why is it none of these things?

Our objection is not against development. Our objection is against development that will change the character and quality of a residential neighborhood. But, it is beyond debate that this does.

For that reason, I ask you to send them back and come with a better plan. Thank you.

CHAIR SRINIVASAN: Thank you. The next speaker.

MS. HILL: Commissioners, I'm Lyn Hill, Vice-President of (Unintelligible) Communication and External Affairs at New York Methodist Hospital and I will turn in three statements from elected officials but I will read you some excerpts to keep within the three minute limit.

So, the first one is from Council Member Brad Lander, who is the City Council member for District 39 which is our hospital's district.

Strong health care services are part of what makes our neighborhood such a great place to live. We are lucky to have a hospital in our community that is doing well when others in Brooklyn are struggling.

Methodist has shown that it needs to grow in order to continue providing quality patient care in our community.

I am pleased that Methodist Hospital invited feedback from the public on its proposed expansion; meaningfully incorporated that feedback into their plans and will continue the conversation as they move forward.

In particular, I appreciate that Methodist agreed to shrink their proposed parking lot by 189 spaces and committed to undertake a significant set of traffic demand management measures.

Methodist has been a good neighbor as it plans for this new facility. I trust and support their vision for an expanded Methodist.

I understand that not everyone will be satisfied by the revisions that have been made to the plans.

I am committed to working with neighbors and with Methodist on a plan that responds to their concerns and mitigates construction related impacts going forward.”

The next one is from Assembly Member Joan Millman who writes, “I am writing to you in support of the zoning variance for New York Methodist Hospital.

Health care delivery is changing and through conversations with New York Methodist Hospital as well as briefings from staff who have attended every community meeting since this past summer, I have come to the conclusion that this expansion is necessary in order to continue the delivery of quality care to the people of Brooklyn.

New York Methodist Hospital and the project consultants have engaged the community in a manner that few development projects ever come close to.

There has been an open line of communication with real changes as a result of community input.

We are still in the beginning phases of this project, and I am certain that New York Methodist Hospital will remain very engaged with the community throughout the planning and construction process.

I, my staff and my colleagues in government will continue to be involved throughout this project.

This is an important step in the right direction and I hope you and the Board agree.”

And, finally, from Assemblyman Jim Brennan. He sent a statement that had been read by one of his staffers at the recent Community Board meeting.

“Our office has been represented at several local meetings about the Methodist project and we have read all the correspondence between local residents and Methodist Hospital where we have received email copies.

We have also received phone calls, letters and have met with residents who have walked in and discussed their concerns with us directly.”

Jim has also met with Methodist Hospital several times on the project.

CHAIR SRINIVASAN: I'm sorry. Your time is up.

MS. HILL: Okay. I will hand in the statements.

CHAIR SRINIVASAN: Okay. Thank you very much.

The next speaker.

MS. GARRITY: My name is Laurie Garrity. I live on 5th Street just a little bit above 8th Avenue and I've been in the neighborhood for thirty-five years.

I speak to the changes in the character of the neighborhood with the planned development; specifically, the tearing down of the brownstones on 8th Avenue.

At one of the earlier meetings with Methodist, I asked why they couldn't preserve the facades and weave them into the design and keep a structure that was in keeping with the brownstones and the other row houses in the neighborhood and was told this is impossible.

I have since been in places where I have seen facades kept as part of the design of growth, specifically in Washington D.C. recently on a visit south of Dupont Circle.

I walked down a block and I looked up high and I realized that the buildings were - - there was a big building behind it. They had preserved the facades. They were not - - the building was integrated into them and I think that this is the kind of design they need to do, not a new, as someone else said, glass plate structure.

It doesn't belong in Brooklyn's Park Slope. It belongs maybe in Manhattan in a commercial area but not in our neighborhood.

I'm a long-time resident. I went to nursing school at Methodist. I came from Long Island. I thought Brooklyn was a horrible place. Then I started walking around the neighborhood. I fell in love with it.

And, when my husband and I were looking for a home, I wanted to live in Park Slope and I bought a house near the streets I walked around because I liked the character and I would like to see that preserved in the development.

CHAIR SRINIVASAN: Thank you. The next speaker.

Next speaker. Yes.

MS. STEWART: Hi. I'm Andrea Stewart. I also live on 5th Street right above the hospital and Laurie kind of beat me to the punch-line but I was going to point out a few properties here in the city that have a similar method where they have preserved the façade in order to maintain the character knowing that they were building in the neighborhood where the character needed to be preserved.

Once instance was actually built by the MTA; 58 Jerolomin. Phonetic) They actually have a facility behind a brick building which is a former residence. You could take a look at St. Ann's warehouse still, obviously, under construction but there is a façade in which something will be built; probably something quite a bit bigger than what is there.

There is no reason why Methodist cannot preserve and serve Park Slope at the same time; whether they do it at the corner of 8th Avenue between 5th and 6th Street; whether they do it over the garage, it still needs to be something that fits in the neighborhood.

I also want to bring up a couple of points about the traffic. We had someone from CAMBA or CAMDA talk about serving parts of Brooklyn that are more and more so not getting the kind of medical care that they need and this is unfortunate and they would like to see Methodist serve some of these people which would be wonderful if the traffic plan were kept in mind.

Just last month - - in fact, a couple of weeks ago, I saw a Bed Sty ambulance head down 8th Avenue going the wrong direction because, one, they didn't know where they were going.

Two, because we live in the neighborhood that is too small to accommodate the number of ambulances and the kind of traffic that such a large facility is going to incur.

And, finally, I just wanted to bring up about - - Eve Gartner brought up about environmental concerns.

Right now, I think every person who lives in Park Slope has to clean their window sills once a week picking up particulate matter that is coming from the hospital and from the school and has to deal with the noise that comes out of already a screened mechanical's facility on the existing hospital; add to that the noise that will come out of mechanicals on the new facility and I think that we have perhaps an environmental concern there. And, that's it.

CHAIR SRINIVASAN: Thank you. The next speaker.

MR. KUTCHMAR: Good afternoon. My name is Todd Kutchmar. I'm a resident of 5th Street and a practicing attorney.

I just wanted to respond briefly to this fiction that the hospital has been responsive to community needs. There has been a constant dog and pony show since the summer.

The hospital invited us to write and ask for specific information such as costs; such as why we couldn't build on the garage and that information was not provided.

As a result, what you see today is an outpouring of opposition from the neighborhood; over 300 opposition objection forms were filed with the BSA and I think it would be self-serving and stunningly non-substantive letters from three politicians really

add nothing to the debate and really the information in the record today shows that there is no basis for BSA to grant this variance and, in fact, the record, as we've read it, is devoid of a basis for granting this variance, especially in opposition to the - - in light of the community opposition. Thank you.

CHAIR SRINIVASAN: Thank you. The next speaker.

MS. KLEINBERG: Hi. My name is Elaine Kleinberg, and I'm a resident of 5th Street. I wanted to show you where I live on this map.

My property is right here so I'm clearly - - I feel like I'm really impacted by this construction.

I wanted to sort of just piggyback to what Todd just spoke - - said about how the community has been addressed by New York Methodist Hospital.

We were surprised last summer, an interesting summer where everybody just sort of goes away. There was an announcement where we were - - the hospital wanted to meet with people on 5th Street and to talk about the construction and, again, we kept on asking them how come you can't build here on this garage and they denied it. They said we can't do it and then magically when we were at a CB#6 meeting, their architect, Paul Travis, said oh, we told you we could build on this in August and all of us in the audience had a good laugh because we thought that this is another lie that the hospital is telling us again and again.

And, here's the thing. I have spoken to the hospital through Lyn Hill and do you know what she said to me? I said, Lyn, this is very disturbing to me. My kids - - I've got two small children who - - we have been living there since 2000 and, you know, I don't

think this is responsible. They have been moving so quickly. She said, well, what do you expect? You should have expected expansion. You move right back of the hospital.

The arrogance of this hospital and here's the thing. I believe in the hospital. My husband almost died. The hospital saved my husband. He went into septic shock and he had like a ten percent chance of living and he made it through and only to see this.

We want a hospital that is responsible to the needs of the neighborhood. We are not against construction or expansion. But, we have to believe that there is a more responsible way that the hospital can deal with the community. So, all we're asking you to do is really look at, one, programmatic needs; whether or not they've proven that this expansion is what they need, too.

And, you heard Marvin, who talked about the plan and do we really need all of this expansion when technology is really creating a situation where things are getting smaller and smaller. Do we really need everything there when Mr. Vickers said, you know, can we have it spread out?

I am a resident here. There are kids in high school. We didn't mention that. We kept on talking about kids. There's a high school right over here. They're going to hear construction. Things are going to be emitted. We don't know about the environmental damage. I don't know what my kids are going to be facing.

We are not against expansion. We are for a hospital that's going to take care of me if I'm old and I hope to be in a room, maybe not there but I want it to be done responsibly and this quickness to think that they're going to unload it front of the community in August and then expect us to quickly, you know, to agree to this and it's very irresponsible.

The traffic studies, as Eve Gartner has said, we've got to get it done or the environmental - - I'm sorry, Valerie, it was you who mentioned the environmental stuff; I meant their traffic stuff so I just am asking you to slow this down and really think about this. We're not against expansion. We want it done responsibly. Thank you.

CHAIR SRINIVASAN: Thank you. The next speaker. Are there anymore speakers on this item? Anymore? Anymore speakers? Yes, please come forward.

MS. SHADE: Hi. My name is Megan Shade (Phonetic). I'm with the Department of Public Affairs at New York Methodist and I'll be reading excerpts; eight excerpts. I'll go as quickly as I can.

The first is from Judge Ann Feldman. She is a resident of Carroll Street.

"My family has been living in the Slope for over forty years and we have always considered Methodist to be our community hospital. Regrettably, during the past six months, both my husband, who passed away last week, and I have had great need for the hospital's services.

Through the years, we have both received excellent care during surgical procedures and have had no complaints about how the various out-patient procedures were administered.

However, it certainly would have been preferable and less stressful to be able to have such out-procedures as colonoscopies; numerous blood tests, x-rays, CT scans, MRI's, pacemaker checkups; (Unintelligible) clinic consultations in one building and to have been able to visit doctor's offices in the hospital rather than traveling throughout Brooklyn to see them at private offices.

Over the years, we have seen Park Slope grow. As our population increases and as medical needs and techniques change, it seems only logical to us that there will be additional need for the hospital's services which cannot be provided without the proposed building.

We can understand and appreciate the burden the proposed construction places on those who live near it.

Construction and renovation on any block is an inconvenience many of us have faced. It's one of the burdens of city life. However, the emphasis on that discomfort seems short sided. These concerns do not outweigh the need that Methodist Hospital should be able to build the proposed building and to provide the medical services we all may require in the years to come."

The second is Dr. Anthony Salin (Phonetic). He's a physician and resident of 5th Street.

"I have lived in Park Slope for almost thirty years and have two children who attend school here. I'm also a pulmonary critical care physician affiliated with New York Methodist Hospital and am exceedingly active in the hospital.

We have a world-class facility that I'm enormously proud to work in. However, the institution is truly busting at the seams and the new project will decompress our facility and insure that our community continues to receive the first-rate care it so richly deserves.

As a Park Slope resident, I have a heightened awareness of the potential drawbacks of such growth but unequivocally believe the benefits would far outweigh the potential down side.

I am sure that our community will be safer and benefit immensely from this upgrade.”

The third is Virginia Pappers (Phonetic) a 7th Avenue resident. “Why is it important to pass the building plan? I believe that a growing neighborhood needs to have parallel services and that means fitting into the health needs of an expanding Park Slope.

I’m convinced that the values of this hospital - - the values that this hospital has stood by will not be sacrificed with expansion.”

Three is Gabriela Availina (Phonetic) program coordinator at Leisure Gardens Adult Daycare.

“Having worked in the health field for the past twenty-four years, I anticipate that the health care needs of our city - - thank you.

CHAIR SRINIVASAN: The next speaker.

MS. BENDER: My name is Ann Bender. I’m seventy-five years old. I’ve been a resident of Park Slope since 1976. I speak also for my husband who is indisposed; Alan Raven. (Phonetic) He’s 82 and he’s been a resident of Park Slope since the 1960’s. There are others here who I presume are more qualified to speak about technical issues, real estate values and all of that stuff.

What I have to tell you is that we use doctors and testing and emergency room and in-hospital facilities at Methodist Hospital. They have saved our lives. In our tradition, he who saves a life it is as if he has saved the whole world.

But, it’s not about us. It’s about the wider community; Park Slope residents and those friends and neighboring communities whose hospitals may have been compromised or closed who need better health services.

We're privileged to live in one of the most thriving areas of the city if not of the country and we have to think of those less fortunate than ourselves.

CHAIR SRINIVASAN: Thank you. The next speaker.

MS. MORROW: Hello. I'm Beth Morrow. I live on 7th Street. I'm a resident, a long-term resident and today I wanted to just add a few details about my concerns about the historic inability or unwillingness of New York Methodist to manage; its impact on the neighborhood and the community and thus my concern that if they are expanding without adequate oversight and being pushed towards a more reasonable scale that it will do unalterable harm to the neighborhood and the community.

In particular, there are many examples living right in their midst. We're constantly dealing with the consequences of their impact on the street, and I just thought that it would be good to bring two examples to your attention.

One is in their recent expansion, which we already lived through, the way that the ambulance dock has been set up has now sort of made an unworkable situation in which ambulances arrives; have to do a ninety degree turn through this constant construction material that they've always got up and through these two cement impediments and often ambulances just can't even get in the facility.

There are so many ambulances stacked up. As they've mentioned, they've doubled their ER in the past ten years and people are now being unloaded on the street. I've seen this many times.

I wonder if they can't manage doing functional services that are essential to their (Unintelligible) in the current scale and the current facility, why are they doing a large expansion which doesn't even address some of the problems they've already got.

Similarly, the truck dock which is on 7th Avenue and causes these large jackknifing trucks to back into a truck station while students, 2700 students go to school right across the street in the two schools passing by with these trucks jackknifing and backing into a truck dock. So, it's historically been the case that New York Methodist either has not been able or has not been interested in managing the impact on the community and, given that, they haven't really gained our trust in their ability to do so in a larger facility. Thank you.

CHAIR SRINIVASAN: The next speaker.

MS. GABRIEL: Hi. I didn't have anything prepared. My name is Annie Gabriel. I've lived on 5th Street my whole life. My mom is 92 and she was born on my block across the street so if we're going to give dates, I think my grandfather bought in the early teens so I've been there forever; went to St. Xavier and I'm a teacher; born in the Methodist and my dad died in the Methodist twenty-seven years ago today so a wonderful hospital, wonderful.

I wrote a proposal. I don't know if anybody got it at the Methodist and here was my idea. Why not sell the brownstones to people who want to live there. They'll get an enormous profit and build on 4th Avenue where they just put a Whole Foods; Third Avenue and Third Street; a big, beautiful Whole Foods and accessibility on Third Avenue is - - and Fourth Avenue is so much better because you probably know this, too, that on 9th Avenue and Prospect Park West, they added a bike lane and they removed a driving lane and now it's become much congested than it's ever been as far as I can remember. I'm 51.

So, that's my idea. I think it would preserve the neighborhood. New York Magazine voted Park Slope the number one neighborhood in New York. It's beautiful but the traffic even just now is unbelievable. You can't even go down 8th Avenue with St. Javier getting out or just dropping kids off; the Methodist, itself, the way it's been and it's a great hospital, it just is not the right spot for it. It's just not the right spot and the height of it, I can't even imagine.

I mean going up on your roof is going to be lost. I'm a New Yorker. I love going up on the roof. I love seeing Manhattan. I just can even imagine the size of this. So, that's my idea. Thank you for your time.

CHAIR SRINIVASAN: The next speaker. Are there anymore speakers on this item? Yes, please come forward.

MS. ORR: If it's all right, I would like to speak on behalf of Stuart Purtz (Phonetic). He couldn't be here but he is - - he sat on the Planning Commission of New York and has been (Unintelligible) Settlement Society.

My name is Deborah Orr and I'm a resident of Park Slope and this is what he said.

"The conflict with the needs of an important urban institution and its neighbors is not an unusual one as each seek to protect their own interests.

In the case before you, it is clear that hospitals are a vital community service and in historic neighborhoods, the strength and stability of our city. Both are worthy of our concern and consideration.

Resolving how one is built and one is preserved should not, however, result in a winner or a loser but a fair resolution for both.

The value and purpose that govern land use planning are intended for that very purpose. And, although it is within the role for the BSA to override those regulations, it should be done rarely and carefully, especially when the variance breaks the bond of trust and underlies the regulation and, in this case, in my opinion where compliance is both appropriate and possible.

The request being made by Methodist Hospital exceeds, in my view - - Stuart's view, the present needs and might, in fact, conflict with what those needs will be in the future.

The plans could reasonably accommodate reasonable growth within the envelope provided within the zoning. The cost of building over the garage could not possibly be a sufficiently documented hardship that would require a zoning variance.

Were that so, virtually any builder could request a variance simply because it is cheaper to build as they please.

The future of hospitals in New York City are not the large surgical or specialized facilities you see planned before you but smaller and more community focused ambulatory health care, facilities that may not be as profitable for the hospitals but far better for the health care of our communities. I feel strong that this is not a plan that should be approved for variance.

There is no evident hardship that warrants supporting the zoning but is more likely a substantial mistake in hospital planning which jeopardizes not only the surrounding neighborhood but the very future of the hospital, itself." Respectfully, Stuart B. Purtz. (Phonetic)

CHAIR SRINIVASAN: Thank you. The next speaker.

Are there anymore speakers on this item? Yes. Please come forward.

MS. KNUTESEN: My name is Andrea Knutesen (Phonetic). I am a resident of 6th Street. I am not an expert but my story will be anecdotal basically as the wife of a patient.

The various speakers from Methodist have spoken very eloquently about their dream; maybe they would say plan for a complex which has all of these different facilities and different services and how wonderful that would be to have this.

My experience is that I do not believe that Methodist is organizationally capable of handling something of that complexity.

Some of this - - an earlier speaker, I'm sorry, mentioned about the issue about the jackknifing trucks or so. What I saw was an internal one and now the Methodist people would not recognize this problem themselves in that they didn't seem to be asking about it.

After my husband's two periods there, we got surveys and said about patient satisfaction surveys. They asked things like were you treated with respect? Were you treated with kindness? Did people listen to you? Everyone I met, a person there who I saw and they saw me, they saw my husband, they were nice. They were thoughtful. They were not always - - obviously there would be points when they would be busy and going around and all that and that was expected.

What I did not expect were - - it was the people who I did not see; the fact that he did not get IV nutrition on time because the pharmacy was closing early. He did not get an x-ray that was needed because while the computer thing had been sent down to the

department, the printer had broken at the x-ray department and, therefore, the x-ray was not done. This is despite my - - I live eight hundred feet away; my being there going is it done, yet? Is it done, yet?

I was repeatedly told that he would be seeing - - an oncologist would see him but was also told that, no, the oncologist had not seen him. However, after he came home, I did get the bill from the oncologist which was the closest I got to any sort of information about that.

So, the thought that before they sold these sort of internal organizational problems; that they would be doubling their size, you know, tripling, whatever, increasing their complexity when, you know, yes, I know some areas are wonderful.

I've heard cardiology which was spoken to is wonderful but I think there's a lot of problems. Thank you. The next speaker.

MS. QUINN: Thank you for the opportunity to address you. My name is Rosalie Quinn. I've lived down the street from the hospital for forty-two years around one block away and now down the street. I moved in before they knocked down all the houses on their block of 7th Avenue.

I want to make one point that's been alluded to but not emphasized. I urge you not to decide about the expansion of Methodist Hospital in isolation. It looks sometimes as if there's business competition rather than concern for health care.

Why are we allowing three different hospitals to be threatened with closure? Long Island College Hospital; Downstate and Interfaith and, at the same time, build a huge building next to Methodist where it's very hard for people to get there. Why shouldn't the people from the Downstate area get health services at Downstate and the

other two hospitals as well? Please consider the needs of the Borough as a whole, not just this hospital's desire to expand and make more money. Thank you.

CHAIR SRINIVASAN: Thank you. Are there anymore speakers? Ms. Wagner.

MR. COSTANZA: Yes. Please restate your name for the record.

MS. WAGNER: Elise Wagner.

CHAIR SRINIVASAN: All right. There were just a few things that have, in my mind, come out of the public hearing, and I think it would be helpful for the record if you could address them. One has to do with, I think, Commissioner Montanez' question about building over the garage. I think there have been maybe some inconsistent statements that were made and while it was being described to us by Mr. Travers, I think it's helpful to actually show us diagrammatically and I think that would address all the concerns that were raised by people here.

You will be modifying your complying development, isn't that correct?

The complying development right now has a non-complying aspect to it?

MS. WAGNER: We will modify the complying development so that the area that's in the - - that rear yard area will be eliminated.

CHAIR SRINIVASAN: Okay.

MS. WAGNER: As it was, the complying development was only tenuously connected. There was a small connection. There will be now less of a connection so it will be more like two building but once we have removed that

connection, it will a complying building that's quite similar to the one that we analyzed in the application and the EAS but we will submit those revised drawings.

CHAIR SRINIVASAN: Okay. And, if there's any reason and, ultimately, I think you would need to modify your EAS accordingly.

MS. WAGNER: Yes, we will.

CHAIR SRINIVASAN: But, at least show us what those adjustments are.

MS. WAGNER: We will modify the EAS accordingly.

CHAIR SRINIVASAN: All right. I think it would be helpful if you provide additional drawings that were presented today in terms of the program.

MS. WAGNER: Yes.

CHAIR SRINIVASAN: That will supplement what we have today and to give, again, the neighbors an opportunity to look at more detailed drawings.

I think it's worthwhile to show to us a lesser variance and I guess the question is what is the lesser variance? I think a good starting point is perhaps looking at a building that is cut back somewhat and addresses the Community Board's concerns so it's really what would happen if, in fact, you are complying in the R-7 (b) and in the R-6 (b) if your floor plates, particularly at the higher levels are cut back.

I think it's worthwhile to explain to us what the change in the program would be; if there's possibilities of reorganizing the space within the building? In other words, the

most critical programs, for example, could that be relocated if, in fact, it doesn't get enough space so I think that will help us understand also what the minimum variance is.

MS. WAGNER: And, just to clarify, you're asking that this lesser variance building would have no non-compliances with height and setback in - -

CHAIR SRINIVASAN: The R-6 (b)?

MS. WAGNER: The R-6 (b) and R-7 (b) or are you asking that it be more - -

CHAIR SRINIVASAN: The R-7 (b), I think it's just the non-compliance is very small so I think it's easier for you just to remove that and tell us what would happen.

In the R-6 (b), I went back to look at the Community Board's recommendations. While it didn't really say that it needed to comply with the R-6 (b), I think Mr. Kummer said that as well; they understood that there may be some bulk there but they were looking for, I think, further reducing the Bay Street wall height and the building height in the district significantly less than what the starting point was. And, I believe in their testimony today, his testimony today, he felt that the reductions made may not be enough so I think you could do something lower and my feeling is that just looking at the drawings and renderings, there is that bulk in the higher floors and what would it mean if those - - that actually sets back to the mid-point which is if you manage to retain all the bulk within - - and the higher floors within the R-6 or if you have to make the setback much larger.

MS. WAGNER: Okay. We'll take a look at that.

CHAIR SRINIVASAN: Are there questions for - - yes.

Commissioner Hinkson.

COMM. HINKSON: Yes, just a couple of questions that came up that perhaps you could help me with. Just in terms of what the Chair has just said, could you also maybe describe why the floor-to-floor heights are what they are, especially at six and seven if there's any ability to kind of bring down floor-to-floor heights.

MS. WAGNER: Yes, we will.

COMM. HINKSON: Also, the issue of the school across the street came up. Could you, perhaps, outline how the hospital intends on managing when kids are getting out of school and whether that is going to pose some sort of traffic problem if there's an emergency at the hospital, you know, sort of worst case scenario kind of thing.

And, lastly, could you provide sort of a larger streetscape. We've got the renderings but it's a little hard to tell exactly what relationships are that's kind of two dimensional, in a sense. One can really see what the height differentials are in the buildings and if they could be expanded for maybe a little bit more than just your block so that we get context?

MS. WAGNER: Are you looking for that on any particular street or all three of the streets?

COMM. HINKSON: I would prefer, I guess, it would be the two sort of long streets.

MS. WAGNER: 6th Street and 5th Street?

COMM. HINKSON: 6TH Street and 5th Street would be great, yes.

MS. WAGNER: Very good. Thank you.

CHAIR SRINIVASAN: I would say you might as well do it on 8th Street as well. I know the urban designer and your team actually talked about the 8th Avenue profile and how it's a real mix and there are taller buildings so I think it's worthwhile to look at all three streetscapes.

MS. WAGNER: Okay.

COMM. HINKSON: That would be good.

CHAIR SRINIVASAN: All right. There were just a couple of other issues. One had to do with justifying the programmatic needs and I think the Vice-Chair had noted yesterday the Board has often given deference to the institute, itself, for coming up with these numbers. I think it's understandable for New York Methodist to understand both its needs; any increase in its patients. The changes in health care in the industry and so I think we're willing to rely on that but it's worthwhile to, at least, explain where those numbers came from in terms of did they - - have they been tracking this?

Today, I know the representative from Methodist actually presented some of the numbers to us and that was very helpful in terms of just the change in patients over the last ten years.

MS. WAGNER: We will do so.

CHAIR SRINIVASAN: Okay. Any other questions?

Okay. Mr. Klein.

MR. KLEIN: Thank you, Madam Chair, Commissioners.

Many of your comments actually took away much of what I was going to speak to but there are three items I would like to point out. One, I understand the issue of deference and presumptive benefit to the neighborhood as expounded in Cornell but I would remind the Board that is a rebuttable presumption and in the other applications that have previously been submitted Board, extensive research has been submitted to the Board in the nature of outside consultants and in-house accountants or whatever justifying the needs.

There's also the additional item which we haven't addressed which is the quantification of the cost of the slope. It was done most recently in the Sloan case on York Avenue where they quantified the amount of money that it was going to cost to resolve the subsurface conditions so I would ask that that be included.

Secondly, the issue of the traffic study. I'm sorry, our traffic expert is not able to be here today because of an emergency. I will respectfully refer you to his report but, more importantly, I respectfully refer you to Mr. Habib's report which in the opening paragraph says it does not conform to CEQR standards. So, I don't quite understand how the Board can accept that without having it adhere to the very standards that you require in each and every other application.

Many of the items that are normally looked at in the context of traffic studies were not looked at here.

Mr. Habib mentions that he uses a model very similar to the one used in CEQR standards but, (a), I don't think that's sufficient and, (b), he doesn't even describe how that modeling takes place.

There are the four items - - I'm glad to see somebody address that. I don't quite understand why doctor's office floors have to be fourteen feet high. That seems a bit excessive and the final area which I'm concerned about is there are many areas in the plans that are not defined. The uses are not defined.

I believe Madam Chair mentioned that at yesterday's meeting. We didn't bring it up today. I would respectfully suggest that that be a demand of the Board for the next submission. Thank you.

CHAIR SRINIVASAN: All right. I think we can set a schedule. Yes. Do you want to respond to any of - -

MS. WAGNER: Yes. I think that we could submit all the items that you requested on March 4th which is three weeks from today.

CHAIR SRINIVASAN: That seems fine. So, if you can submit on March 4th and Mr. Klein can have the opportunity to respond back. He can submit on March 25th - - I'm sorry - - and we can have the hearing on April 8th.

SPEAKER: (Inaudible)

CHAIR SRINIVASAN: I beg your pardon.

SPEAKER: (Inaudible)

CHAIR SRINIVASAN: Actually, Ms. Wagner, can you just explain that issue about the traffic.

MS. WAGNER: Sure. As you know, we submitted an Environmental Assessment which was performed based on the standards in the CEQR manual.

In addition the hospital independently, as an additional study for purposes of addressing traffic issues particularly as requested by the Council Member, we've done an additional traffic study that was done to try to help the community understand the impacts of traffic in the neighborhood. In fact, the reason it wasn't done to CEQR standards is it actually was compared to existing conditions which was extremely conservative but that was an extra study that was intended to help people understand traffic issues not required under CEQR.

CHAIR SRINIVASAN: Okay. I understand. Mr. Klein, please sit down. You haven't been called to the podium, yet. And, that traffic study has been submitted into the record to the Board?

MS. WAGNER: I don't believe so but we would be happy to submit it.

CHAIR SRINIVASAN: Okay. So, that was submitted to the Community Board?

MS. WAGNER: We will submit that study.

CHAIR SRINIVASAN: All right. I think some of the other points that Mr. Klein had pointed out, we had already noted in terms of getting a little more detail regarding the plan - -

MS. WAGNER: The plan, yes.

CHAIR SRINIVASAN: The plans, itself. And, I just had a couple of other issues which the Councilmembers had also raised and so did the Community Board. They had identified a whole series of other conditions and I think it's

good if you respond to that, including having a traffic monitor and any other kinds of mitigation measures I guess you're planning to institute.

MS. WAGNER: I believe there was a letter from both - -
Assembly Member Brennan regarding the traffic - -

CHAIR SRINIVASAN: Yes, that's correct.

MS. WAGNER: - - monitors and that's certainly
something that we would be happy to respond to.

CHAIR SRINIVASAN: All right. I think we have the
schedule so the hearing will be on April 8th.

MS. WAGNER: Thank you very much, Madam Chair.

SPEAKER: (Inaudible)

CHAIR SRINIVASAN: I'm sorry. You can speak to our
staff about.

MS. MATIAS: Okay. This concludes the February 11th,
2014 calendar.

SPEAKER: (Inaudible)

MS. MATIAS: You can speak to Jeff about that.