



BOX 1447, OAK BLUFFS, MASSACHUSETTS, 02557, 508-693-3453
FAX 508-693-7894 INFO@MVCOMMISSION.ORG WWW.MVCOMMISSION.ORG

Minutes of the Commission Meeting Held on November 8, 2006 In the Katherine Cornell Theater Spring Street, Vineyard Haven, 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), Christine Flynn (Affordable Housing & Economic Planner)

The meeting was called to order at 6:41 p.m.

1. MARTHA'S VINEYARD HOSPITAL DRI 324M – PUBIC HEARNG

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; Chris Horiuchi, landscape architect, Horiuchi Landscape Architects; Neil Lemieux, Green Committee for Columbia Construction; Leslie Field, Woods Hole Group

Christina Brown reopened the public hearing. She reminded the public that the written record will be open until 5:00 p.m., Thursday, November 16th. The Land Use Planning Committee will meet on Monday, November 13th to begin organizing and reviewing all the information that has been submitted.

She reminded everyone that the purpose of the public hearing is to gather information and to ask questions, not to debate the issues.

1.1 Staff Report

Paul Foley reminded the public that most of the documents submitted for the application are available on the Commission website, mvcommission.org. He summarized the staff report:

- The proposal is for renovation, expansion, and replacement of the existing hospital.

- Zoning is in the Local Healthcare District.
- Local permits are required from the Oak Bluffs Building Inspector, the Conservation Commission, the Wastewater Commission, and the Oak Bluffs Planning Board for site plan review.
- The site is between Vineyard Sound, Lagoon Pond, and Brush Pond. The surrounding land uses are residences, wetlands, and the State Police barracks.
- The existing hospital is approximately 140,035 square feet (sf) comprising the 1929 Hospital building (31,987 sf), the 1972 Hospital building (62,096 sf) and Windemere (45,952 sf). The new total square footage of the Hospital and Windemere will be 219,155 sf for an increase in total square footage of 79,120 square feet, with the new building being 90,240 sf comprised of two main levels and a smaller basement.
- The hospital has signed a memorandum of understanding to work toward an affiliation agreement with Mass General Hospital.
- The project was referred by the Oak Bluffs Selectmen under a number of DRI triggers.

Key Issues

- How will access to the hospital be impacted by the construction of the temporary and replacement drawbridge?
- Does the site have room for further expansion?
- Are there financially feasible alternatives to rebuilding on the existing site?
- Is this the best location for the Island's sole critical care facility?
- How might the site be affected by a hurricane?
- Do the building plans address flooding, storm surge, and wind?
- How would access to the site be affected by a major hurricane?
- Does raising the emergency generator 18" sufficiently respond to surge risk?
- How might future expansion affect the neighborhood?
- How will site constraints affect the visual character of the road?
- How does the view of the proposed building fit with Island character?
- Is there enough parking for existing and future needs?
- Will the proposed bike path improve the connection between Lagoon Pond Bridge and Oak Bluffs?
- Has the sewer hook-up been approved by Oak Bluffs?
- Is there a stormwater plan?
- Is brick the only cost effective siding that is rated for 120 mph winds?

Environment:

- The property is not in estimated or priority habitat designated by the Natural Heritage Endangered Species Program.
- The landscape plan shows the addition of a roof garden, a healing garden, retaining walls, and screening along all of the borders. Native plants will be used.
- Exterior lighting will be minimal and according to code.
- New noise will be added from the chillers in the mechanical yard; screen walls are not planned but could be added.
- The building will be LEED certified and should surpass the Mass Energy Code by 20 to 40%.
- The new facility will provide for the collection and storage of recyclables.

- Asbestos will need to be removed, handled and disposed of properly.
- The applicant has said that 75% of construction waste will be recycled.
- Bio-medical waste will be disposed of off-Island.
- The removal and treatment of wastewater will have a positive nitrogen loading effect. The Wastewater Commission has approved the wastewater hook-up.
- The drainage plan is a work in progress. There are no direct surface water discharges, which greatly reduces the risk of water quality impacts. Stormwater will be infiltrated through leeching basins or through vegetative buffers.
- Bill Wilcox does not see nitrogen loading from stormwater as a significant problem. All catch basins will be fitted with oil absorbing filters. Some maintenance issues need to be detailed. Stormwater run-off from the back of the building needs to be addressed.
- Sedimentation problems during construction will be dealt with by three silt fences along edges of the work area. Work area erosion controls are planned to minimize sediment loss.
- The Oak Bluffs Conservation Commission will scrutinize the project under both the State Wetlands Protection Act and the Town By-Law.
- Bill Wilcox suggested that the final stormwater drainage plan be submitted to LUPC after the Conservation Commission reviews it.
- The hook-up to the septic treatment plant is designed just for the Hospital and not for surrounding neighborhood homes.

Affordable Housing

- The hospital spends more than \$600,000 a year on housing for its employees.
- The Hospital has 33 housing units that are used to house up to 63 seasonal employees. During the winter the hospital has 18 units used to house 34 employees.
- The Hospital has said that the proposed expansion of the hospital will cause an increase of only two to four employees in the short term.

Economic Impact

- The hospital conservatively estimates a cost of at least \$25 million more to build at a new site. They believe that the reconstruction of Windemere and a new administration building would cost that much alone.

Risk

- The elevation of the current building is about 15 feet.
- At pre-application meetings there were concerns of vulnerability of the existing site to hurricanes and sea level rise. To address these concerns, the Commission worked with the Hospital on an alternative site study and a risk assessment study.
- The Island can expect one major storm landfall every 10 years. In 1954, there were three hurricanes in the area. The last major hurricane was Hurricane Bob in 1991, a relatively weak Category 2 storm that struck on a low tide.
- In 1961, a Category 4 storm (Esther) was bearing down on the Vineyard from the south, but it veered off, made a loop, and then stuck with much less force after dissipating in the ocean. However, the question remains – what would have happened if Esther had hit at full force?

Alternative Site Sub-Committee

- The sub-committee looked for the existence of potential real estate only; it did not consider the financial feasibility of implementing an alternative site. The reason for this was that if the committee were to have found that no other possible site exists then the financial aspect would have been moot. The committee found seven sites that are physically feasible in terms of size and location though not necessarily available.

Scenic Values

- The building will be much more visible from Beach Road and the water.
- The building exterior is proposed to be brick rated to be able to withstand 120 mph winds.

Local Impact

- Abutters have expressed concern about proposed employee parking, increased traffic, and construction impacts including noise and access.
- They are also concerned about the proximity of the large new building to their houses and the deterioration of their neighborhood.
- The Hospital has said access to Windemere Road will be maintained throughout the construction process.
- The construction schedule is broken down into four main phases with many sub-phases.

1.2 Wastewater

Joe Alosso, Oak Bluffs Wastewater Superintendent, spoke about whether the wastewater treatment plant could handle additional houses in the area.

- The capacity requested for the hospital, Windemere, and the red house was approved.
- The wastewater system has the capacity to handle additional homes but the hook-up system would need to be redesigned to handle that flow.

John Best asked for clarification on the site acreage; the site is 12.99 acres and may have been referred to as almost 13 acres or approximately 12 acres.

1.3 Risk and Vulnerability Assessment

Leslie Field, Woods Hole Group, outlined the Risk and Vulnerability Assessment Study.

Objectives & Methodology

- The study objectives were to evaluate the risks caused by natural hazards at the current site given the proposed renovation and expansion, to identify steps that could be taken to minimize risks, and to evaluate the suitability of the existing location.

Risks

- The hazards of concern are flooding, storm surge, wind, winter storms, coastal erosion, etc. Flooding and storms are the two major concerns.
- They identified the geographic areas most likely to be affected by a hazard, and identified the structures and infrastructures in the risk area that are considered at-risk from hazards.

- The study assessed vulnerability, which describes how susceptible people and infrastructure are to impacts from hazards.
- The SLOSH Model published by the National Weather Service and FEMA FIRM maps were used as data sources to predict the severity and extent of flooding.
- The SLOSH Model represents the highest possible surge, the worst-case scenario based on hypothetical events. The FIRM data set is based on historic flood levels.
- The SLOSH Model numbers are conservative; the FEMA numbers are realistic.
- Surge elevations predicted by the SLOSH model for Category 1, 2, 3, and 4 hurricanes were 6.7, 10.6, 14.5, and 16.9 ft (NGVD), respectively. These surge elevations represent the highest possible flooding that could occur from critical combinations of hurricane track direction, forward speed, landfall location, and high astronomical tide.
- Storm surges above 7.2 ft (NGVD) have never been recorded in Vineyard Haven Harbor.
- The frequency of a Category 1 event is less than 16% per year; a Category 4 event is so infrequent and unlikely as to be statistically insignificant.
- The FEMA data predicts surge and flooding.
- FEMA models show 1% annual chance of flooding; FEMA predictions show minimal impact of flooding on the hospital.
- MASS Building Code requires design to meet 90 mph wind load; FEMA's Coastal Construction Manual recommends design to 120 mph winds.

Vulnerability Assessment

- The study developed a vulnerability score for each hazard based on a number of factors. The hospital is most vulnerable to storm surge flooding from SLOSH, then FEMA flooding, winds and snowfall in that order.
- In assessing the vulnerability of critical services, the study identified critical services and the systems required to meet performance objectives of the hospital.
- In Category 1 and 2 SLOSH scenarios and FEMA flooding, the hospital's performance objectives are met and there is a low vulnerability score; some loss of functionality may happen because of reduced access along Beach Road and temporary loss of power.
- In Category 3 SLOSH scenario, performance objectives are partially met and there is a medium vulnerability score.
- In Category 4 SLOSH scenario, performance objectives are not met and there is reduced access to buildings resulting in a high vulnerability score.
- The overall risk is calculated by adding the magnitude of vulnerability to the frequency. The result is that there are low risks associated with the hospital site and the proposed project.
- The study concludes that there is a low risk that natural hazards will adversely impact the performance objective of the proposed development on the existing hospital site.
- The study offers recommendations which, if put in place, would reduce vulnerability to low in all scenarios.
 - Elevate the emergency generator and oil tank above Category 3 SLOSH level.

- Look at elevations on the perimeter road, especially around the emergency parking lot and the west side of the building.
- Upgrade exterior material to meet 120 mph wind load.
- Work with Oak Bluffs Emergency Management Director to develop an evacuation plan from hospital site and to put into an effect a hurricane watch zone if a Category 3 or 4 were coming this way.
- A recommendation to Oak Bluffs is to elevate Eastville above the 100-year flood zone, above 10.6 feet, or above the Category 2 surge level to minimize reduction in access. Currently Eastville is 8 or 9 feet above sea level
- An Executive Summary is included in the assessment.

Leslie Field answered questions that had been raised.

- Under the Community Rating System, FEMA gives points to communities that have gone above and beyond the natural flood plain requirement in protecting their communities from flooding. The hospital and risk assessment could earn points but Oak Bluffs would have to apply to FEMA to be a CRS community which would lower flood insurance for its residents.
- Sea level rise of as much as 2.9 feet over the next century due to global warming is considered a low risk because of its uncertainty and because it occurs over such a long period of time.
- Storm surge from the northeast was factored in.
- The study doesn't make a distinction necessarily between an isolated sole critical care facility on an island and other hospitals because data isn't available. The point is that the SLOSH data is worst-case doomsday prediction and there are many hospitals on the east coast in the SLOSH zone.
- The helipad would be flooded in a Category 2 event. The Coast Guard has stated that they would be willing to land at the high school.

1.4 Sustainability

Neil Lemieux presented information on sustainability and LEED certification.

- LEED offers a good guide for making environmental decisions for patients and for air quality. They would like to get the points but it's most important to make good decisions for patients and staff.
- There are currently seven LEED registered hospital projects working towards LEED certification.
- There are two LEED certified hospitals: one in Kentucky and one in Colorado.
- Only new construction projects can be certified.
- Some LEED points that may or may not be available:
 - Site selection: no points because of the site's proximity to wetlands.
 - Development density: no points because the site isn't in an urban area.
 - Redevelopment: no points because the project isn't redeveloping a contaminated site
 - Habitat: no points for protecting and restoring habitat. Those points are targeted for new sites or habitat that needs to be saved.
 - Open space: no points for maximizing open space.

- Stormwater quality control: this project will partially meet LEED requirements but not all of them.
 - Parking: LEED requires 5% of parking be provided for hybrid vehicles and carpool spaces, resulting in 17 hybrid and 17 carpool spaces. However the hospital will make its parking designations based on need so those LEED points may not be available.
 - Non-roofed paved area: possible points for providing shade on the non-roofed paved area. The requirement is to provide shade from trees within 5 years.
 - Innovative water technology: LEED requires reduction of water consumption by 50%. This project is targeting 20%; 50% is difficult to achieve in a hospital.
 - Optimizing energy performance: the Department of Public Health has specific energy requirements for healthcare environments which prevents the project from picking up points in that area.
 - Windpower: A windtower may not be possible because the Coast Guard may not be able to fly within the proximity of a 200-foot tower.
 - Enhanced conditioning: the project would have had to apply for those points two years ago.
 - Refrigerants: points for refrigerants without PCBs
 - Green Power: points for the hospital's commitment to purchase more than 35% of its power from green resources. Columbia is preparing separate costs for purchasing more than 35%.
 - Building reuse: no points because they don't apply to major renovation projects.
 - Resource reuse: no points because it's not recommended that materials be reused in a hospital project.
 - Regional materials: no points because materials need to be extracted and fabricated within 500 miles of the project.
 - Rapidly renewable material: no points because bamboo and similar woods are not recommended for use in a hospital.
 - Certified wood: wood has to be harvested from FSFE certified areas. Columbia is preparing separate costs for that point.
 - Indoor Environmental Quality: points for environmentally appropriate carpeting and painting.
 - Controllability of systems: no points because multiple thermostats are not recommended in a hospital.
 - Daylighting and views: no points because the building will have a lot of interior space and lab and imaging spaces.
 - Green housekeeping program: points for the hospital's program.
 - Innovation credit: possible points for removal of the wastewater treatment plant
- The project looks like it has 29 available points, with 4 additional possible, making it ineligible for the silver level.
 - In response to a previously asked question, the roof is not actually 'reflective' but uses a paint that retains heat; it will be a weathered color.

1.5 Responses to Previous Questions

Mark Rowland, partner in charge, Thomas Miller and Partners, and **Chris Akers**, engineer, Littlejohn and Associates, **Mike Chadwick**, Columbia Construction, and **Chris Horiuchi**, Horiuchi Landscape Design, answered questions that had been asked previously.

Miscellaneous

- "Controlled" visitor and staff parking means using signage and identifying placards or stickers to specify visitor and staff parking with hospital enforcement.
- The architects could build a model but it will take significant time and expense; they had decided to use elevations and digitized renderings instead.
- The Hospital will work with Oak Bluffs to see if rezoning is necessary for the new staff parking lot.
- For the staff parking lot, Phase I will include the two accesses until, if ever the intersection were to be redone, at which time the Eastville access would be removed. Expansion spaces will be done in grass so that no landscaping will be disturbed should expansion take place.
- The staff parking lot is planned to be 82 spaces expanding to 107 in Phase II.
- Parking space east of the State Police barracks is not available.
- Landscaping buffers will be planted to the edges of abutting residential properties.
- The hospital has accepted the parking mitigation measures in the FST Traffic Study.
- Visitor parking depicts the minimum desired number of visitor parking spaces.
- Sidewalks are proposed throughout the campus to connect parking and existing and proposed buildings.
- Exterior lamps will be metal halide.
- There are no plans at this time to upgrade the existing exterior lighting.
- The red house will house administration offices
- 23,000 cubic yards of fill material will be needed with 17,000 cubic yards from the Island. 6,000 cubic yards will be aggregate base and processed gravel sub-base material for under the concrete slabs and paving and will come from off-Island by barge during the Spring to Fall of 2007.
- The area to be filled is in front of the hospital; the major effect upon neighbors will be the re-routing of traffic, but the hospital will ensure that Windemere Road will remain open.

Construction Schedule, Sitework, and Noise

- Construction will take place Monday through Friday. During interior finish work, the workweek may be expanded on occasion to include Saturday.
- Exterior construction activity may take place between 7:00 a.m. - 6:00 p.m. The hours may be expanded once the building is enclosed; recognizing that noise from construction activities is an issue due to proximity of the neighboring homes and the existing facility itself.
- Efforts will be made to minimize noise as much as possible.
- Limitation will be set on the number of major pieces of construction equipment operating at any one time. Equipment operation will be strictly restricted to within 7:00 a.m. and 6:00 p.m. and there will be no excessive idling of equipment.

- Where possible, equipment will be located so as to minimize noise impact in the surrounding area. OSHA noise requirements will be maintained.

Construction Process

- First the Eastville Avenue parking lot will be constructed, Columbia will begin preparing for the demolition of the 1929 building, and there will be some work on parking behind the building.
- Once the 1929 building is down, Columbia will begin soil stabilization work including bringing in fill, re-grading Hospital Road, and preparing the footprint of the new building.
- Activities become more visible and more intense into the fall.
- Once the pad has been prepared, passersby will see work around the foundation for about three months, including rough grading of the site bringing the pitch of the road up to rough grade. Passersby will get an idea of the path up to the Hospital and path to Windemere.
- Structural steel will be delivered and construction will begin on the frame of the building. Once the frame is in, the site becomes congested and busy with multiple trades working on the inside of the building and constructing the walls and roof into the summer of 2008.
- Over four or five months, the exterior becomes complete and the building becomes weathertight.
- Once the exterior is complete, scaffolding, etc., is cleared out and parking spaces can be turned over to staff and visitors. At the same time they'll complete the balance of the site work over three to four months hopefully around the end of 2008.
- The hospital building is a 25-month schedule; plus 4 months for renovation.

Construction Parking

- Construction workers' parking will be restricted to within the construction area, which will be surrounded by construction fence.
- Parking on-site will be limited to one personal vehicle per trade; parking for personal vehicles will be designated off-site at the staging area.
- The construction company puts a provision in the subcontractor contract about parking.

Local Trades

- Local people will be hired. Columbia will be using the subcontractor bidding process. They will set up a plan room with construction documents so local contractors can view the plans.
- All legitimate bids from qualified subcontractors on the Island will be accepted and seriously considered.
- Subcontractors will be required to accept and consider applications from qualified members of the local workforce. Applications for such positions will be made available and accepted at the on-site office throughout the project.

Parking Lot Runoff

- New catch basins at low points in the parking lot are proposed.
- The catch basins have ultra urban filters and smart sponges to absorb hydrocarbons. The filters capture debris such as dirt, leaves and trash to prevent debris from going into the secondary leeching pits.

- Roof runoff will recharge the groundwater. Bill Wilcox has said that Oak Bluffs considers roof water to be clean water.
- Some smaller portions of the parking lots will drain into catch basins with an inlet smart sponge system and then drain into the wetlands.
- Remote staff parking will be gravel and have a natural buffer that allows for filtration of stormwater.
- The stormwater management plan is available.
- The natural vegetation that currently exists on the parking lot will remain in place; they will only remove what is necessary for future spaces.
- The parking lot along Beach Road will be separated by a heavily landscaped 50-foot buffer.

Landscape Plan

- There will be planting buffers along major roads and parking areas
- There are important focal points; the entry, healing garden and rooftop garden.
- The healing garden will be summer flowering plants, familiar and ornamental.
- The roof garden will be native grasses.
- Hardy greens will be planted around the building and parking lot

Existing ER Parking Lot

- There is an existing underground storm sewer system. There is a single catch basin with three 12-foot diameter leeching pits that will remain in place. An urban filter will be added which will treat the runoff and recharge groundwater as it always has.

Chris Akers pointed out the drainage plan and site improvement plan.

Miscellaneous

- The proposal is to add one diesel generator with Caterpillar or Kohler standard ignition system. It does not use primer oil or have an interrupter switch because it must start and transfer power within 10 seconds.
- A wind generator may interfere with operation of the helipad.
- Mark Rowland showed photos of two hospitals that had experienced hurricanes. Shingles that were marginally appropriate for a coastal area were blown off. A masonry building had no damage.
- Alternatives to brick that would withstand 120 mph winds are stone, precast concrete, metal panels, and aluminum curtainwall systems, all of which appear to be more urban materials.
- The revised elevations show a gray brick with a lighter red contrast; some changes were made to windows and corners.
- A stone veneer might make the building look more massive. It would be more prominent and very expensive.
- The orientation of the building was based on functional flow so passive solar was not a priority but it is maximized where possible.
- The steel post-and-beam structure allows the building to be easily renovated and expanded. There is sufficient floor-to-floor height for expansion of cabling or wireless telecommunications systems. The building is designed and sited so that various departments can be expanded over time.

- The brick should last 100 years; the metal roof should last 50 years. The structure should have an indefinite life.
- The cost of a wind turbine is approximately \$1.3 million.
- The design was inspired by architecture on the Martha's Vineyard: sloped roofs, divided-light windows, shingle siding, white trim, residential scale, elegant detailing, and gable elements.
- The roof garden is designed to be built over.
- This hospital needs all the major services a critical care facility would offer because on the Island, there isn't the luxury of a quick trip down the road for services. Baseline services are: Emergency Room, Intensive Care, Imaging, Surgery, Laboratory, and Obstetrics. Severe cases are airlifted. The plan is flexible enough to expand and accommodate new technology.
- The affiliation with Partners will not change anything about the project.
- A large overlay drawing is available.
- Dick Barbini provided the survey for the project. He used a local wetlands expert who flagged the wetlands, the same procedure used for other projects on the Island. The project will not fill in any wetlands as delineated by the expert. Some retaining walls will be used to stay out of the 100-foot shore zone along Beach Road.
- For groundwater elevation certification, they are waiting for the detailed groundwater report which shows detailed boring logs and maps where borings were done.
- The rendering and landscape plans are now in sync.

Joe Alosso explained that taxpayers and systems users would pay no costs for the hospital's tie-in to the wastewater system. The ability to tie-in other properties exists but there would be expensive changes to piping on site, changes to the pumping station and changes to the piping from the site.

Tim Walsh explained that it takes about six months to put together a new Determination of Need. It requires auditors, a financial feasibility study, and a specific plan, scope, cost, and time frame. Then the Department of Public Health has up to 12 months to review the proposal making it an 18-month project.

1.6 Public Testimony

Christina Brown encouraged members of the public to comment and to submit comments in writing. She asked people to include helpful comments that help Commissioners make decisions.

Ted Morgan first became associated with Martha's Vineyard Hospital in 1968 as hospital administrator and he served on the first building committee.

- A brick building was planned, but the powers that be felt that they wanted a Cape Cod style hospital.
- The plan violated every principle of modern day construction even in 1972; the current hospital has been a nightmare from a functional and maintenance standpoint.
- He doesn't want to detract from the excellent care that the staff provides, but it's time the staff, the Island and patients have a modern hospital.
- This is the largest fundraiser he's seen on the Island. People are expecting to have the hospital built on the existing site.

- He's surprised that a hospital on another site would cost only \$25 million more, considering finding and buying a green site and rebuilding Windemere.
- Hopefully all these factors will be considered and the Commission will provide the Islanders, the patients, the employees with the state of the art facility that the Island needs.

Sam Feldman, Chilmark, said that at some point in the process there was discussion of bringing in local architects to help make the design more indigenous. **Mark Rowland** said they are meeting with local architects tomorrow.

Chip Graham read a letter from his mother, Marcia Graham.

- Since 1911, her family has owned a property that now abuts hospital property.
- They and their renters have been fortunate to have had quiet vacations over many years.
- She listed concerns about the project. She and her neighbors' underlying concern is that they have been kept in the dark and ignored and have not been an integral part of the process.
- Meetings with the development office have been exclusively about the congestion on Windemere Road. They had hoped for a more inclusive relationship.
- Most of the properties around the existing hospital existed before the hospital opened.
- Expansion threatens to dissolve the neighborhood that has served residents for so long.
- She beseeched the hospital to consider moving to better serve the ever-growing Island population and asked to be given a seat at the table.

David Gross, son-in-law of Ann Gordon who lives at 83 Eastville Avenue, has given the Commission a series of documents, and would like to talk about how the proposed staff parking lot affects Mrs. Gordon's property.

- The house was built in 1818 and the area is the oldest residential neighborhood in Oak Bluffs. The house has been owned by the Gordon family since 1942.
- Mrs. Gordon has lived here year-round since 1981. She is 84.
- The Vineyard is missing a historic opportunity. The Island needs a new state-of-the-art hospital and the population is aging. This is the perfect opportunity to create a senior center around Windemere and move the hospital.
- The proposed expansion of the parking lot moves the hospital out into the residential community. The lot is zoned residential and will require a zoning change and is not part of the medical community.
- The hospital is on a 13-acre site with an 18-acre need. The only thing it can do is expand into the residential area.
- If the parking lot is allowed, the residential community on the north side of Eastville Avenue will come to an end.
- The plantings on the corner on Eastville Avenue adjacent to the Gordon property have been maintained and landscaped by the Gordon family to keep down noise and block the view of the Hospital parking lot. No one from the Department of Mental Health has maintained the lot.
- There have been many renditions of the lot. The parking lot proposal came late in the project. The entrance and exit road on Eastville Avenue runs directly in front of the Gordons' porch and it's the main view from the Gordon House.

- The Gordon family has been a friend of the hospital; Mr. Gordon was on the Hospital board.
- Eastville Avenue is an extremely dangerous road. If a cross street is put on Eastville, the question is only when someone will be killed, not if.
- Phase I of the parking lot with the entrance off Eastville will be a 30-foot wide teardown of mature woodlands. There's no reason not to put the lot's entrance and exit on Temahigan to protect the two residences on Eastville.
- The entrance off Eastville will make an opening that will be clearly visible from the Gordon house.
- Alternatives to the plan, besides an alternate site, are not to have sixteen private doctors on site with patients visiting them there. Parking for doctors and staff alone take up fifty parking spaces. The doctors haven't been asked to move out into the communities.
- Another thing that hasn't been adequately considered is putting in double-deck parking.
- The corporation's proposal is for additional incremental uses, which will mean more encroachment on residential areas.
- He wondered why staff couldn't park off-site and use a shuttle to the hospital.
- He urged the hospital not to put a new intersection at Eastville into the proposed parking lot. At the least, he suggested not allowing the entrance by the Gordons and making the parking lot minimal in size and as close to the State Police as possible.
- Since this is only a 7:00 a.m. to 3:00 p.m. parking lot, no lights should be needed.
- He and the Gordons have proposed a series of alternatives they would like considered to help maintain the character of the neighborhood.
- Everyone feels that the Hospital would be better in a different place, but people seem to want it here. This plan is on the wrong track. The proposed parking lot site isn't part of the hospital; it was dedicated for a Mental Health Department house and is residential. The woodlands shouldn't be torn down.
- Could Phase II be the first phase?
- Mr. Sweet has been very good at talking with the family in trying to work things out; the house and family need protection by the Commission.
- He submitted a letter in August: and will submit more materials by Thursday.

Chris Fried, a mechanical engineer, said since 1976 he has been building energy efficient houses. He was Clerk of the Works for the Edgartown Police Station, Town Hall and School

- He spoke with a LEED representative who said there are 101 registered LEED healthcare facilities. **Mark Rowland** pointed out that there are 10-12 major types of healthcare facilities.
- The hospital certification program isn't up and running yet and the NC program should be used. **Mark Rowland** confirmed that it is being used.
- The Massachusetts Energy Collaborative has written that for a 90,000 square foot facility, it will take about \$360,000 more to make the Hospital a high-rated LEED project and over a 20-year period it would save \$5.4 million dollars.
- A Platinum Level health care building is not that much more expensive.
- A booklet from the Oregon Health Center in Oregon has many details on how they constructed a LEED hospital.

- An executive summary on wind turbines from a consultant who did a study for the Falmouth Hospital is available. It states that the installation of a utility scale turbine is possible and would provide great financial benefits for the hospital.
- He submitted a letter co-signed by the Vineyard Energy Project, Vineyard Conservation Society, Martha's Vineyard Peace Council, and Tisbury Waterways addressed to Tim Walsh thanking the hospital for its high quality of service. The letter requested that the new building be a model of green design and work toward 59 LEED points instead of 29. It will cost more money but energy saved in the future would be worth the time and money and make the hospital an example for the future.

Susan Shea, Aquinnah and Edgartown, said she hasn't heard about the patients or residents of Windemere and the considerations that they will be given during construction. Construction at Mass General had to take many different types of precautions to protect the patients. **Mark Rowland** said they do projects like this over all over the country and every effort will be made to meet requirements and minimize impacts.

Richard Toole thanked the Commission for the opportunity to be heard on this project, which will be depended on into the future.

- Most residents of Oak Bluffs welcome the hospital but are more impacted by its presence.
- He asked how the Partners proposal would impact the plan.
- The biggest issue is location and whether the hospital should be expanded at its location. The Board has convincingly argued that the hospital should be rebuilt in the present location. But everyone he talks to think it should be moved.
- The present site isn't big enough; it's located on a busy thoroughfare, etc. To make the site accommodate its needs, the plan is to spread into the residential area
- There is potential for storm damage and loss of access at this site, and now a brick face is proposed due to location.
- The most energy efficient, easily maintained, affordable health care facility will help the Island's desire for the hospital to grow and prosper.
- The wastewater plant was designed with downtown in mind; should Oak Bluffs give the capacity to the hospital and how will that affect future needs?
- This has been a great fundraiser. Certainly a move would be more expensive, but more people would be willing to contribute if they thought they were supporting a more sustainable project.

Nancy Dole said she's sure there are many people in the neighborhood who have feelings about what kind of neighbor the hospital is, but she can only talk about one person, Mrs. Gordon. She has questions about the proposed parking lot.

- Jim Athearn had referred to the hospital's roof garden and joyful things like beets and carrots; Ann Gordon's porch, her summer dining room, looks out on woodlands that are to be changed to a parking lot.
- The hospital green engineer said that looking at nature makes people get better. She wondered about the effect of looking at a parking lot where woodlands had been.
- Was there anything other than expediency that led the hospital to want this to be a parking lot, a lot always intended for residential use?

David Gross said apparently on the application to Oak Bluffs and the notice from the Martha's Vineyard Commission, this parking lot parcel isn't named.

Cathy Brennan, West Tisbury, had comments about the renovation of the 1972 building.

- She is 100% in favor of the new hospital building. No one has been happier that there will be a new hospital. The location is not a problem except for the parking issue.
- She is concerned about the renovation plan for the 1972 building and her specific concerns are: temperature control for patients and staff; air quality; broken windows; plumbing; oxygen and suction tubing in the walls: would it be removed or left; exterior shingles that need to be replaced; exterior drainage: during rainstorms often a foot or more of water collects at the foundation; carpenter bees in the building in the spring time; wiring for offices for technology.
- The first plan was to build a whole new hospital and office building, which would have freed up space for parking that's so desperately needed. She was disappointed when the compromise plan was made.
- Four very disparate structures are lumped together.
- She hasn't seen a budget for the renovation or for the whole project and hasn't seen how much the hospital is planning for renovation and what it entails.

Patrick King, abutter, respectfully requested that the thirty-four Eastville Homeowners Vested Taxpayers have party status:

- He lives within 500 linear feet of the hospital. He is the second owner of the house that was built in 1915 and is largest landowner abutting the hospital. His grandchildren have asked if their children will have the same experience on the Lagoon that their father had.
- The purpose of the hospital is to react to illness or injury;
- He proposed that the hospital downsize and more money go into the YMCA, concentrating healthcare on exercise, physical therapy, and teaching swimming
- Isn't demolition more costly than starting from scratch?
- He had concerns when Windemere was built which was not built for the average Island senior citizen.
- There are 34 homes in the taxpaying association which pay about \$300,000 in property taxes. About 25 of the homes use summer rentals to raise property tax payments. Who is going to mitigate the loss of the summer income?
- He asked who is going to mitigate the loss in value of his house and what will his quality of life be?
- Two cars that were to be allowed to be parked have become eight and now cars are parked on top of the leeching field of the failed septic system.
- Summer employees have all-night parties and don't like neighbors calling the police. One of the summer workers tapped into his phone line. He filed a report with the State Police and Oak Bluffs Police and spoke with the Hospital's new CEO who said have his lawyer talk to the Hospital's lawyer.

Joe Alosso commented that Mr. King's comments were embarrassing and the Island has to progress.

Steve Bernier thanked Tim Walsh and Tim Sweet for being here.

- Ten or fifteen years ago, Islanders would have been embarrassed to talk about a new hospital. That the staff has continued to function is a miracle.
- Ideally, he imagines that Tim Walsh would like a piece of land in the middle of the Island and \$25 million dollars more. The site, the drawbridge, is something that we have to deal with and the dream isn't going to happen.
- He would like the parking to get under the building. It will help with community relations and won't be cheap, but community resources can be used to make the package a little different.
- The Island has needed Tim Walsh. Could the talent in this room switch things around a little bit and get the project started?

1.7 Commissioners' Questions

Jim Powell asked how many cubic yards the average Goodale truck holds. **Mike Chadwick** said somewhere between 15 - 22 cubic yards, assuming 18-wheelers.

John Breckenridge raised the issue of partial compliance with LEED certification and stormwater management and asked what the issues the engineers are unable to address are.

Chris Murphy had several questions and statements.

- Has Dick Barbini ever taken the point at highwater where mussels stop growing and run it up to the hospital or is the sea level figure coming from FEMA map? **Chris Akers** said that the elevation is off the FEMA map.
- He requested that the engineers get a field mark from the surveyor, rather than use the government information. Specifically what information is the hospital's height above mean high water taken from? Where did the elevation measurement come from? What was Dick Barbini's methodology? And where is the FEMA elevation from?
- He is very much in favor of the hospital and he wants to see the hospital be the best it can be. It's an investment by people for the next 50 to 100 years and dollars dictate their decisions, which seems very reasonable to me.
- The dream was for a new hospital but the community said the cost is too high.
- Given all that we've learned, is scaling back still the best decision and is it too late to change it?
- No testimony eliminates the current site, but several things should ask us to reexamine the location.
- The hospital said it needs 15 to 20 acres. Has this need changed?
- Traffic and parking will be issues as long as the hospital remains at the present location.
- The Dukes County Sheriff recommended moving to a more central location.
- The architects said it would be cheaper and easier to design and build on a new site.
- A new site would allow for future expansion. This site doesn't seem to be a good site for the future.
- Global warming has become accepted scientific fact, but the results of warming can't be predicted. A prudent board would consider global warming.
- Windemere and offices will eventually have to be replaced. Would it make sense to consider a new site away from the issues of traffic, space, and rising ocean?

Paul Strauss had questions about energy.

- He was glad that Chris Fried talked about energy; it's clear that Island people want an extremely high level of energy efficiency.
- Everyone he knows wants a new hospital; there are still the questions of where it should be and what it should be.
- He encouraged the planners to make the building as energy efficient as they can and the community can support. He asked for specifics on additional money and effort to reach a higher LEED level.

John Breckenridge asked about Joe Alosso's statement that tying in additional residences would cost more money and requested that Joe go into short detail on what those expenses would be.

- Additional expenses would be in the hundreds of thousands. Modifications would need to be made to the pump station and to where the force main will pump, which would be at least another mile up the road.
- There's no guarantee that Wastewater Commission would approve the additional hook-ins.
- In terms of affecting future capacity, Joe Alosso has explained that when a wastewater treatment facility is built, it's based on Title 5 numbers which are very conservative. The numbers are much lower than what was anticipated, allowing the Wastewater Commission to permit additional areas in town to tie-in.
- The hospital's wastewater will have no significant impact on the treatment plant's ability to meet its permit or to discharge water.
- The hospital will pay a user fee for that will go into the retained earnings account, which allows the Commission to freeze rates. The hospital user fee will be available for maintenance and improvements.
- The hospital will make a one-time contribution of \$75,000 which will allow the Wastewater Commission to buy additional land without cost to taxpayers and users.
- This plan gets the hospital out of the wastewater treatment business.

Kathy Newman asked if the offsite parking continues to be necessary, could the Eastville entrance be a pedestrian path rather than a car entrance.

Mimi Davisson said it would be helpful to get a map of the area with residential lots to see abutters' lots and lots owned by hospital.

- Would a Platinum LEED rating require structural changes or different materials?
- If an on-site wind turbine were not feasible because of helicopter landings, would it be possible to put one somewhere else?
- Does working on a hospital require special certification? How realistic is it to use local labor?
- What happens if a Category 3 storm took place during construction?
- The Oak Bluffs Selectmen have spoken individually about the project; she is interested in hearing from Selectmen as a group. **Christina Brown** said Selectmen have the hospital discussion on their agenda next week.

Andrew Woodruff spoke about the concerns for 1972 wing. What would it cost in terms of the long-term revenue stream to remove the entire ER wing and convert it to parking, eliminating the space as rental space for offices?

Linda Sibley has several questions.

- She understood that Milton Mazer gave the Eastville/Temahigan property to the Department of Mental Health. Does the Hospital have a commitment from the Department to sell the property to the Hospital?
- What is the white material on building? **Mark Rowland** said it is stone.
- The landscape plan and site plan don't necessarily agree. The landscape plan is more symbolic than specific; the Commission usually requires specifics and often asks that the landscape plan come back for final approval.
- What is the budget for landscaping? She is concerned that the expectation for landscaping is different from what has been budgeted for. Trees in the parking lot are necessary to break up the expanse of parking space.

Doug Sederholm said it's pretty clear that if the hospital were to be built now, it wouldn't be built at the present site, which has water on three sides. The Hospital has given fairly persuasive reasons why it can't be built elsewhere, mostly driven by finances.

- Are there any more robust mitigation measures to protect the hospital in the event of a Category 3 hurricane? Raising the generator 1.5 feet doesn't seem enough. How are the systems protected?
- If there's a storm surge that reaches the hospital and threatens the lower level, what are the systems to protect it? Is there anything else that could be done that would create a higher level of protection?
- He referenced the Risk Assessment and the vagueness of statements about sea level rise due to global warming and its influence on the effects on raising a Category 3 to a Category 4 event. He would like more information on sea level rise probability and amounts.

Jim Athearn pointed out that the paintings in the Katherine Cornell are of Island culture and were done by Chris Murphy's father and that the Commissioners are charged with protecting Island character.

- He would like more information on alternatives to the new staff parking lot,
- He would like to know the cost of clearing and building the gravel lot and the cost of building an elevated structure or building a basement garage.
- He assumes trucks from Goodale's will travel via Barnes Road, not over the drawbridge.

Ned Orleans said the three key issues seem to be location, energy, and employee parking. If we were going to build a new Island and new hospital, the hospital would be built in a better location. But we're not building a new Island. The bottom line issue for him is whether the location issue is sufficient for him to vote against the project.

Martin Crane asked whether, given all the possible changes, a new or revised Determination of Need has to be submitted.

Mark Morris said it would be helpful to see how close everything is going to be to abutters:

Kathy Newman suggested another site visit. **Christina Brown** said she would schedule site visits after the parking presentation.

Christina Brown said Commissioners may submit questions in writing.

David Gross said that Commissioners are invited to walk Mrs. Gordon's property.

Christina Brown recessed the hearing until 7:00 pm, November 9, to be held at the Baylies Room of the Whaling Church in Edgartown.

The meeting adjourned at 10:14 p.m.



Chairman

3-22-07

Date



Clerk-Treasurer

3-29-07

Date