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**Minutes of the Commission Meeting
Held on November 9, 2006
In the Old Whaling Church
Edgartown, MA**

IN ATTENDANCE

Commissioners: (P = Present; A = Appointed; E = Elected)

- | | |
|---|---------------------------------------|
| P James Athearn (E – Edgartown) | P Ned Orleans (A – Tisbury) |
| P John Best (E – Tisbury) | P Megan Ottens-Sargent (E – Aquinnah) |
| P John Breckenridge (A – Oak Bluffs) | - Deborah Pigeon (E – Oak Bluffs) |
| P Christina Brown (E - Edgartown) | P Jim Powell (A – West Tisbury) |
| P Martin Crane (A – Governor Appointee) | P Doug Sederholm (E – Chilmark) |
| P Mimi Davisson (E – Oak Bluffs) | P Linda Sibley (E – West Tisbury) |
| P Mark Morris (A – Edgartown) | P Paul Strauss (County Comm. Rep.) |
| P Chris Murphy (A – Chilmark) | P Andrew Woodruff (E – West Tisbury) |
| P Katherine Newman (A – Aquinnah) | |

Staff: Mark London (Executive Director), Bill Veno (Senior Planner) Paul Foley (DRI Coordinator), Bill Wilcox (Water Planner), Christine Flynn (Affordable Housing & Economic Planner)

The meeting was called to order at 6:47 p.m.

1. CINGULAR WIRELESS: DRI – PUBLIC HEARING (CONT'D)

Christina Brown recused herself because she had not attended the previous public hearing. **Linda Sibley** had recused herself previously and was not present.

Commissioners present: J. Athearn, J. Best, J. Breckenridge, M. Crane, M. Davisson, M. Morris, C. Murphy, K. Newman, N. Orleans, M Ottens-Sargent, J. Powell, D. Sederholm, P. Strauss, A. Woodruff

Mark London updated the Commission about the court case between Cingular, Aquinnah, and the Commission.

- The parties are extremely close to a draft settlement.
- He proposed continuing the public hearing until Thursday, November 16, 2006, when the hearing can be reopened and closed.
- Commissioners would then deliberate and make a decision, if possible, on the DRI application and the settlement agreement.
- Staff may have a draft written decision ready, should Commissioners approve the proposal based on the same terms as the settlement agreement.

Megan Ottens-Sargent wondered whether people would know about the meeting next Thursday. **Paul Foley** said that abutters were sent notice of the continued public hearing and

staff has tried to inform people that the deliberation and decision is being postponed. **Megan Ottens-Sargent** said she would activate the Aquinnah e-mail tree to inform residents of the meeting on November 16th.

John Breckenridge moved, and it was duly seconded, to continue the public hearing until Thursday, November 16, 2006. In favor: 15. Opposed: 0. Abstentions: 0. The motion passed.

2. EXECUTIVE DIRECTOR'S REPORT

Mark London reported that there has been a request from the West Tisbury Planning Board asking for the Commission's help to look at planning of North Tisbury. Help can be offered through Commissioners, Commission staff or the Island Plan.

There was a discussion about the study of how to protect traditional neighborhoods:

- **Megan Ottens-Sargent** asked about the status of the character of the neighborhood subcommittee.
- **Christina Brown** said a subcommittee would be formed by the first of the year, either through the Island Plan or independently.
- **Megan Ottens-Sargent** encouraged the subcommittee to begin work as soon as possible.
- **Jim Athearn, Megan Ottens-Sargent, and Christina Brown** asked to be on the subcommittee.
- **Christina Brown** noted that, though the idea of a study of traditional neighborhoods arose out of the Mullen Way DCPC petition, the issue of changing neighborhoods is an Island-wide issue and the subcommittee needs interested and concerned people from other areas as well.

Commissioners took a short recess and reconvened at 7:08 p.m.

3. MARTHA'S VINEYARD HOSPITAL: DRI 324M – PUBLIC HEARING (CONT'D)

For the Applicant: Tim Sweet, Vice Chairman, MV Hospital Board of Trustees; Tim Walsh, Chief Executive Officer, MV Hospital; Mark Rowland, architect, Thomas Miller & Partners; Chris Akers, civil engineer, Littlejohn Engineering Associates; Dan Kress, project manager, Thomas Miller & Partners; Mike Chadwick, senior project manager, Chadwick Construction; Neil Lemieux, Green Committee for Columbia Construction; Gary Hebert, traffic analyst, Fay, Spofford and Thorndike

Christina Brown opened the third session of the Public Hearing and noted the following.

- LUPC will meet on Monday, November 13th, at 5:30 p.m. to begin putting information in order.
- For the purpose of the hospital review, the slate of LUPC members, one representing each town, will be Kathy Newman, Chris Murphy, John Breckenridge, Ned Orleans, Jim Powell, Jim Athearn, and Martin Crane.
- Members of the public are welcome to attend but not to comment.
- Deliberations of the full Commission are scheduled for Thursday, December 7th.

3.1 Town Boards

David Wilson, teacher at the high school, past chair and current member of the Oak Bluffs Historic Commission, and chairman of the Cottage City Historic District submitted a written statement. The Oak Bluffs Historic Commission has reviewed the application and they would like to offer the following comments.

- Eastville is the earliest European settlement on the Island.
- A home built in 1859 became the hospital in 1922.
- A lot of historic buildings in the area have been demolished or moved. The Norris and Gordon houses are among the last historic buildings in the area, built about 1818.
- The Oak Bluffs Historical Commission would appreciate a joint meeting with the hospital planners and the Martha's Vineyard Commission. The Historical Commission is concerned with the building at the corner of the proposed parking lot. The privacy, quiet enjoyment, and residential character would be impacted unfavorably.

He added his own comments:

- In 1690 this part of the Island was an important seafaring community with 100 homes, chandleries, taverns, and private homes of sea captains. In the late 1770s the Methodist evangelists landed at Eastville.
- The 1970s addition to the hospital meant the loss of the historic corner and brought traffic, light, and helicopter noise, but the area is still treasured by its residents.
- The proposed parking lot would devastate the community. No other area of the Island has sacrificed so much for the good of the Island. He is not opposed to the expansion, but there is also a responsibility to say enough is enough.
- The proposal is way too big with insufficient buffer. He doesn't see how a parking lot could be built without lights.
- He asked that the Commission to carefully consider the elements of the project it has control over, particularly the parking lot.

3.2 Applicant's Presentation

Traffic and Transportation

Gary Hebert, Fay, Spofford, and Thorndike, addressed traffic questions.

- The goal of the parking plan is to improve the delineation of parking areas. Visitor and staff parking areas will be separate, self-enforced as much as possible with hospital oversight, and controlled with signage.
- Staff parking lot:
 - Temahigan could be the only access; there would be about 8 addition left turns per peak hour from Temahigan to Eastville.
 - As a gravel lot, it could be regreened.
 - From the hospital's perspective, it would make sense to have both accesses so that 30 to 40 people a day could avoid the intersection.
 - With the two access plan, the primary crossing of Eastville would be by the Emergency Room. The hospital would like to have pedestrian access across Temahigan.
- All the traffic mitigation strategies proposed in his report have been accepted by the hospital.

Tim Sweet said the design team would like to revise the proposal for the staff parking lot, with the Phase Two plan as the original plan and have only one access at Temahigan.

- The two houses will be far less impacted and the buffer on Eastville will remain.
- The parking lot is supposed to be for overflow so it will be used only during the day.
- The hospital agrees that it should be extremely careful about going into the neighborhood; planners didn't fully appreciate the impact of the second egress on the neighborhood.
- They're not sure about wanting a footpath to Eastville from the parking lot.
- The Eastville access was proposed because of the difficulty of the left turn from Temahigan to Eastville; the hospital is meeting with Oak Bluffs about improving the intersection, which might cost \$30,000, potentially funded by Mass Highway with the town paying for design.

Andrew Woodruff asked if there is a safety issue on Temahigan now and how many people make a left hand turn from Temahigan on a summer day. He wondered whether the single entrance to the staff parking lot would lead to changes in the road layout and traffic flow.

Gary Hebert discussed the intersection of Eastville and Temahigan.

- There aren't very many left turns from Temahigan onto Eastville, maybe 100 a day.
- The staff lot access is well beyond any intersection changes that might take place.
- Traffic from Temahigan and Beach Road has the right of way. This would be different if the intersection were reoriented.
- Temahigan could have a stop; traffic from Beach Road to Eastville would have the right of way.
- Adding a stop at Eastville for a crosswalk would improve pedestrian flow, not necessarily traffic flow.
- The intersection has its problems with or without the hospital; the hospital doesn't add much traffic. The intersection doesn't exceed the statewide average for crashes.

Ned Orleans asked if the hospital has a Plan B, if this property weren't available.

John Breckenridge asked whether the hospital would be comfortable helping to defray the estimated \$30,000 cost of re-doing the intersection. **Tim Walsh** said if the estimated cost is accurate, they could be.

Martin Crane added that if the lot is for overflow day shift parking, the traffic pattern is not unpredictable and the crosswalk intersection could be marked.

Megan Ottens-Sargent asked for clarification on the location of the crosswalk. She asked whether there could be a walking path from the proposed lot to Eastville and a crosswalk at that point so the crosswalk wouldn't coincide with traffic.

Chris Murphy asked about the number of parking spaces. Gary Hebert said that the main site numbers were reduced from the original plan because of the added buffer; the total including staff parking lot will be 360.

Jim Powell asked about the cost of replacing the lot with double-decker parking around the hospital to minimize impact in the neighborhood. **Mark Rowland** said the cost of the proposed lot is \$100,000 plus landscaping; the cost of 100 parking spaces in a deck would be about \$3 million and 100 spaces under hospital building would be about \$5 million.

Doug Sederholm asked if the Commission were to find that the detriments of the parking lot outweigh the benefits and conditioned approval without the parking lot, how the hospital might compensate for the loss of those spaces. If it were forced to have a plan B, what would it be? He asked if there were any way to reconfigure the parking.

Tim Walsh said the more buffer zone is added, the more parking is lost.

Mimi Davisson asked if it would be possible to share driveway access with the State Police barracks. **Gary Hebert** said it would be very difficult from a practical and legal standpoint.

Andrew Woodruff asked if the proposed lot includes ample space for new growth at the facility; where does the parking go 30 years from now? **Gary Hebert** said the estimate is for 360 spaces through 2026, which is based on growth of the Island. The 2004-2006 figures show negligible growth.

Mark London commented on parking.

- The Hospital is not including modifying the intersection as part of the DRI proposal; it is just pointing out that it may be desirable to improve it.
- In making the left turn onto Eastville, as long as the driver pulls forward past the solid yellow line, the left turn is manageable and safe. Since the same staff members will use the lot every day, drivers should develop the habit of making the turn safely.
- The lot might have lower impact if they map out existing trees and reconfigure the lot around them. Buffer areas could be increased, the gravel area could be much smaller, trees outside the driving lanes could be kept, and the parking located on the perimeter of the parking area could be on grass between trees, providing occasional overflow parking.
- It might be desirable enlarging the buffer of green space on Beach Road in front of the Hospital, but this would reduce the number parking places available on the campus.

Mike Chadwick said the effect of drawbridge construction on the hospital project is negligible because construction trucks generally won't be able to over the drawbridge at all.

Other Issues

Mark Rowland and **Mike Chadwick** answered questions that had been submitted.

Energy Efficient Systems:

- Boilers will be propane-fired, hot-water boilers; which have efficient and excellent temperature and humidity control and provide a certain number of air changes.
- Hospitals are required to have temperature and humidity control within very specific ranges; this system is the industry standard.
- Geothermal systems are great in schools, homes, and office buildings; but not well suited to a hospital.
- Bio-diesel doesn't burn as efficiently as some of the other fuels; a 100 kw generator becomes a 75 kw generator. However, they can investigate a bio-diesel generator.
- The Coast Guard and air transport service have written stating that they oppose a wind turbine generator on the hospital site.

Site Work:

- 23,000 cubic yards of fill is required for the entire site.

- Soil consolidation is necessary because the material below the hospital is loose sand subject to liquefaction and has loose bearing pack capacity.
- Consolidation is required 40 feet below the existing grade.
- They will use vibro-compaction technology, which creates horizontal vibration causing the soil to settle.
- The impact has about 10-foot radius.
- The building's footings will be constructed using compaction grouting whereby a casing like a pump is sunk into the soil and the casing is filled.
- 10,000 cubic yards are to be placed under the building.
- Noise will be from a crane, compressor, and pumps that pressurize the equipment. There will not be pile drivers or drills.
- 23,000 cubic yards of material is a lot of material, but it will be transported over a period of time. At first, one truck will make seven trips a day, three days of week; then one truck seven days a week. In the fall over 16 weeks, three trucks will be making seven trips a day each, three days a week.
- The leeching pits are not under the building so compaction won't affect them. They are under the courtyard and parking areas.
- Diesel equipment uses filters to reduce particulates. Mike Chadwick will get more information about filters on Island trucks that they'll use.

Sewage:

- Regarding sewage capacity in comparison to residential homes, the town wastewater system was not designed to serve residential areas.

Other:

- The main Multi-Use Path does share any roadways. The current site plan can accommodate a variety of alternatives for footpaths, but it will take time to evaluate the options.
- The roof surface is reflective of heat, not light.
- The sun shadow in the healing garden depends on the time of day and time of year.
- The fastening systems on brick and stone veneers have sheathing with masonry ties, which meets the 120 mph wind load. Hardieboard is screwed into studs with cantilevered screws meeting a 90 mph wind load; the manufacturer hasn't tested and rated Hardieboard above 90 mph. Studs are steel and sheathing is gypsum and glass fiber. Sheathing or other interior materials aren't rated because it isn't an exterior material.
- Regarding LEED stormwater points, this site doesn't allow for reduction of the impervious area; the building footprint and paved parking lots are the constraints.
- To establish height above sea level, the surveyor begins from working with an established national geodetic point and survey horizontally and vertically. The 9-foot elevation was established in the field based on that data.
 - **Chris Murphy** said sometimes the reference point data can be quite outdated. He would like the surveyor to run a line from the water to the hospital; the national data are old.
 - **Chris Akers** said thousands of levelings have been done throughout the years.
 - **Bill Wilcox** said the mean sea level and national geodetic vertical datum are not the same. Sea level is possibly 0.7 foot higher than vertical data point.

- **Chris Murphy** suggested that with a \$40 million project, it would make sense to establish an actual foot above sea level when it's an inexpensive thing to do.

There was a discussion of the possibility of relocating the Hospital to an alternative site.

- **Tim Walsh** repeated that the Hospital is not building anything anywhere else because of the cost at another site. They would need an additional 68,000-square-foot administrative building, and a 45,000-square-foot building to replace Windemere.
- **Jim Athearn** asked about the reference to a recommendation from the Sheriff that the Hospital be relocated. **John Best** said that this was at one of the early meetings looking at the availability of an alternative site; the Sheriff said his only request was that public safety issues of location be taken into consideration.
- **Tim Walsh** said that Dr. Timothy Tsai, Director of Emergency Services, has talked to emergency medical people around the Island, which now has paramedic services. The real public safety concern is the time from the 911 call to the time the paramedics arrive; the real improvement to be made is not in transport time, but in paramedics getting to the scene.
- **Ned Orleans** said there is an assumption that everything has to stay together. Why do doctors' offices and parking have to stay on site? Parking seems to be like the "extra five pounds you have to fit in the bag". What else could be done so more parking could stay on the site? Moving doctors' offices might open some land for some parking.
- **Tim Walsh** said having doctors' offices on site allows the Hospital to get Medicare reimbursement; this has allowed the Hospital to increase physician staff. A hospital with fewer than 25 beds has Critical Access Hospital status. The hospital needs primary care physicians to admit ER patients; now, primary care physicians come out of offices and take care of ER patients. Having doctors' offices there has become an integral part of the way care is given at the hospital.

3.3 Commissioner's Questions

Martin Crane said many health care facilities have remote parking for employees especially if there are existing available lots; the downside is the cost for a shuttle. **Tim Walsh** said they have tried to solve the parking problem for three years and they'll continue trying.

Andrew Woodruff asked about cost and feasibility of removing one of the existing sections, losing the space, and adding parking. **Tim Walsh** said that:

- The cost of demolishing the surgery wing is \$300,000, plus the loss of the physical asset of the building.
- The VNA would have to look at staying off-site and Hospice would have to go off-site, meaning the Hospital would lose rent revenue of \$40-50,000 a year.
- Daycare may not be able to come back on-site if a wing were eliminated.
- A lot of renovation work has already been done to the wings, including a new roof and boiler. There's not that much more work to be done.

Paul Strauss said he admires the effort and creativity and planning that's gone into preparing this design and proposal but it seems like trying to fit a 10-pound hospital plan into a 5-pound bag. He asked whether the planners would consider a more vertical orientation with one or two

layers of parking underneath and a higher elevation. As another alternative, he asked about the possibility of removing a wing to provide more parking.

Doug Sederholm asked why a large parcel next to Hospital and Beach Road is undeveloped.

Mark Rowland explained that the plan respects the 100-foot coastal zone. The other side of the site is developed near the wetland, but is not near the coastal zone.

There was a discussion of the Multi-User Path.

- **John Best** asked for a clearer explanation of the bike path, which, at present, isn't highly used by recreational bikers. He asked whether the planners have looked at where the path runs along Eastville where it is basically a shoulder.
- **Mark London** explained that the Bike/Pedestrian Subcommittee of the Joint Transportation Committee is working on an overall strategy for bicycle path improvements which includes completing the off-road network of Down-Island Multi-User Paths. Most people do stay on the road at the curve, but this is not desirable. The Hospital is planning an exclusive path on the Hospital campus; however the section along Eastville Avenue is not part of the Hospital project and would be improved by others later. With a complete, safe, off-road MUP network, people would be more inclined to use it and this would get less experienced riders off the dangerous road.
- **Chris Akers** explained that the 8-foot dedicated bike path off Linton Lane will remain, go around parking, continue on Dorchester Avenue or the gravel road by the red house. The bike committee will decide whether it stays gravel or is paved.

3.4 Public Testimony

Sylvia Thomas, Island native senior citizen, said she wants to look at a finished project plan.

- She is concerned about accessibility for patients for the hospital, particularly from the back, and how the planners will create all the parking spaces.
- Why couldn't the first building across from the entrance be eliminated and used for parking. It would be nice to have VNA there, but parking has to be a priority.
- The roof garden is nice but she recommended keeping it simple or using the space.
- She wondered about the new hospital taking the place of the old hospital and make space for parking.

David Gross said the Gordons are very appreciative that the Hospital and Commission are addressing concerns about the historic residential neighborhood.

- The answer seems to be that something has to move off the hospital site, such as VNA, daycare or records, to make room for parking.
- He wondered what the cost of the Department of Mental Health lot is to the Hospital.
- He would like opportunity to see and comment on the final plan and stated that he's not sure how many spaces are really necessary. He wondered how small the parking lot could be.

Allison Berger said she was surprised to hear so many details and it would have been great if the public could have seen alternatives. She is concerned about wetlands.

Patrick King said he submitted his statements in writing. He has talked to Marcia Cini who will be submitting paperwork on his behalf.

- The risk assessment does not mention that during a hurricane watch or warning, lift bridges are put in the up position.
- The risk assessment should have dealt with emergency evacuation because access and egress must be done from an entirely different position.
- **Linda Sibley** said that risk assessment for this project was done by the Woods Hole Group. General risk management is dealt with through the Oak Bluffs Risk Management report in which bridge access is dealt with.
- He appreciates the bike path issue.
- He asked whether the Commission was aware that residents of Windemere Road are on a public access road that was cut off. They have asked to have access back.
- On behalf of the Grahams and McGees, he asked that the Hospital put a photographer in a bucket truck at the height of the proposed hospital to see how the privacy of abutting decks and property would be affected.

Paul Foley said that letters were received from the following, and are available for member of the public to read and are posted to the website:

- Conrad Newman
- Chris Fried
- David and Katherine Gross
- Jeff Donnelly
- Marjorie Aronson
- Roberta Mendolitz
- Victor Lindt
- Victor Lindt Real Estate
- Martha Brown
- Edith Potter
- Katherine Gordon Gross requesting party status
- Robert Iudicico
- Chris Fried
- Gretchen and Sam Feldman
- Nancy Dole
- Kerry Scott
- Ann Gordon and her family requesting to be parties of interest
- Richard Toole
- Chris Murphy
- Eastville Homeowners and vested taxpaying residents requesting party status

Christina Brown explained that the Commission would look at party status requests at the meeting on November 16th.

- Requests for relief are separate from party status requests.
- She encouraged people to go to the Commission website where comments and documents can be submitted.
- The written record is open until 5:00 p.m. Thursday, November 16, and statements may be mailed, hand-delivered, and e-mailed.

3.5 Applicant's Presentation (continued)

Mark Rowland and **Mike Chadwick** responded to additional questions that had been asked previously about the project.

- Many additional LEED credits would have some impact on the architecture. Some impacts would be visible, some would not be, such as the size of a mechanical room.
- Paul Foley has a map of neighboring properties with property lines shown.
- No special medical licenses are necessary for working on hospitals, just regular contractor licenses.
- In the event of a Category 3 storm, construction would cease, materials and equipment would be secured. At some stages of construction, materials would be vulnerable to high winds and storm surge. Construction would resume when conditions returned to normal.
- On the plans, existing vegetation is shown diagrammatically. New landscape is shown in the landscaping plan. The final plan will show more density along Beach Road. The landscape allowance is \$150,000. As many trees as possible will be worked into the parking lot without sacrificing parking spaces. Final landscape plans will be submitted.
- Responding to the question about more robust protections from storm surge, relevant measures are included in the plans. Sump pumps would deal with the incidental water expected during the most severe Category 3 storm; pumps are connected to an emergency generator. Other common sense measures would be related to hospital operations. The Woods Hole Group has provided a statement about projected sea level rise.
- The total budget for off-site parking is \$100,000,
- Proposed changes would require amending the current Determination of Need rather than drafting a new one.
- Staff has a map that shows distances to abutters.

Neil Lemieux discussed LEED certification.

- There is a third LEED certified hospital, the Providence Newberg Medical Center.
- The hospital planners have a LEED target of 29 points with 4 possible additional points
- 25 LEED points are simply not possible due to site constraints and the type of project.
- He has examined energy conservation more closely.
 - They will be looking at the latest technologies to increase wall and roof R-values.
 - There are potential grants for energy-related initiatives.
 - A small to medium photovoltaic system may be possible.
 - Window shades and window tinting add to conservation.
 - Rainwater can be collected for landscaping irrigation.
 - He will review rebates for the fixture package
 - Daylight sensors can be placed in non-clinical areas
 - Mechanical engineers are looking at airside economizers to increase efficiency.
 - Variable speed motors will be used at major heating units, but are not recommended at pumps.
 - There will be using low-e glazing in all the windows
 - They are required to hire a commissioning agent who will be certifying that the system is operating properly
 - High efficiency motors will be used in all fans and pumps.
 - The air chiller will have variable speed drives

Chris Fried thanked Neil Lemieux for the update and additional details which considerably improve the building.

- He is still a bit disappointed at the failure to use renewable energy sources. He would like to see photovoltaic not just considered but a significant part of the energy system.
- He would like to see solar hot water.
- He would like to see an integrated solar air heating system with panels that would heat air for the building directly.
- A wind turbine may not work well or be allowed, but it might be worth installing a wind turbine in the Lagoon with power cables to the hospital.

Neil Lemieux said some of the ideas may or may not work in a hospital but he will check with mechanical engineers about how they might work. Increasing energy efficiency would cost about \$500,000; the list of additional steps and costs is posted on the Commission website.

3.7 Commissioner Questions

There was a discussion of the property proposed for use as staff parking.

- **Megan Ottens-Sargent** said it is her understanding that the proposed staff parking property was donated for housing people with mental health related issues: She would like to know the history of the ownership of the lot.
- **Jim Athearn** asked for more information on Milton Mazer's involvement with the lot and the circumstances of the Hospital's acquisition.
- **Nancy Dole** said when Milton Mazer was the first psychiatrist on the Island; he was very unhappy about treatment of mental health patients. Her impression is that the land was made available to build a halfway situation.
- **David Gross** said their understanding has been that the Department of Mental Health was to build a residence next to the State Police to be used for a halfway house.

There was a discussion of emergency preparedness.

- **Kathy Newman** asked what the plans are, in the case of a severe storm, for off-site emergency triage.
- The Emergency Preparedness Plan and Oak Bluffs Hurricane and Disaster Plan are folded together and are coordinated with hospital services.
- **Chris Murphy** said the Emergency Plan assumes inaccessibility along Beach Road and there is a complete hurricane and disaster plan.

Andrew Woodruff asked the planners to look at the bright existing lighting and use this as an opportunity to improve exterior lighting.

Megan Ottens-Sargent asked about habitat restoration or protection in relation to LEED. She wondered whether LEED points could be gained by doing work, in addition to the sewerage project, to positively impact water quality in the Lagoon and Brush Pond. **Neil Lemieux** said LEED points are very specific but they will take a look at the point requirements and talk to Bill Wilcox.

3.8 Closing Comments

Christina Brown reminded everyone that the written record will remain open until 5:00 p.m., Thursday, November 16th, and that the public hearing is left open for the limited purpose of looking at written comments and to see there is new information that needs to be addressed.

LUPC will meet Monday, November 13th to start organizing information. Site visits are scheduled for 8:00 a.m. on Monday, November 13th, and Tuesday, November 14th. The building corners are marked.

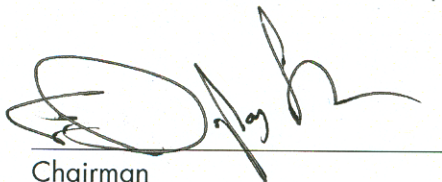
Tim Sweet made closing remarks about the proposal and process.

- The experience has been humbling; as delighted as he was to present the plan, he is even more delighted about finishing. He believes that they have one of the best design teams and one of the best thought-out plans that has come before the Commission. It's a little disappointing to feel that people believe the planners have been cavalier in decision-making; the process has been collaborative and the plan has changed a lot as they've received input.
- One of the main reasons that this plan evolved is cost. In a perfect world they would have found 20 acres with no neighbors and easy access and no problems for helicopters, but they couldn't afford it.
- He is stunned that they've gone from bankruptcy to having raised \$38 million for a Hospital that's been transformed financially and medically. He knows they can't come up with \$30 million more.
- The Island needs this Hospital. This is the only way they can think of to do it.
- This site is not perfect and it is smaller than they'd like, but it has served as the Island's hospital for 80 years.
- Parking is the only real issue.
- Regarding LEED, there are only three hospitals that are at where this hospital is striving for.
- The Island can't let this moment pass; he doesn't believe there's more money.
- Some of the discussion is about inappropriate detail and should focus on regional impact.
- Tim Walsh and his team have brought fiscal discipline to the Hospital. In ten years the hospital has gone from bankruptcy and turmoil to a point where they've raised \$38 million.
- Perfect shouldn't be the enemy of great; the plan before the Commission is great.
- He encouraged Commissioners to look at the project as a whole and not to doom it with a thousand conditions.
- The decisions planners made were financial. The hospital can't raise another \$30 million and if it were to borrow \$30 million, it would be broke in 3 years.
- He added that Commissioners will be prouder of this project than any other and will make a bigger difference than they've ever made.

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Christina Brown thanked the applicants and consultants for their patience.

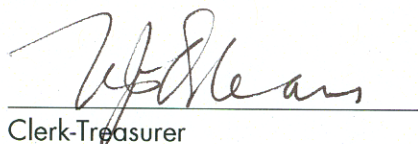
The meeting adjourned at 10:18 p.m.



Chairman

3-22-07

Date



Clerk-Treasurer

3-29-07

Date