APPENDIX E
COMMENTS ON THE DEIS

ORGANIZATIONS

South Asian Council for Social Services

SACSS

June 18, 2024

New York City Planning Commission
Attention: Hon. Daniel A. Garodnick, Chair
120 Broadway, 31st Floor
New York, NY 10271

Re: MSK Pavilion
Calendar Nos. 24-27 and DEIS
June 26, 2024 Public Meeting

Dear Chairman Garodnick and Commissioners:

On behalf of the South Asian Council for Social Services (SACSS), I appreciate the opportunity to provide input to the City Planning Commission as you consider the MSK Pavilion, to be heard at the Commission's June 26, 2024, public meeting (Cal. Nos. 24 – 27, and DEIS).

SACSS is a community-based nonprofit organization that serves over 220,000 immigrant New Yorkers every year. Our mission is to empower and integrate underserved South Asians and other immigrants into the economic and civic life of NYC.

Queens is one of the most diverse communities in the world with 2.4 million residents who speak more than 135 languages. Many people living in Queens face significant healthcare barriers, including socio-economic, language, and educational disparities, that have a profound effect on their ability to access care – particularly cancer care.

One of our main goals at SACSS is to improve healthcare access for all – and it's through this goal that our organization has forged a strong partnership with MSK. We are proud to have worked with MSK's Immigrant Health and Cancer Disparities Service for more than a decade. Together, we've worked on a variety of health equity projects together, including the Taxi Program, which holds regular health fairs at JFK and LGA airports and provides taxi drivers with important health screening services. These include health check-ins on blood pressure, BMI, waist circumference, cholesterol, and blood sugar checks, as well as offering navigation assistance such as clinical referrals, insurance enrollment, and help with accessing healthcare.

From January 2020 to December 2021 – at a time when many preventative healthcare services were greatly inaccessible because of the COVID-19 pandemic – the Taxi Program held 72 in-person health fairs for taxi drivers and 15 virtual cancer screening awareness events. The Taxi Program is just one of many examples of MSK's commitment to health equity. As a long-standing partner of MSK, I have seen firsthand how much MSK cares about the people that call New York City home.

The pending land use applications from MSK, which allow MSK to expand their inpatient capacity, are essential to MSK's ability to deliver on the promise of high quality, efficient patient care to all who

seek it, including the residents of Queens. The South Asian Council for Social Services therefore offers its strong support for the project.

We look forward to the Pavilion's approval and its opening in 2030. Its 28 operating rooms and associated ICUs and patient beds are a necessary addition to the City's capacity for meeting the needs of New Yorkers diagnosed with cancer in the future.

Truly Yours,

Sudha Acharya

Sudha Acharya
Executive Director

cc:

Hon. Eric Adams, Mayor of the City of New York
Hon. Mark Levine, Manhattan Borough President
Hon. Julie Menin, New York City Council Member for District 5
Selwyn M. Vickers, MD, President & CEO, MSK

From:	Nuha Ansari
To:	23DCP118M_DL
Cc:	Zeynep Turan
Subject:	[EXTERNAL] FRIENDS of the Upper East Side written comments on MSK Pavilion application
Date:	Sunday, July 7, 2024 3:27:37 PM
Attachments:	MSK Pavilion_written testimony_FRIENDS_070724.pdf

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Dear City Planning Commission,

Please find attached FRIENDS' written comments on the MSK Pavilion application (MSK Pavilion, CEQR No. 23DCP118M), an expansion of our oral testimony delivered at the Public Hearing on June 26th.

Thank you very much indeed for your consideration.

Sincerely,

Nuha Ansari

Nuha Ansari
Executive Director
FRIENDS of the Upper East Side Historic Districts
966 Lexington Avenue, #3E
New York, NY 10021
T: 212-535-2526
www.friends-ues.org

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Nuha Ansari
EXECUTIVE DIRECTOR

June 26, 2024

Ms. Stephanie Shellooe, AICP, Director
Environmental Assessment and Review Division
New York City Department of City Planning
120 Broadway, 31st Floor
New York, New York 10271

Re: MSK Pavilion, CEQR No. 23DCP118M - Written Comments on Draft Scope of Work

Dear Ms. Shellooe,

FRIENDS of the Upper East Side Historic Districts submits these written comments as an expansion of our public testimony at the June 26 public hearing. For 40+ years FRIENDS has worked to preserve architectural history, livability, and sense of place on the Upper East Side. We are a leading voice for common sense planning and land use, having led successful community efforts for contextual zoning and expanded historic district protections. We support balanced urban change on the Upper East Side.

FRIENDS supports MSK's mission and desire to modernize its physical plant to align with industry standards and even to expand its facilities in the worthy cause of fighting cancer. We understand that MSK facilities have grown in a piecemeal fashion since Memorial Hospital first opened on York Avenue in 1939, and that there is a need to consolidate and update services and to keep up with increasing demand. Rather, FRIENDS' concerns about this project are to do with the proposed pavilion's height and bulk and its impact on neighborhood character and livability, and we posit that MSK could achieve its goals with a more contextual building that remains in conversation with its neighbors.

The proposal projects an expansion of service – 28 operating rooms and 206 patient beds with a staggering 903,000-square-foot floor area. Is there really justification for this massive expansion of floor area especially as cancer care is reported as moving towards outpatient facilities and the use of medication? Seen through an equity lens, MSK could bring their world renowned cancer care to underserved New Yorkers by instead building satellite medical facilities in places lacking such services, for instance Staten Island which has some of the highest cancer rates in the city.

Another concern is the allocation of space within the new building. The proposal allocates 56% of the building's vertical space to mechanical space. This means that only 44% of the space will be used for patient care, surgery, clinical areas, and the lobby. Is there really justification to build a tall surgical hospital? This is a poor use of space and that a less vertically-oriented building design should be considered.

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FRIENDS of the UPPER EAST SIDE HISTORIC DISTRICTS

The proposed 598-foot-tall pavilion with only 30 stories would be a massive tower rising directly from the sidewalk, with no setbacks, a throwback to pre-zoning regulation building form soaring above even the tall medical towers further north along York Avenue. From a zoning and land use perspective, the massive upzoning and amendments required before such could be approved would send a troubling signal to developers about what is permissible in the Upper East Side, and with respect to institutional expansion across the city.

We are also concerned about the broad-ranging environmental ramifications, from impacts on transportation, traffic, neighborhood character, and the disruptions of a projected six-year construction. A tower the size of the proposed pavilion would destroy the carefully calibrated balance in the surrounding area created by the six story tenements across the street, a historic church, a school, and community spaces including St. Catherine's Park, the only major open space in the area. All of these were built with a direct emphasis on prioritizing human-scale development and community-oriented planning, which would be upended by the introduction of a massively outsized tower.

At almost 600 feet, the MSK Pavilion is set to be the tallest hospital building in New York City, well over 100 feet taller than the second-tallest medical tower, MSK's David A. Koch Center at East 74th Street. It also includes a proposal for a several-story-tall sky bridge, which would deal a further blow to neighborhood character, casting shadows on the sidewalks below and negatively impacting the pedestrian experience.

We urge the Department of City Planning to carefully consider the potential negative impacts of this current proposal on the livability and life quality of the neighboring community and to urge MSK to revise its plans to ensure a project with a significant height reduction and with an appropriate setback on the 1st Avenue side, that integrates harmoniously with our existing community.

Sincerely,



Nuha Ansari
Executive Director

966 Lexington Avenue, #3E | New York, NY 10021
212.535.2526 | www.friends-ues.org

June 21, 2024

New York City Planning Commission
Attention: Hon. Daniel A. Garodnick, Chair
120 Broadway, 31st Floor
New York, NY 10271

Re: MSK Pavilion
Calendar Nos. 24-27 and DEIS
June 26, 2024 Public Meeting

Dear Chairman Garodnick and Commissioners:

On behalf of the American Cancer Society (ACS), I appreciate the opportunity to provide input to the City Planning Commission as you consider the MSK Pavilion, to be heard at the Commission's June 26, 2024, public meeting (Cal. Nos. 24 – 27, and DEIS).

The American Cancer Society's mission is to improve the lives of people with cancer and their families through advocacy, research, and patient support, to ensure everyone has an equal opportunity to prevent, detect, treat, and survive cancer.

In New York City, cancer kills nearly 13,000 residents every year. One of every two men, and one of every three women, will be diagnosed with cancer at some time in their life. ACS provides free programs and services to help New Yorkers manage cancer treatment and recovery and find the emotional support they need. We also hold annual awareness and fundraising events.

The American Cancer Society has worked with Memorial Sloan Kettering Cancer Center (MSK) for many years in supporting New Yorkers diagnosed with cancer. ACS's NYC Hope Lodge is a patient residence on 32nd Street with 60 patient rooms, and MSK is our major source for referrals there. ACS serves on MSK advisory groups including the Integrated Cancer Care Access Network, which is run by MSK's Immigrant Health and Cancer Disparities Service (IHCD) and is a collaborative effort that helps health

systems eliminate barriers to care that immigrants and others often face in accessing and completing cancer treatment. ACS also participates in MSK's triennial Community Health Needs Assessment planning group. Over the past two decades, ACS has awarded MSK nearly 100 research grants totaling more than $30 million dollars.

MSK has supported ACS in advocacy work around expanding access to biomarker testing and tobacco control. MSK's staff frequently volunteer at ACS events in NY and also participate in our efforts to expand access to the HPV vaccine in our region. In addition, MSK generously funded a Health Equity Ambassador program in 2023, which trained Black and Latinx community members to engage in peer cancer education.

Nationwide, the statistics from the Centers for Disease Control and the National Institutes of Health predict a 50 percent increase in new cancer cases between 2015 and 2050. Currently, New York City sees approximately 40,000 new cases of cancer each year. That number is expected to reach 47,000 within the next six years and 60,000 by 2050. The increase in new diagnoses will occur across all age groups, but two age groups heavily represented in New York City are of particular concern – older adults and younger New Yorkers with solid tumor cancers such as breast and colon.

The pending land use applications from MSK are essential to MSK's ability to deliver on the promise of high quality, efficient patient care to all who seek it, and the American Cancer Society therefore offers its strong support.

We look forward to the Pavilion's approval and its opening in 2030. Its 28 operating rooms and associated ICUs and patient beds are a necessary addition to the City's capacity for meeting the needs of New Yorkers diagnosed with cancer in the future.

Very truly yours,



Connie Bordenga, MD, MS
Associate Director, Cancer Center Partnerships
American Cancer Society

cc:

Hon. Eric Adams, Mayor of the City of New York
Hon. Mark Levine, Manhattan Borough President
Hon. Julie Menin, New York City Council Member for District 5
Selwyn M. Vickers, MD, President & CEO, MSK

Brooklyn College Cancer Center (BCCC-CURE)
Brooklyn College • The City University of New York
139 New Ingersoll • 2900 Bedford Avenue
Brooklyn • New York 11210
Phone: 718.951.5413
Email: BCCC-CURE@brooklyn.cuny.edu
Website: http://bccc.blog.brooklyn.edu/

June 21, 2024

New York City Planning Commission
Attention: Hon. Daniel A. Garodnick, Chair
120 Broadway, 31st Floor
New York, NY 10271

Re: MSK Pavilion
Calendar Nos. 24-27 and DEIS
June 26, 2024 Public Meeting

Dear Chairman Garodnick and Commissioners:

On behalf of Brooklyn College Cancer Center - CommUnity Outreach, Research, and Education (BCCC-CURE), I appreciate the opportunity to provide input to the City Planning Commission as you consider the MSK Pavilion, to be heard at the Commission's June 26, 2024, public meeting (Cal. Nos. 24 – 27, and DEIS).

BCCC-CURE is a center established in 2020 at Brooklyn College of the City University of New York. The mission of the center is to enhance the lives of patients affected by cancer with a special focus on Brooklyn residents.

According to the New York State Department of Health, there are approximately 12,000 cases of cancer diagnosed annually in Kings County (Brooklyn), and nearly 3,500 deaths from cancer annually. The Centers for Disease Control and the National Institutes of Health predict a 50 percent increase in new cancer cases between 2015 and 2050, which could mean 60,000 new cases in New York City by 2050. With these projections, we anticipate a rise in cancer cases in boroughs citywide, including in Brooklyn.

Memorial Sloan Kettering Cancer Center (MSK) has been a strong and reliable partner to BCCC-CURE since we launched in 2020. Together, we have hosted annual educational symposiums for professionals and the community on different types of cancer, including breast and blood. We have also partnered with MSK on community health fairs, and MSK leaders and staff have spoken with Brooklyn College's students about careers in healthcare. We are looking forward to even more collaborative community engagement in Brooklyn with MSK in the years ahead.

The pending land use applications from MSK are essential to MSK's ability to deliver on the promise of high quality, efficient patient care to all who seek it, including Brooklyn residents, and Brooklyn College Cancer Center - CommUnity Outreach, Research, and Education therefore offers its strong support.

We look forward to the Pavilion's approval and its opening in 2030. Its 28 operating rooms and associated ICUs and patient beds are a necessary addition to the City's capacity for meeting the needs of New Yorkers diagnosed with cancer in the future.

Very truly yours,



Dr. Maria Contel
Founding Director
Brooklyn College Cancer Center (CommUnity Outreach, Research, and Education)

cc:

Hon. Eric Adams, Mayor of the City of New York
Hon. Mark Levine, Manhattan Borough President
Hon. Julie Menin, New York City Council Member for District 5
Selwyn M. Vickers, MD, President & CEO, MSK

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New York, NY 10028
212-879-7400

June 21, 2024

New York City Planning Commission
Attention: Hon. Daniel A. Garodnick, Chair
120 Broadway, 31st Floor
New York, NY 10271

Re: MSK Pavilion
Calendar Nos. 24-27 and DEIS
June 26, 2024 Public Meeting

Dear Chairman Garodnick and Commissioners:

On behalf of the Carter Burden Network (CBN), I appreciate the opportunity to provide input to the City Planning Commission as you consider the MSK Pavilion, to be heard at the Commission's June 26, 2024, public meeting (Cal. Nos. 24 – 27, and DEIS).

Carter Burden Network promotes the well-being of older adults 60 and older in New York City through a continuum of services, advocacy, arts and culture, health and wellness and volunteer programs, all oriented to individual, family and community needs. We are dedicated to supporting the efforts of older people to live safely and with dignity.

CBN's Health and Wellness Program offers a full range of workshops, lectures, and exercise classes. Together, these opportunities support older adults in gaining knowledge about their health and adopting healthy behaviors to support falls prevention, prevent and manage chronic illness, and support long-term wellness.

For years, Memorial Sloan Kettering Cancer Center (MSK) has been a trusted partner in our health programming to combat cancer and other chronic diseases. Since 2022, we have collaborated with MSK on cancer prevention programs, nutrition classes, and they have helped provide fresh produce to the older adults we serve in East Harlem. MSK has also supported our Healthy Aging Tech Center with funding that helps provide iPads to older adults.

Statistics from the Centers for Disease Control and the National Institutes of Health predict a 50 percent increase in new cancer cases between 2015 and 2050. Currently, New York City sees approximately 40,000 new cases of cancer each year. That number is expected to reach 47,000 within the next six years and 60,000 by 2050. Given the growing number of aging New Yorkers, we expect that older adults will be one of the groups most impacted by the overall rise in cancer rates. These older New Yorkers will have more complex cases of cancer, as the acuity of cancer increases with age, and will thus require more sophisticated treatments and interventions.

The pending land use applications from MSK are essential to MSK's ability to deliver on the promise of high quality, efficient patient care to all who seek it, including older adults in New York City, and Carter Burden Network therefore offers its strong support.

We look forward to the Pavilion's approval and its opening in 2030. Its 28 operating rooms and associated ICUs and patient beds are a necessary addition to the City's capacity for meeting the needs of New Yorkers diagnosed with cancer in the future.

Sincerely,



William J. Dionne
Executive Director
Carter Burden Network

cc:
Hon. Eric Adams, Mayor of the City of New York
Hon. Mark Levine, Manhattan Borough President
Hon. Julie Menin, New York City Council Member for District 5
Selwyn M. Vickers, MD, President & CEO, MSK

JAMAICA HOSPITAL MEDICAL CENTER
8900 Van Wyck Expressway, Jamaica, NY 11418 ◆ 718-206-6000

BRUCE J. FLANZ
PRESIDENT & CEO

June 18, 2024

New York City Planning Commission
Attention: Hon. Daniel A. Garodnick, Chair
120 Broadway, 31st Floor
New York, NY 10271

Re: CEQR No. 23DCP118M
ULURP Nos.:
C240236GFM
M240240LDM
N240239ZAM
N240242ZCM
C240237ZMM
N240238ZRM
C240235ZSM
M240241ZSM

Dear Chairman, Garodnick and Commissioners:

On behalf of Jamaica Hospital Medical Center (JHMC), part of Medisys Health Network (MediSys), I appreciate the opportunity to provide input to the City Planning Commission as you consider the above referenced land use applications.

JHMC's mission is to serve our patients and the community in a way that is second to none, and our vision is to be the premier integrated healthcare delivery system by providing the highest quality, most cost-effective service, which is accessible and sensitive to all.

Queens is one of the most diverse communities in the world with 2.4 million residents who speak more than 135 languages. Many people living in Queens face significant healthcare barriers, including socio-economic, language, and educational disparities, that have a profound effect on their ability to access care – particularly cancer care. In 2023, to help overcome these disparities, Memorial Sloan Kettering Cancer Center (MSK) and MediSys launched an affiliation to increase access to high quality cancer care in Queens at JHMC. Aligning MSK's leading expertise in cancer science and care with JHMC's long-standing experience addressing the health-related social needs of an underserved

The pending land use applications from MSK are essential to MSK's ability to deliver on the promise of high quality, efficient patient care to all who seek it, and Jamaica Hospital Medical Center therefore offers its strong support.

We look forward to the Pavilion's approval and its opening in 2030. Its 28 operating rooms and associated ICUs and patient beds are a necessary addition to the City's capacity for meeting the needs of New Yorkers diagnosed with cancer in the future.

Very truly yours,

Bruce J. Flanz
President and CEO

cc:

Hon. Eric Adams, Mayor of the City of New York
Hon. Mark Levine, Manhattan Borough President
Hon. Julie Menin, New York City Council Member for District 5
Selwyn M. Vickers, MD, President & CEO, MSK

Mexican Coalition
for the Empowerment of Youth and Families, Inc.
389 East 150th Street, Office 4
The Bronx, N.Y. 10455
917.600.1644

June 18, 2024

New York City Planning Commission
Attention: Hon. Daniel A. Garodnick, Chair
120 Broadway, 31st Floor
New York, NY 10271

Re: MSK Pavilion
Calendar Nos. 24-27 and DEIS
June 26, 2024 Public Meeting

Dear Chairman Garodnick and Commissioners:

On behalf of the Mexican Coalition, I appreciate the opportunity to provide input to the City Planning Commission as you consider the MSK Pavilion, to be heard at the Commission's June 26, 2024, public meeting (Cal. Nos. 24 – 27, and DEIS).

The Mexican Coalition has supported the Latino community in New York since 2013. We are located in the South Bronx and Sunset Park, Brooklyn. Each year we help thousands of families - most of them are immigrants and essential workers. Our mission is to develop the individual, organizational, and community capacities that will enable Latinos and Mexican Americans to realize their full civic, cultural, and political integration into American society.

The Mexican Coalition works closely with Memorial Sloan Kettering Cancer Center (MSK) to help meet the healthcare needs of this population. MSK's Immigrant Health and Cancer Disparities Service operates a mobile health unit, which often visits our Bronx location at The Immaculate Conception Church.
Through this outreach, our community can access education on healthy lifestyle, cancer risk reduction, and cancer screening, as well as general health screenings, including blood pressure, body mass index, and cholesterol and glucose checks. The mobile health unit also offers case management and healthcare navigation, referrals for cancer screening appointments, and health insurance enrollment. MSK also just added colorectal cancer screenings via take-home kits as an offering.

This sort of service is very much needed in our community because, according to the American Cancer Society, cancer is the leading cause of death among Hispanic people. Compared with non-Hispanic Whites, Hispanic men and women are less likely to be diagnosed with the most common cancers (lung, colorectal, breast, and prostate), but more likely to develop cancer in the liver, stomach, and cervix. These cancers are linked with infectious agents, such as HPV.

Mexican Coalition
for the Empowerment of Youth and Families, Inc.
389 East 150th Street, Office 4
The Bronx, N.Y. 10455
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Nationwide, the statistics from the Centers for Disease Control and the National Institutes of Health predict a 50 percent increase in new cancer cases between 2015 and 2050. Currently, New York City sees approximately 40,000 new cases of cancer each year. That number is expected to reach 47,000 within the next six years and 60,000 by 2050.

The pending land use applications from MSK are essential to MSK's ability to continue to deliver high quality, efficient patient care, and the Mexican Coalition therefore offers its strong support.

We look forward to the Pavilion's approval and its opening in 2030. Its 28 operating rooms and associated ICUs and patient beds are a necessary addition to the City's capacity for meeting the needs of New Yorkers diagnosed with cancer in the future.

Very truly yours,

Jairo Guzman
President
jguzman@coalicionmexicana.org
Mexican Coalition

cc:
Hon. Eric Adams, Mayor of the City of New York
Hon. Mark Levine, Manhattan Borough President
Hon. Julie Menin, New York City Council Member for District 5
Selwyn M. Vickers, MD, President & CEO, MSK

June _21_, 2024

New York City Planning Commission
Attention: Hon. Daniel A. Garodnick, Chair
120 Broadway, 31st Floor
New York, NY 10271

Re: MSK Pavilion
Calendar Nos. 24-27 and DEIS
June 26, 2024 Public Meeting

Dear Chairman Garodnick and Commissioners:

On behalf of The Ralph Lauren Corporate Foundation, I appreciate the opportunity to provide input to the City Planning Commission as you consider the MSK Pavilion, to be heard at the Commission's June 26, 2024, public meeting (Cal. Nos. 24 – 27, and DEIS).

The Ralph Lauren Corporate Foundation is committed to making a difference across its core areas of focus, one of which is supporting cancer care and prevention.

Our organization has worked with Memorial Sloan Kettering Cancer Center (MSK) for more than two decades. In 2003, a philanthropic gift from the Ralph Lauren Corporation helped establish the Ralph Lauren Center for Cancer Care and Prevention, now known as the MSK Ralph Lauren Center (RLC), at 1919 Madison Avenue in Harlem. At this facility, MSK began delivering high-quality, accessible cancer care to Harlem and surrounding neighborhoods – long before health equity was a trending topic of discussion. Since its founding, thousands of people have accessed cancer screening, education, and care through this facility.

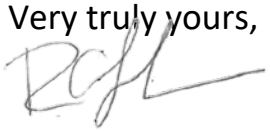
Today, MSK continues to deepen its connection to Harlem and surrounding areas through meaningful community engagement and partnership. MSK's Mobile Health Unit brings cancer screening, services, education, and counseling to people living in New York City neighborhoods with little access to healthcare, including Harlem. MSK works with community partners, including churches, businesses, parks, and schools, and helps grow connections with residents.

The Centers for Disease Control and the National Institutes of Health predict a 50 percent increase in new cancer cases between 2015 and 2050, which could mean 60,000 new cases in New York City by 2050. With these projections, we anticipate a rise in cancer cases in boroughs citywide, including in the Harlem community. According to a 2019 report by the American Cancer Society Cancer Action Network, among New York City neighborhoods, men and women living in Central Harlem already have the approximate highest cancer incidence rate for lung and bronchus cancer, and men living in Central Harlem have the approximate highest cancer incidence rate for colorectal cancer.

The pending applications from MSK are essential to MSK's ability to deliver on the promise of high quality, efficient patient care to all who seek it, including people living in Harlem and surrounding communities. The Ralph Lauren Corporate Foundation therefore offers its strong support for this project.

We look forward to the Pavilion's approval and its opening in 2030. Its 28 operating rooms and associated ICUs and patient beds are a necessary addition to the City's capacity for meeting the needs of New Yorkers diagnosed with cancer in the future.

Very truly yours,



Chief People Officer & Head of Ralph Lauren Corporate Foundation

The Ralph Lauren Corporate Foundation

cc:

Hon. Eric Adams, Mayor of the City of New York
Hon. Mark Levine, Manhattan Borough President
Hon. Julie Menin, New York City Council Member for District 5
Selwyn M. Vickers, MD, President & CEO, MSK

INTERNATIONAL MYELOMA FOUNDATION

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June 19, 2024

New York City Planning Commission
Attention: Hon. Daniel A. Garodnick, Chair
120 Broadway, 31st Floor
New York, NY 10271

Re: MSK Pavilion
Calendar Nos. 24-27 and DEIS
June 26, 2024 Public Meeting

Dear Chairman Garodnick and Commissioners:

On behalf of the International Myeloma Foundation, I appreciate the opportunity to provide input to the City Planning Commission as you consider the MSK Pavilion, to be heard at the Commission's June 26, 2024, public meeting (Cal. Nos. 24 – 27, and DEIS).

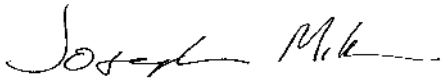
The International Myeloma Foundation (IMF) is a nonprofit organization serving patients with myeloma, a cancer of plasma cells in the bone marrow. The IMF also provides support and information for family members, caregivers of myeloma patients, physicians and nurses.

Memorial Sloan Kettering Cancer Center (MSK) is our partner in leading M-Power New York. Myeloma is the most common blood cancer in people of African descent. 20 percent of all cases of myeloma are in African Americans, and nearly one quarter of all newly diagnosed myeloma patients will be African American. Over the past few years, we have collaborated with MSK on community education events about multiple myeloma in Harlem and Mount Vernon, NY, with the most recent taking place just last week at the Abyssinian Baptist Church in Harlem.

The pending land use applications from MSK are essential to MSK's ability to deliver on the promise of high quality, efficient patient care to all who seek it, and the International Myeloma Foundation therefore offers its strong support.

We look forward to the Pavilion's approval and its opening in 2030. Its 28 operating rooms and associated ICUs and patient beds are a necessary addition to the City's capacity for meeting the needs of New Yorkers diagnosed with cancer in the future.

Very truly yours,
Joseph Mikhael, MD



Chief Medical Officer
International Myeloma Foundation

cc:

Hon. Eric Adams, Mayor of the City of New York
Hon. Mark Levine, Manhattan Borough President
Hon. Julie Menin, New York City Council Member for District 5
Selwyn M. Vickers, MD, President & CEO, MSK

4400 Coldwater Canyon Avenue, Suite 300 – Studio City, CA 91604 USA
818.487.7455 myeloma.org

DSI International Inc.
Diligently Serving Immigrants

214-51 Jamaica Avenue, Queens Village NY 11435
E-mail: info@dsiinternational.org
Website: www.dsiinternational.org
Tel: 347-257-4244; 214-874-5313
Fax: 718-217-5202

June 19th, 2024

New York City Planning Commission
Attention: Hon. Daniel A. Garodnick, Chair
120 Broadway, 31st Floor
New York, NY 10271

Re: MSK Pavilion
Calendar Nos. 24-27 and DEIS
June 26, 2024, Public Meeting

Dear Chairman Garodnick and Commissioners:

On behalf of DSI International Inc (Diligently Serving Immigrants), I appreciate the opportunity to provide input to the City Planning Commission as you consider the MSK Pavilion, to be heard at the Commission's June 26, 2024, public meeting (Cal. Nos. 24 – 27, and DEIS).

DSI International's vision is to be a reliable support system for immigrant integration. We are focused on empowering African immigrants for self-reliance and financial independence. We are based in Queens, which is one of the most diverse communities in the world with 2.4 million residents who speak more than 135 languages. Many people living in Queens face significant healthcare barriers, including socio-economic, language, and educational disparities, that have a profound effect on their ability to access care – particularly cancer care.

One of our areas of focus is health and wellness, specifically cancer prevention and screening. We are dedicated to stepping up our efforts in addressing the issue of cancer prevention and the availability of screening regardless of immigration status. With our current partners at Memorial Sloan Kettering Cancer Center (MSK), we know we can make progress in

DSI International Inc.
Diligently Serving Immigrants

214-51 Jamaica Avenue, Queens Village NY 11435
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Tel: 347-257-4244; 214-874-5313
Fax: 718-217-5202

this area. For example, MSK's Immigrant Health and Cancer Disparities Service operates a mobile health unit, which often visits our community.

Through this outreach, people can access education on healthy lifestyle, cancer risk reduction, and cancer screening, as well as general health screenings, including blood pressure, body mass index, and cholesterol and glucose checks. The mobile health unit also offers case management and healthcare navigation, referrals for cancer screening appointments, and health insurance enrollment. MSK also just added colorectal cancer screenings via take-home kits as an offering.

The pending land use applications from MSK are essential to MSK's ability to continue delivering high quality, efficient patient care to all who seek it, and we at DSI International hereby offer our strong support.

We look forward to the Pavilion's approval and its opening in 2030. Its 28 operating rooms and associated ICUs and patient beds are a necessary addition to the City's capacity for meeting the needs of New Yorkers diagnosed with cancer in the future.

Very truly yours,

Toyin Omolola
CEO
DSI International

cc:

Hon. Eric Adams, Mayor of the City of New York
Hon. Mark Levine, Manhattan Borough President
Hon. Julie Menin, New York City Council Member for District 5
Selwyn M. Vickers, MD, President & CEO, MSK

SHARE
CANCER SUPPORT

165 West 46th Street Suite 712, New York, New York 10036

(212) 719-0364

June 20, 2024

New York City Planning Commission
Attention: Hon. Daniel A. Garodnick, Chair
120 Broadway, 31st Floor
New York, NY 10271

Re: MSK Pavilion
Calendar Nos. 24-27 and DEIS
June 26, 2024 Public Meeting

Dear Chairman Garodnick and Commissioners:

On behalf of SHARE Cancer Support (SHARE), I appreciate the opportunity to provide input to the City Planning Commission as you consider the MSK Pavilion, to be heard at the Commission's June 26, 2024, public meeting (Cal. Nos. 24 – 27, and DEIS).

SHARE is a national nonprofit that supports, educates, and empowers anyone who has been diagnosed with breast or gynecologic cancers, which include ovarian, uterine, and cervical cancers. SHARE provides outreach to the public about signs and symptoms of these cancers. We are a compassionate community of knowledgeable survivors, those living with cancer, and healthcare professionals.

According to the American Cancer Society Cancer Action Network, female breast cancer is New York City's most commonly diagnosed cancer among women, with nearly 6,000 women diagnosed annually between 2011-15. For these women and others diagnosed with gynecologic cancers, SHARE provides a spectrum of support. We offer expert-led educational programs

and support groups, helplines, online support communities, educational tools, clinical trial assistance, outreach to medically underserved communities, and survivor-patient navigation.

MSK has been a trusted partner to SHARE for many years. We work closely with MSK's Office of Health Equity, Immigrant Health and Cancer Disparities Service, community engagement team, and other groups to serve residents of New York City impacted by cancer and advance cancer health equity. For example, SHARE and MSK have recently collaborated on biannual educational webinars about cancer that were presented in English and simultaneously translated into Spanish so the information can reach as many people as possible.

Nationwide, the statistics from the Centers for Disease Control and the National Institutes of Health predict a 50 percent increase in new cancer cases between 2015 and 2050. Currently, New York City sees approximately 40,000 new cases of cancer each year. That number is expected to reach 47,000 within the next six years and 60,000 by 2050. The increase in new diagnoses will occur across all age groups, but two age groups heavily represented in New York City are of particular concern – older adults and younger New Yorkers with solid tumor cancers such as breast.

The pending land use applications from MSK are essential to MSK's ability to deliver on the promise of high quality, efficient patient care to all who seek it, and SHARE Cancer Support therefore offers its strong support.

We look forward to the Pavilion's approval and its opening in 2030. Its 28 operating rooms and associated ICUs and patient beds are a necessary addition to the City's capacity for meeting the needs of New Yorkers diagnosed with cancer in the future.

Very truly yours,

Stephanie Poland

Sr. Program Manager and Project Director

SHARE Cancer Support

cc:

Hon. Eric Adams, Mayor of the City of New York
Hon. Mark Levine, Manhattan Borough President
Hon. Julie Menin, New York City Council Member for District 5
Selwyn M. Vickers, MD, President & CEO, MSK

GREATER NEW YORK HOSPITAL ASSOCIATION
PRESIDENT, KENNETH E. RASKE • 555 WEST 57TH STREET, NEW YORK, NY 10019 • T (212) 246-7100 • F (212) 262-6350 • WWW.GNYHA.ORG

June 11, 2024

New York City Planning Commission
Attn.: Hon. Daniel A. Garodnick, Chair
125 Broadway 31st Floor
New York, NY 10271

Re: CEQR No. 23DCP118M
ULURP Nos.:
C240236GFM
M240240LDM
N240239ZAM
N240242ZCM
C240237ZMM
N240238ZRM
C240235ZSM
M240241ZSM

Dear Chairman Garodnick and Commissioners:

On behalf of Greater New York Hospital Association (GNYHA), I appreciate the opportunity to provide input to the City Planning Commission as you consider the above-referenced land use applications. GNYHA's core mission is to help our members deliver the highest-quality patient care in the most cost-effective way. The pending land use applications from Memorial Sloan Kettering Cancer Center (MSK) are essential to their ability to deliver on the promise of high-quality, efficient patient care to all who seek it. We therefore offer our strong support.

Specifically, the above-referenced Land Use Applications filed by MSK will facilitate the construction of a 31-story Pavilion that will increase MSK's surgical capacities to treat acutely ill cancer patients. The request for 28 operating rooms; specialized ICU beds; new single-bed inpatient rooms, which are critical for infection control in an immunocompromised patient population; and a revocable consent for a bridge that will connect the new Pavilion to the existing Memorial Hospital and diagnostic services on its main campus is vital to ensuring that MSK can meet the projected increased demand for the cancer services it provides in the coming years. This is in light of national projections and local statistics demonstrating an already increasing number of new cancer cases in our member hospitals.

Nationwide, the statistics from the Centers for Disease Control (CDC) and the National Institutes of Health predict a 50 percent increase in new cases between 2015 and 2050. Locally, the number of new cases in New York City, now approximately 40,000 each year, is expected to reach 47,000 new cases within the next six years and 60,000 by 2050. The increase in new diagnoses occurs across all age groups, but two age groups heavily represented in New York City—senior citizens and younger New Yorkers with solid tumor cancers such as breast, colon and prostate—are of particular concern. For most of these patients, surgery is a significant component of cancer treatment. We therefore fully support MSK's request to build the incremental operating and procedure rooms and accompanying inpatient bed capacity, as requested in these Applications. MSK has described this projected 35-year rise in new cases as a "tsunami," and since it has already begun, we must support their preparations now.

New York City's hospitals offer cancer treatment that is second to none, but they do not currently have adequate capacity to provide care for the number of acutely ill cancer patients forecast by the CDC. I understand MSK's surgical and inpatient facilities are already operating at full capacity on most days. We must ensure our hospitals have the necessary capacity to care for the projected number of patients with cancer, and we urge you to support MSK's request to increase the number of operating rooms and the beds and clinical areas required to support them.

We look forward to the Pavilion's approval and its opening in 2030. Its 28 operating rooms and associated ICUs and patient beds will be a welcome and necessary addition to the City's ability to meet the needs of New York's acutely ill cancer patients.

Very truly yours,

Kenneth E. Raske
President

cc:

Hon. Eric Adams, Mayor of the City of New York
Hon. Mark Levine, Manhattan Borough President
Hon. Julie Menin, New York City Council Member for District 5
Selwyn M. Vickers, MD, President & CEO, MSK

From: East Side Neighbors NYC
To: 23DCP118M_DL
Cc: John McClement; ABayUSA@aol.com; TheFamily8@gmail.com
Subject: [EXTERNAL] Testimony in Opposition to Memorial Sloan Kettering Cancer Center Expansion Proposal
Date: Monday, July 8, 2024 5:00:18 PM

Some people who received this message don't often get email from eastsideneighborsnyc@gmail.com. Learn why this is important

CAUTION: This email originated from outside of the organization. Do not click links or open attachments unless you recognize the sender and know the content is safe. Forward suspect email to phish@oti.nyc.gov as an attachment (Click the More button, then forward as attachment).

July 8, 2024

Stephanie Shellooe,
Director, Environment Assessment and Review Division
New York City Department of City Planning
120 Broadway, 31st Floor
New York, New York 10027

Dear Ms. Shellooe,

Thank you for giving us the opportunity to provide our testimony in opposition to Memorial Sloan Kettering Cancer Center's proposed expansion. We have both attached our testimony and provided it within this email, below.

Very truly yours,
The Board Members of East Side Neighbors NYC

Written Testimony in OPPOSITION to the Memorial Sloan Kettering Cancer Center 2024 Proposed Rezoning

To the New York City Department of City Planning,
~~~
The East Side Neighbors NYC Association hereby opposes this motion.

July 8, 2024

Executive Summary

Memorial Sloan Kettering Cancer Center has proposed an ambitious, but unnecessarily out-of-scale, construction of their new-hospital complex, to be located on York Avenue between 66th and 67th Streets in Manhattan, that will cause permanent hazardous environmental climate change and urban heat island pollution, and life-threatening topological hazards that will affect its neighborhood, greater New York City, and far beyond.

1. Environmental Considerations and Zoning
- Building above 210-feet of height will result in long-lasting devastating environmental effects across New York City.
- These effects will be borne at a disproportionately higher rate by our residents, workers, and students of color.

2. Medical Demand Does Not Warrant the Proposed Increase of Building Space
- Manhattan, and particularly the East Side of Manhattan, is over-resourced with medical care access and hospital beds compared to the other boroughs in the City. In order to achieve more equitable health outcomes throughout New York, Memorial Sloan Kettering Cancer Center should increase patient services in access care deserts, instead of doubling down on already resource-rich areas.
- The increasing use of telehealth services in the wake of the COVID-19 pandemic has been shown to reduce hospitalizations demand, thereby further rendering Memorial Sloan Kettering Cancer Center's proposal of more beds unnecessary.

The East Side Neighbors Association opposes the construction of the proposed equivalent of an over 59-story building on environmental grounds and health care access equity considerations.

East Side Neighbors NYC Association Testimony

Environmental Concerns and Zoning

Memorial Sloan Kettering Cancer Center proposes building a facility to a height of 590 feet on a street that has significantly lower current construction. Holding a new development to that standard is crucial in protecting New York City from the disastrous effects of climate change pollution and irreversible topological damage.

New York City is a fragile coastal environment comprised of three islands and a peninsula - all of which are sensitive to the damage caused by the rising water levels of the Atlantic Ocean and the devastating climate change related air pollution emissions' effects on the health of residents and workers of all five of our boroughs. These health effects are disproportionately felt by our residents, workers, and students of color (https://www.nyc.gov/site/doh/about/press/pr2021/climate-change-public-health-racial-justice-issue.page).

Several studies around the world, particularly in China and London, who are ahead of us on the over-development curve, have demonstrated that buildings emit an exponentially greater amount of greenhouse gas emissions and use an exponentially greater amount of energy after 100 feet, or 10 stories, and another exponential jump in emissions at 210 feet, after 21 stories (see, e.g., https://global.ctbuh.org/resources/papers/download/1322-tall-buildings-sustainability-from-the-bottom-up.pdf, a real estate developer-friendly publication). This increase, in turn, heats up our environment, trapping energy in the atmosphere. This increased atmospheric energy is the chief cause of rising sea levels.

As we have seen both with Superstorm Sandy and Hurricane Ida, rising sea levels are deadly and costly - across all five boroughs (https://www.nyc.gov/html/sirr/downloads/pdf/final_report/Ch_1_SandyImpacts_FINAL_singles.pdf).

Given Memorial Sloan Kettering Cancer Center's location close to the East River, and the recent scientific discovery that New York City is sinking under the weight of its own buildings (https://www.cnn.com/2023/05/23/world/nyc-sinking-sea-level-climate-scn/index.html), this new overly large proposed development will both exacerbate and suffer from flooding brought about by rising water levels and sinking ground levels.

We not only feel the effects of increased atmospheric temperature, but we experience increased illness, particularly respiratory and cardiac morbidity (https://www.escardio.org/Journals/E-Journal-of-Cardiology-Practice/Volume-22/climate-change-and-cardiovascular-disease-the-impact-of-heat-and-heat-health-a#:~:text=Conclusions,growth%20and%20ageing%2C%20and%20urbanisation.).

In addition, this heat increase worsens our air quality through the trapping of particulate matter, and exacerbates the urban heat island effect. The urban heat island effect can be defined as "the propensity of cities to trap heat and grow considerably warmer than the surrounding natural environment." It is caused by the interaction between tall buildings. According to the Environmental Protection Agency, locales within our urban heat islands can be up to 10˚F warmer than surrounding areas (https://earthobservatory.nasa.gov/features/HottestSpot).

While it may just sound like a mere inconvenience to live in a roasting city, this temperature increase has a massive impact in rising asthma, cardiovascular, and infectious disease rates, according to the New York State Energy Research and Development Authority (https://www.nyserda.ny.gov/About/Publications/Research%20and%20Development%20Technical%20Reports/Environmental%20Research%20and%20Development%20Technical%20Reports/Response%20to%20Climate%20Change%20in%20New%20York Numerous other peer-reviewed periodicals report the same data-based findings. (See also, https://www.thecity.nyc/2021/7/27/22596829/extreme-heat-sends-new-yorkers-to-emergency-rooms and https://scholar.google.com/scholar?as_ylo=2020&q=race+climate+change+%22new+York%22+cardiovascular&hl=en&as_sdt=0,33.) Morbidity and mortality related to these illnesses caused by climate change disproportionately affect our residents, workers, and students of color. (See, e.g., https://www.nyc.gov/site/doh/about/press/pr2021/climate-change-public-health-racial-justice-issue.page.)

In addition, the urban heat island begins a problematic never-ending feedback loop in which people use their air conditioners more due to the increased heat (https://www.epa.gov/heatislands/heat-island-impacts), which increases the amount of energy use and greenhouse gasses in the air, which of course, make the environment even warmer (https://www.cnbc.com/video/2021/07/24/air-conditioning-major-contributor-to-climate-change.html#:~:text=Air%20conditioning%20is%20a%20big%20contributor%20to%20climate%20change.&text=That%20creates%20a%20vicious%20cycle,greenhouse%20gases%20into%20the%20atmosphere.).

Our current zoning stands as our protection to curb the ill effects of builders' race to the sky. Both New York City and New York State have committed to working within the principles of the Paris Climate Accord of 2015. Specifically, we are committed to substantially reduce global greenhouse gas emissions to limit the global temperature increase in this century to 2 degrees Celsius while pursuing efforts to limit the increase even further to 1.5 degrees (https://www.un.org/en/climatechange/paris-agreement).

According to the New York City Department of Environmental Conservation, tall buildings (not even Supertall buildings of 330 feet and above) account for 67% of *all of New York City's climate change pollution* (https://www.dec.ny.gov/docs/administration_pdf/nycghg.pdf). An independent review article published by *Scientific American* puts the climate change pollution contribution of tall buildings at 75% (https://epdf.pub/scientific-american-2011-09.html). Those figures include the remediation done under the LEEDS certification program. (Information about the LEEDS certification program can be found here: https://support.usgbc.org/hc/en-us/articles/4404406912403-What-is-LEED-certification- .)

Medical facilities already consume large amounts of energy. According to Practice Greenhealth (https://practicegreenhealth.org/topics/energy/energy):
- Inpatient health care is ranked by EPA as the second-largest commercial energy user in the United States.
- Health care facilities consume close to 10% of the total energy used in U.S. commercial buildings and spend more than $8 billion on energy every year.
- The health care sector is responsible for 8.5% of U.S. greenhouse gas emissions.

The combination of an energy-intensive facility with an energy-demanding building height will set New York City further back in addressing its climate needs, particularly when it is struggling to do so already (https://www.nytimes.com/2023/03/10/nyregion/greenhouse-gas-law-nyc.html).

~ ~ ~

Health Care Access Equity Concerns

New York City does not have an equitable health care system. According to a recent article from New York City's Economic Development Corporation, Manhattan far exceeds every other borough in the ratio of health care workers to overall population that it has and the average number of general practitioners per 100,000 population per neighborhood (https://edc.nyc/insights/access-to-health-care-in-nyc-borough-inequality-pandemic-effect). The results are as follows:
~~~

The data above does not merely demonstrate that Manhattan has a slight advantage when it comes to having medical care access, but instead shows a large one. The Bronx, Queens, and Staten Island have half the health care workers proportionate to their overall populations that Manhattan does. Manhattan has almost 3x as many general practitioners per 100,000 population per neighborhood than Brooklyn does.

In focusing on patient bed access, considering that Memorial Sloan Kettering Cancer Center is in part justifying this new construction as a way to increase the number of patient beds in its facility, a recent analysis from *The Wagner Review* stated that, "There were 6.4 hospital beds per 1000 people in Manhattan, compared with 1.5 beds in Queens, 2.2 in Brooklyn, 2.5 on Staten Island and 2.7 in the Bronx" (https://www.thewagnerreview.org/2022/05/recommendations-for-the-proposed-lenox-hill-hospital-expansion/).

In a 2022 report, The World Health Organization advises that 3 beds per 1,000 people are required for optimal public health. (https://www.excel-medical.com/how-many-hospital-beds-per-population-is-ideal/ .) Manhattan already has over twice that number of in-patient beds.

With this knowledge in mind, it makes no sense for Memorial Sloan Kettering Cancer Center to increase patient beds in an already saturated market. Additionally, focusing further on the neighborhood in which Memorial Sloan Kettering Cancer Center seeks to build, Weill Cornell Hospital, Mt. Sinai, Metropolitan Hospital, and Rockefeller University already provide inpatient care to patients in the area. More is not needed here.

Since the inception of the SARS-Co-V2 pandemic, the landscape of healthcare delivery has changed, along with associated healthcare outcomes. For example, with our pandemic-induced proficiency in Zoom and other electronic conference platforms, face-to-face medical consultations have decreased. A 2021 study has concluded that telehealth leads to reductions in hospitalizations due to preventative care access increases associated with remote health care visits and evaluations (https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8444037/#:~:text=We%20found%20high%2Dquality%20evidence,hospitalizations%20per%201000%20patients%2C%20respectively.). Further, Memorial Sloan Kettering Cancer Center recently laid off 300 of its workers due to decreasing demand for health care services (see, e.g., https://patch.com/new-york/upper-east-side-nyc/memorial-sloan-kettering-lay-over-300).

The data demonstrates that Memorial Sloan Kettering Cancer Center's push to grow is not advisable given the increasing push to utilize telehealth, which will reduce hospitalizations, and therefore, the need for patient beds.

As a matter of Civil Rights, the 14th Amendment of our United States Constitution protects, among other rights, our right to health, safety, and welfare as part of policing powers as manifested in zoning regulations. Zoning to establish and maintain height caps is within our local zoning authorities' purview. In considering the urgent climate change impact on our health, safety, and welfare, note that greenhouse gas pollution and urban heat island has a disproportionately higher deleterious effect on our black residents, workers, and students.

We support Memorial Sloan Kettering Cancer Center's efforts to modernize and see no necessary conflict with such modernization and their development of an environmentally responsible plan. Shorter buildings made from materials that absorb and release heat and are not too reflective can be a responsible, health-promoting venture. (See, e.g., https://www.bloomberg.com/news/articles/2021-08-25/to-cut-carbon-think-low-rise-buildings-not-skyscrapers.)

Therefore, we respectfully request that you deny Memorial Sloan Kettering Cancer Center's current proposal and provide them with recommendations consistent with the peer-reviewed data, above.

~ ~ ~

Memorial Sloan Kettering Cancer Center is proposing to build a construction that is not only unnecessary, but also has long-lasting, far-reaching, devastating climate effects at a time when we are desperately working against the clock to remediate existing damage.

In accord with the information above, we oppose the proposed Memorial Sloan Kettering Cancer Center Hospital real estate expansion because it is unnecessary and harmful. We are asking that the rest of the Department of City Planning do so, as well.

Thank you for your consideration.

Sincerely,

Andrew Ravaschiere
Board Member, East Side
Neighbors NYC Association

Wendy Machaver
Board Member, East Side
Neighbors NYC Association

John McClement
Board Member, East Side
Neighbors NYC Association

From:	Public Hearing Comments (Do not reply)
To:	Azka Mohyuddin (DCP); Louise Cafiero (DCP); ManhattanComments_DL
Subject:	Comments re: C 240237 ZMM - MSK Pavilion
Date:	Friday, June 28, 2024 8:25:09 AM
Attachments:	Testimony in support MSK NYC Planning commision o 6_26_2024.pdf

---

Re. Project: **C 240237 ZMM - MSK Pavilion**

Submitted by:

Name: **Santos Rodriguez**
Zip: **10001**

I represent: **Other**

Details for "I Represent": **Building and Construction Trades Council of Greater New York**

My Comments:

Vote: I am **in favor**

Have you previously submitted comments on this project? **Yes**
If yes, are you now submitting new information? **Yes**

I have attended or will attend the City Planning Commission's Public hearing on this project: **No**

Additional Comments:
Please see the attached document in favor of the MSK project. Thank you, Santos Rodriguez Chief of Staff Building & Construction Trades Council of Greater New York 350 West 31st Street, Suite 700 New York, NY 10001 Tel: (212)647-0700 | Cell: (917)612-6697

BUILDING & CONSTRUCTION TRADES COUNCIL OF GREATER NEW YORK

AFFILIATED WITH THE
BUILDING CONSTRUCTION TRADES DEPARTMENT
OF WASHINGTON, DC

NABTU

NYS BUILDING AND CONSTRUCTION TRADES COUNCIL

AMERICAN FEDERATION OF LABOR AND CONGRESS
OF INDUSTRIAL ORGANIZATIONS

GARY LaBARBERA
PRESIDENT

TESTIMONY

On behalf

BUILDING AND CONSTRUCTION TRADES COUNCIL OF GREATER NEW YORK AND VICINITY

In Support of Memorial Sloan Kettering's Pavilion Project

June 26, 2024

Good afternoon, New York City Planning Commission Chair and members, I am Santos Rodriguez, I am here to testify on behalf of Gary LaBarbera, President of the Building and Construction Trades Council of Greater New York & Vicinity, in support of Memorial Sloan Kettering's Pavilion Project (The "MSK Pavilion").

The Building and Construction Trades Council is an organization of local building and construction trade unions that are affiliated with 15 International Unions in the North American Building Trades Union. Our local union affiliates represent approximately 100,000 union construction workers. The Building Trades mission is to raise the standard of living for all workers, to advocate for safe work conditions and to collectively advance working conditions for our affiliates' members, as well as all workers in New York City.

Everyone has a role to play in the fight against cancer, and the Building and Construction Trades Council is proud to contribute to this effort. The MSK Pavilion will be a state-of-the-art cancer care facility, designed to address future cancer care needs, within MSK's existing footprint on York Avenue between East 66th and 67th Streets. The Pavilion will incorporate advanced technology, cutting-edge robotics, improved digital infrastructure, and enhanced operating suites.

Facilities like this attract top talent to our city and enhance our ability to treat cancer. We should support and encourage the development of such projects in New York City. Approving this project is a step in the right direction.

Memorial Sloan Kettering has been a reliable partner with the Building and Construction Trades Council on previous projects, and we expect this relationship to continue. This project will bring numerous well-paying construction jobs with family-sustaining benefits to our city. The Building and Construction Trades Council of Greater New York and Vicinity supports projects like the Memorial Sloan Kettering Pavilion, which will improve the lives of many New Yorkers and create middle-class jobs for our members.

We thank you again for this opportunity to testify in support of this project.

350 WEST 31st STREET • SUITE 700 • NEW YORK, NY 10001
TEL. (212) 647-0700 • FAX (212) 647-0705

NORTH MANHATTAN ALUMNAE CHAPTER
DELTA SIGMA THETA SORORITY, INC.
La-Asia Hundley, *President*
—

P.O. Box 3570
Grand Central Station
New York, NY 10163
www.nmacdst.org

20 June 2024

New York City Planning Commission
Attention: Hon. Daniel A. Garodnick, Chair
120 Broadway, 31st Floor
New York, NY 10271

Re: MSK Pavilion
Calendar Nos. 24-27 and DEIS
June 26, 2024 Public Meeting

Dear Chairman Garodnick and Commissioners:

On behalf of the North Manhattan Alumnae Chapter of Delta Sigma Theta Sorority, Incorporated, I appreciate the opportunity to provide input to the City Planning Commission as you consider the MSK Pavilion, to be heard at the Commission's June 26, 2024, public meeting (Cal. Nos. 24 – 27, and DEIS).

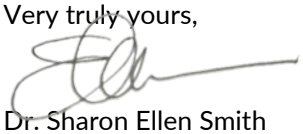
Delta Sigma Theta Sorority, Incorporated. is a private, not-for-profit organization whose purpose is to provide assistance and support through established programs in local communities throughout the world. The North Manhattan Alumnae Chapter of Delta Sigma Theta Sorority, Incorporated provides innovative programming and support for communities within Washington Heights and Inwood. A major focus of our sorority is promoting physical and mental health.

In Memorial Sloan Kettering Cancer Center (MSK), we have found a trusted partner in advancing this goal. For example, one of our longstanding events is our Annual Health Symposium and Backpack Jam. In 2023, MSK supported the backpack giveaway for the community and attended to provide information on the cancer screening and prevention services available at MSK Ralph Lauren Center, located in Harlem. They have already committed to supporting the event again in 2024. In addition, MSK has collaborated with us on virtual community educational events, including one on self-care for caregivers.

The pending land use applications from MSK are essential to MSK's ability to provide high quality, efficient patient care to all who seek it, and the North Manhattan Alumnae Chapter of Delta Sigma Theta Sorority, Incorporated, therefore offers its strong support.

We look forward to the Pavilion's approval and its opening in 2030. Its 28 operating rooms and associated ICUs and patient beds are a necessary addition to the City's capacity for meeting the needs of New Yorkers diagnosed with cancer in the future.

Very truly yours,



Dr. Sharon Ellen Smith
Chair, Physical and Mental Health Committee
North Manhattan Alumnae Chapter of Delta Sigma Theta Sorority, Incorporated

cc:

Hon. Eric Adams, Mayor of the City of New York
Hon. Mark Levine, Manhattan Borough President
Hon. Julie Menin, New York City Council Member for District 5
Selwyn M. Vickers, MD, President & CEO, MSK

The
Abyssinian
Baptist
Church
in the City of New York
founded 1808

June 20, 2024

New York City Planning Commission
Attention: The Honorable Daniel A. Garodnick, Chair
120 Broadway, 31st Floor
New York, NY 10271

RE: MSK Pavilion Calendar Nos. 24-27 and DEIS - June 26, 2024 Public Meeting

Dear Chairman Garodnick and Commissioners:

On behalf of the Health Ministry at The Abyssinian Baptist Church in the City of New York, I appreciate the opportunity to provide input to the City Planning Commission as you consider the MSK Pavilion, to be heard at the Commission's June 26, 2024, public meeting (Cal. Nos. 24 – 27, and DEIS).

Founded in 1808, The Abyssinian Baptist Church in the City of New York is a 216 years old landmark sacred institution in the City of New York, and one of the oldest African-American Baptist churches in the United States. Abyssinian serves the greater Harlem community and New York City and its vicinity.

Abyssinian's Health Ministry educates our congregation and community and works to overcome the health disparities they experience. Our mission is accomplished through sponsorship of workshops on nutrition, fitness, medical conditions, and the healthcare system. Memorial Sloan Kettering Cancer Center (MSK) has become a treasured and strong partner in our efforts.

Our two organizations began working together in 2021 when we partnered with the New York City Department of Health and Mental Hygiene to establish a COVID-19 vaccine site at our historic church in Harlem. Through this effort, MSK staff administered over 12,000 doses of the vaccine to church and community members. Since then, our collaboration with the MSK Ralph Lauren Center, located at 1919 Madison Avenue in Harlem, has blossomed. Together, we continue to offer programming and support to the Harlem community, including Tai Chi classes, nutrition presentations, and other health education events. In June, we co-hosted an educational dinner for the community about multiple myeloma, the most common blood cancer in African Americans. In 2022, we participated in MSK's triennial Community Health Needs Assessment to provide insight into the health needs of our community – and plan to do so again in 2025.

The Centers for Disease Control and the National Institutes of Health predict a 50 percent increase in new cancer cases between 2015 and 2050, which could mean 60,000 new cases in New York City by 2050. With these projections, we anticipate a rise in cancer cases in boroughs citywide, including in the Harlem community.

Gerald Barbour
Chair, Diaconate Board

Karyn M. Davenport
Chair, Diaconate Board

Alexis E. Thomas
Chair, Trustee Board

Sheila Boston Robinson
Church Clerk

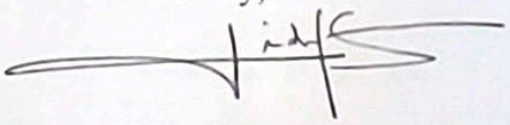
132 Odell Clark Place
New York, NY 10030
212.862.7474 T
646.870.0856 F
abyssinian.org

According to a 2019 report by the American Cancer Society Cancer Action Network, among New York City neighborhoods, men and women living in Central Harlem have the approximate highest cancer incidence rate for lung and bronchus cancer, and men living in Central Harlem have the approximate highest cancer incidence rate for colorectal cancer. Harlem has long had one of the highest overall cancer mortality rates. Central Harlem's colorectal cancer mortality rate is, for example, the highest of any neighborhood in New York City.

The pending applications from MSK are essential to MSK's ability to deliver on the promise of high quality, efficient patient care to all who seek it, including people living in Harlem and surrounding communities. The Abyssinian Baptist Church in the City of New York therefore offers its strong support for this project.

We look forward to the Pavilion's approval and its opening in 2030. Its 28 operating rooms and associated ICUs and patient beds are a necessary addition to the City's capacity for meeting the needs of New Yorkers diagnosed with cancer in the future.

Sincerely,



Linda Thompson
Health Ministry Leader
The Abyssinian Baptist Church in the City of New York

cc:

Honorable Eric Adams, Mayor of the City of New York
Honorable Mark Levine, Manhattan Borough President
Honorable Julie Menin, New York City Council Member for District 5
Selwyn M. Vickers, MD, President & CEO, MSK

WILLIAM BOOTH
FOUNDER
LYNDON BUCKINGHAM
GENERAL

THE SALVATION ARMY
Founded in 1865 by William and Catherine Booth
MANHATTAN CITADEL CORPS
175 EAST 125th STREET
P.O. BOX 662
NEW YORK, NY 10035
(631) 860-3200 - FAX (212) 831-3799

WILLIAM A. BAMFORD, III
TERRITORIAL COMMANDER
LT. COLONELS RAPHAEL C.
& SANDRA J. JACKSON
DIVISIONAL LEADERS

June 20, 2024

New York City Planning Commission
Attention: Hon. Daniel A. Garodnick, Chair
120 Broadway, 31st Floor
New York, NY 10271

Re: MSK Pavilion
Calendar Nos. 24-27 and DEIS
June 26, 2024 Public Meeting

Dear Chairman Garodnick and Commissioners:

On behalf of The Salvation Army, I appreciate the opportunity to provide input to the City Planning Commission as you consider the MSK Pavilion, to be heard at the Commission's June 26, 2024, public meeting (Cal. Nos. 24 – 27, and DEIS).

The Salvation Army Greater New York Division has 38 community centers located across the region, including the Manhattan Citadel Corps in East Harlem, an area where residents are primarily African American and/or Latino, and many are low-income.

Each year, The Salvation Army community centers help struggling New Yorkers during the holidays. In 2023, Memorial Sloan Kettering Cancer Center (MSK) became a trusted partner to us in East Harlem, generously supporting our Thanksgiving and Holiday events and other community engagements. MSK's donation to our Thanksgiving event allowed us to provide food for an additional 60 families, and their donation to buy toys at Christmas time made the holiday extra special for many East Harlem children.

WILLIAM BOOTH
FOUNDER
LYNDON BUCKINGHAM
GENERAL

THE SALVATION ARMY
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LT. COLONELS RAPHAEL C.
& SANDRA J. JACKSON
DIVISIONAL LEADERS

We have been pleased to work with MSK on more community engagement in 2024. We collaborated on a "Hockey in Color" cancer awareness community event during Cancer Disparities Awareness Week just this past April.

We are looking forward to even more community work with MSK in the years to come. Many people in East Harlem face significant health disparities that contribute to high rates of chronic illness, such as cancer, and poor health outcomes.

The pending land use applications from MSK are essential to MSK's ability to provide high quality, efficient patient care to all who seek it, and The Salvation Army therefore offers its strong support.

We look forward to the Pavilion's approval and its opening in 2030. Its 28 operating rooms and associated ICUs and patient beds are a necessary addition to the City's capacity for meeting the needs of New Yorkers diagnosed with cancer in the future.

Very truly yours,

Lt. Álvaro Velásquez
Assistant Corps Officer
The Salvation Army Manhattan Citadel Corps

cc:

Hon. Eric Adams, Mayor of the City of New York
Hon. Mark Levine, Manhattan Borough President
Hon. Julie Menin, New York City Council Member for District 5
Selwyn M. Vickers, MD, President & CEO, MSK

GENERAL PUBLIC

From: [redacted]
To: [redacted]
Subject: Comments re: C 240237 ZMM - MSK Pavilion
Date: Tuesday, July 2, 2024 4:43:35 PM

Re. Project: **C 240237 ZMM - MSK Pavilion**

Submitted by:

Name: **Mariely Del Valle**
Zip: **10454**

I represent: **Myself**

Details for "I Represent": **I am an MSK patient**

My Comments:

Vote: I am **in favor**

Have you previously submitted comments on this project? **No**
If yes, are you now submitting new information?

I have attended or will attend the City Planning Commission's Public hearing on this project: **No**

Additional Comments:
Dear City Planning Commission, I hope this letter finds you well. My name is Mariely Del Valle and I was treated for Stage IV Colorectal Cancer at MSK last year. While at MSK, I received chemotherapy, surgery and more chemo after surgery. I also had scans, biopsies and lots of blood work done. My experience at MSK has been characterized by the combination of top notch medical care and profound human touch. The MSK teams are dedicated to providing personalized medical care. They make sure that you feel as safe and comfortable as possible. And I appreciate the way they communicated with me as a patient, alleviating stress and anxiety during this difficult time of my life. I feel fortunate for my experience at MSK and support their new Pavilion because it will allow more people to access the top notch care I did. Best, Mariely Del Valle

From: [redacted]
To:
Cc:
Subject: [EXTERNAL] Response to MSK application from longtime residents Jane and Kaitilin Griffin
Date: Monday, July 1, 2024 12:09:15 PM

Some people who received this message don't often get email from [redacted]. Learn why this is important

CAUTION: This email originated from outside of the organization. Do not click links or open attachments unless you recognize the sender and know the content is safe. Forward suspect email to phish@oti.nyc.gov as an attachment (Click the More button, then forward as attachment).

Dear Commissioners,

As a follow-up to our phone call to the office of Council Member Julie Menin, we write to you to express severe reservation about the grossly oversized building proposed by MSK at 66st/York where our family and neighbors resided for over sixty years.

We as a family are aware of the richness and delicacy of the residential fabric of this district. We have watched as the fabric is a worn down by repeated expansions by the hospital community and most especially by MSK. Traffic congestion and pressure upon city resources are the most obvious example of how oversized hospital facilities have reduced the quality of life. Sound emissions from the MSK facility are tantamount to industrial use - completely antipathetic to residential needs.

This most recent plan is outrageously out of proportion with the challenged residential landscape, it's thorough-fares and civic infrastructure of this already impacted district. And the text within the DEIS is remarkably dismissive of the actual impact this building will cause to this district.

The purpose of the building we believe can most certainly be met by satellite structures on much smaller scales. It is an absurdity to think that MSK - a business - should have to meet the global demand for cancer care alone. Many other scientific institutions at a smaller scale must be part of the solution.

The so called necessities of this crusading applicant must be brought to scale with our environment. There is no regard or even attempt by the applicant to be environmentally sensitive. There is nothing in the application that speaks to the imminent dangers of climate change and how building design and materials reduce their impact on our environment. Nor is there anything in this application that speaks to quality of life in the local community, most importantly congestion. There is not even a setback or landscaping in the design.

This excerpt from the DEIS pasted below is without question inaccurate and offensive to we as community residents and must be corrected under the authority of your agency:

Overall, the Proposed Project would be compatible with the defining characteristics of the study area's neighborhood character and would not result in significant adverse neighborhood character impacts.

We as citizens and community residents who love the balance of use patterns and the resultant

communal freedoms that our city can and does provide…we implore you to seek that balance and reasonable compromise between the medical corporations and local residents in this application.

MSK can most certainly accomplish its work without destroying the fabric of this district.

We welcome further discussion in a constant pursuit for reasonable outcome.

Sincerely,
Jane Griffin, M.D.
Kaitilin Griffin

Sent from my iPad

From: [redacted]
To: [redacted]
Cc: [redacted]

Subject: [EXTERNAL] Response to MSK DEIS
Date: Monday, July 1, 2024 11:39:03 AM
Attachments: MSK-CPC.pdf

Some people who received this message don't often get email from [redacted]. Learn why this is important

CAUTION: This email originated from outside of the organization. Do not click links or open attachments unless you recognize the sender and know the content is safe. Forward suspect email to [redacted] as an attachment (Click the More button, then forward as attachment).

Good morning Commissioners,

My name is Laura Jackson and I have been a resident of East 66th Street for over 32 years.

My neighbors and I have serious concerns about the detrimental environmental impacts MSK's massive, out-of-scale skyscraper would have on our community.

Today I am addressing the DEIS's *Neighborhood Character* chapter and attaching a community testimony packet in opposition to MSK's proposed Pavilion.

On page 15-2 of MSK's DEIS MSK claims that it is replacing two community facility buildings with a new state-of-the-art facility and that it would not result in a substantial change in use on the Development Site. This statement is blatantly incorrect and should serve as a serious red flag regarding the integrity of MSK's entire DEIS.

MSK would be replacing two residential buildings (350+ apartments). They are *NOT replacing two existing MSKCC community facility buildings.*

The addition of multiple curb cuts, an ambulance bay, a highly flammable oxygen farm and the loss of over 4 million square feet of open air space signifies that this project *would* result in significant adverse neighborhood impacts.

The medical facilities north of 67th Street are irrelevant. Aside from the back of MSK's relatively low-profile Rockefeller Research Laboratories (with its entrance on 67th Street), 66th Street consists of an elementary school, a Catholic church, 5-story walk-ups, a 13 story co-op, and a 22-story apartment building.

East 66th Street between 1st & York is a ***residential block*** and MSK's assessment blatantly understates this fact.

I thank you in advance for your attention to this matter,

Laura Jackson [redacted]

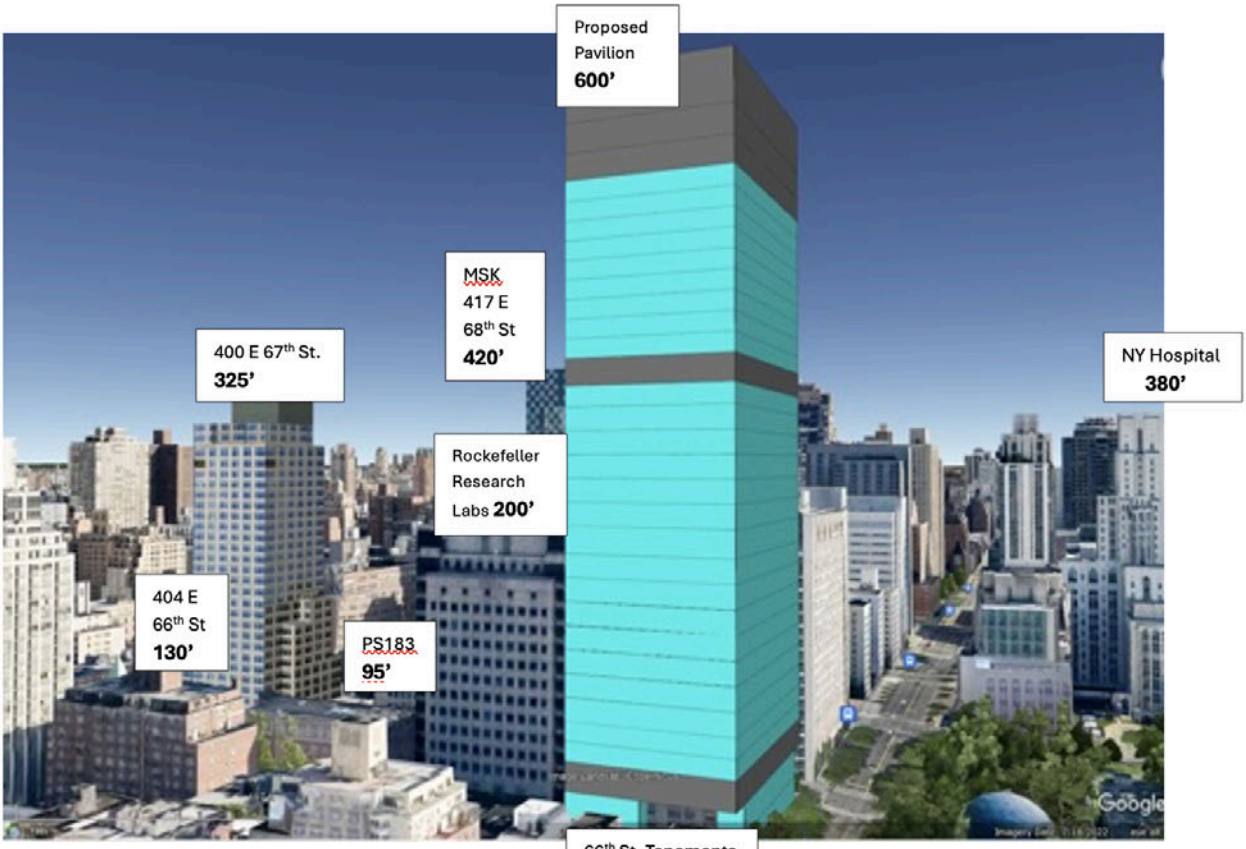
COMMUNITY TESTIMONY IN OPPOSITION TO MSK'S PROPOSED 'PAVILION'

1233 York Avenue (between 66th & 67th St)

Introduction

A) Neighborhood Character
B) Traffic & Parking
C) Loss of Green Space
D) Fragile, Aging Infrastructure
   1) Sinkhole
   2) Steam release
   3) Crain Accidents & Drainage
E) Air Quality and Noise / Venting

F) Spoken Testimony: May 8, 2024 CB8's Land Use Hearing



Rendering by George Janes in Google Earth.
Approximate Heights added by LJ

INTRODUCTION

- **Memorial Sloan Kettering (MSK) plans to construct a 594-foot-high hospital tower on York Avenue between 66th and 67th Streets** to house 28 operating rooms and over 200 patients rooms - a project of such enormous size and scale that it requires rezoning and variances to local zoning regulations.

- The proposed *MSK Pavilion* includes **double-story floors that instantly transform the 31-story building into the equivalent of a 62-story skyscraper** – a tower looming large over a block, which is home to low rise affordable housing, PS 183 (a 100-year-old elementary school) and a Romanesque church lovingly built 130 years ago.

- **Steps away from the entrance to PS 183 would be a highly flammable Oxygen Farm** adjacent to the entrance of a heavily trafficked parking garage and the building is designed to release its **exhaust venting onto 66th Street**, including street level.

- **This 594 ft. glass and steel structure with no setbacks is drastically out of context.** The tallest building on the block, 400 East 67th St. is 325 ft. tall and the Pavilion would tower roughly 200 ft above neighboring super-talls.

- Despite the urgent need for affordable housing, the project requires **demolition of over 300 units of staff housing** – preparations for which are already underway.

- MSK estimates the Pavilion will take **6 years to construct**.

BUT…

- **The Upper East Side is already home to more hospital patient rooms than any other neighborhood in the tri-state area**. The overserved location of this proposed skyscraper stands in stark contrast to New York's commitment to making high-quality health care accessible to people of diverse backgrounds living in neighborhoods across all five boroughs.

- As parking garages in the area continue to close, **MSK's plan includes NO additional parking or realistic strategy to manage the immense increase in traffic - cars, trucks, bikes, pedestrians & more -** resulting from the addition of 28 operating rooms and over 200 single occupancy patient rooms.

- Far larger than the New York Blood Center and Northwell's Lenox Hill Hospital expansions, MSK's proposed tower **sets a dangerous precedent of super-sized overdevelopment that will forever alter the character of the Upper Eastside as a residential neighborhood** – a neighborhood already known to have the smallest number of parks and green spaces of any neighborhood in the city in relation to its population.

For more information: balanceUES@gmail.com

A) Neighborhood Character

On page 15-2 of MSK's DEIS on Neighborhood Character, MSK claims that it is replacing two community facility buildings with a new state-of-the-art facility and that it would not result in a substantial change in use on the Development Site. This statement is blatantly incorrect and should serve as a serious red flag regarding the integrity of MSK's entire DEIS.

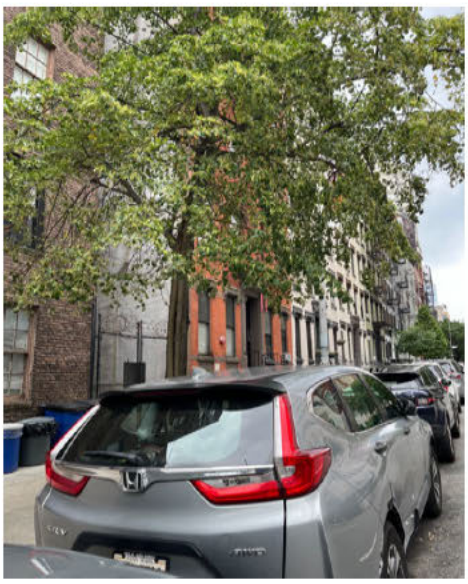
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The addition of multiple curb cuts, an ambulance bay, a highly flammable oxygen farm and the loss of over 4 million square feet of open air space signifies that this project *would* result in massively significant adverse neighborhood character impacts.

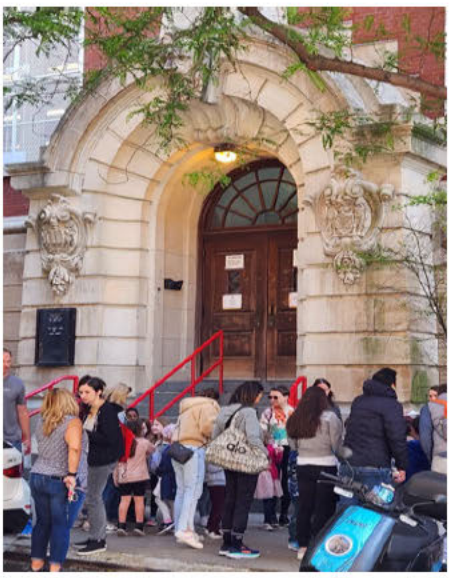
The medical facilities north of 67th Street are irrelevant. Aside from the back of MSK's relatively low-profile Rockefeller Research Laboratories (with its entrance on 67th Street), 66th Street consists of an elementary school, a Catholic church, 5-story walk-ups, a 13 story co-op, and a 22-story apartment building on 1st Ave.

THIS IS A RESIDENTIAL BLOCK!

Note: MSK's current residential building at 1233 York Avenue, the Development Site, is being emptied out for demolition in the midst of a city-wide housing crisis and prior to the completion of the ULURP process.



5-story affordable housing on the south side of 66th St looking west



Parents & students in front of Public School 183 (66th St.)



66th St. residents relaxing on stoop

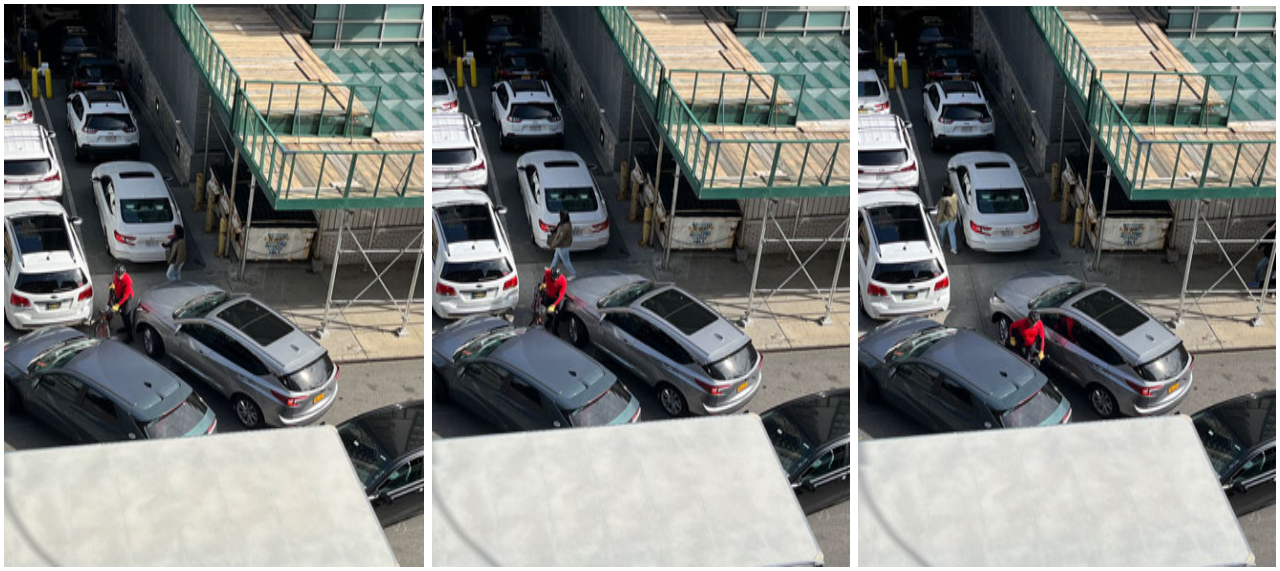
B) Traffic and Parking Issues

Currently, every Monday through Friday the bottleneck of cars trying to get into MSK's parking garage on 66th Street backs up onto York Avenue blocking the bus lane and adding to the already severe congestion on York. MSK recently switched to valet parking which has only exacerbated the problem.

Incessant horn honking and shouting matches are a daily spectacle on 66th St.
One neighbor even witnessed fist fight.

That said, **MSK will not be adding any additional parking spaces** to accommodate the increased demand for parking this proposed 'Pavilion' will impose on the community.

On paper MSK's parking plan sounds reasonable, but in reality it is nothing more than wishful thinking. There simply will not be enough space for the increased demand for parking. As parking garages in the area continue to close, congestion pricing goes into effect and drivers attempt to unload passengers curbside, the DOT and MTA will likely be burdened with an unprecedented parking and traffic crisis.



Cyclist and Pedestrian navigating blocked street and sidewalk at MSK garage entrance.

As for public parking - below is an excerpt from MSK's current website as of May 2024 directing patients to additional parking in the area:

You can also park in one of several nearby commercial garages:

- 67th Street between First and York Avenues, on the left (south) side of the street
- 69th Street between First and Second Avenues (four garages available)
- 65th Street between First and Second Avenues (three garages available)

This information is several years out of date. MSK states there are four garages available on 69th Street between 1stand 2nd Ave. Not true. Two closed years ago and one sold all its spaces to private owners. There is only one remaining public garage on 69th Street. It is small and fills up early with employees from all the area hospitals.

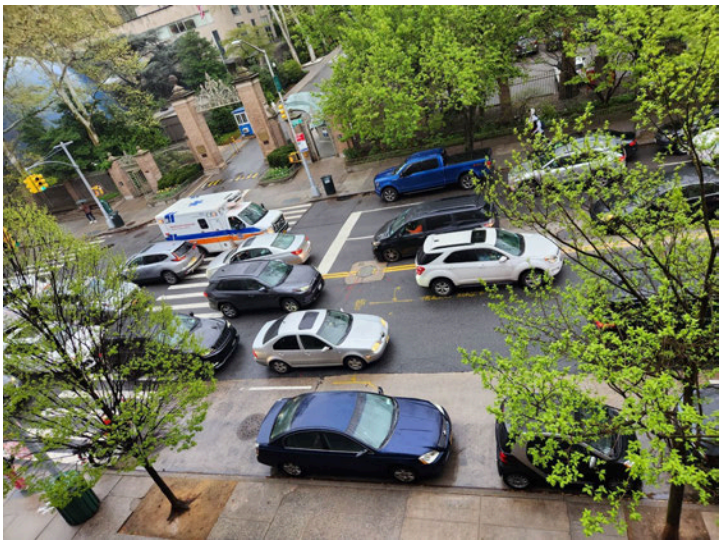
B) TRAFFIC and PARKING page 2

Current York Ave Traffic Situation

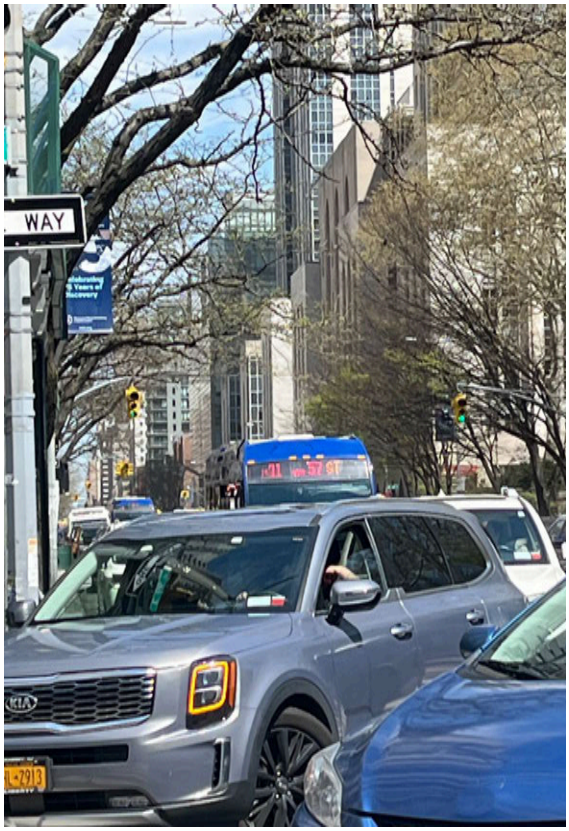
Again, MSK will be adding no new parking spaces to accommodate the increased demand.



Heavy traffic attempting to turn off York onto 66th as PS 183 students head to school



Ambulance forced into oncoming traffic as cars attempt to get on MSK parking line. (66th and York)



Two lanes of cars turning onto 66th off of York in line for MSK garage.

M31 bus unable to pull over at bus stop located on York bet 66th and 67th Streets.

This happens *everyday*!

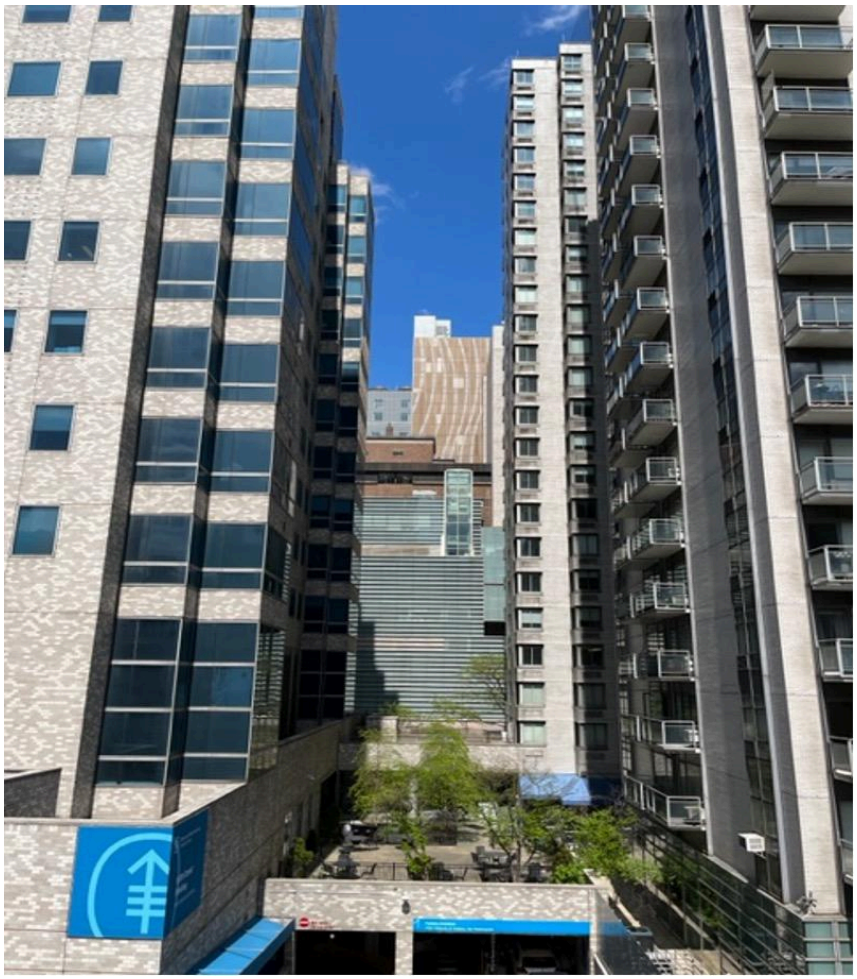


C) LOSS OF GREEN AND AIR SPACE

This green, open air space is situated between MSK's to-be-demolished apartment building on York and its Rockefeller Research Laboratories - looking north from 66th Street

A modest estimate of the amount of air space that would be *lost forever* is over 4 million cubic feet.

This loss of sunlight and air flow will impact residents, students and area workers, including many MSK employees who, *daily* sit on the stoops of the low-rise tenement apartment buildings on 66th Street facing this precious open space.



66th St. between 1st and York looking north



Close up - same orientation (different season)

On the right: 350+ Unit Apt bldg to be demolished
On the left: MSK's Rockefeller Research Labs

D) Fragile, Aging Infrastructure

1) SINKHOLE



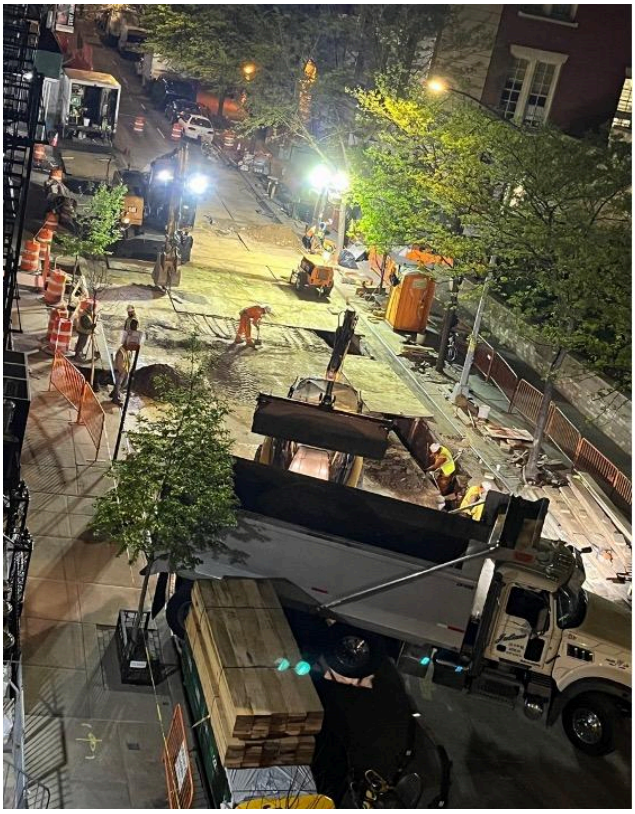
April 15, 2023 sinkhole on 66th Street bet 1st & York

Approximately one year ago as MSK began its task force meetings with CB8, a large construction truck carrying sand broke through the pavement creating a sinkhole at precisely the border between MSK's Research Labs and Public School 183 (PreK - Elementary).

An omen?

Crews worked for two weeks, round the clock, to repair the damage.

Work was slow and tedious as there are both high and low-pressure gas lines and a water main at the site.



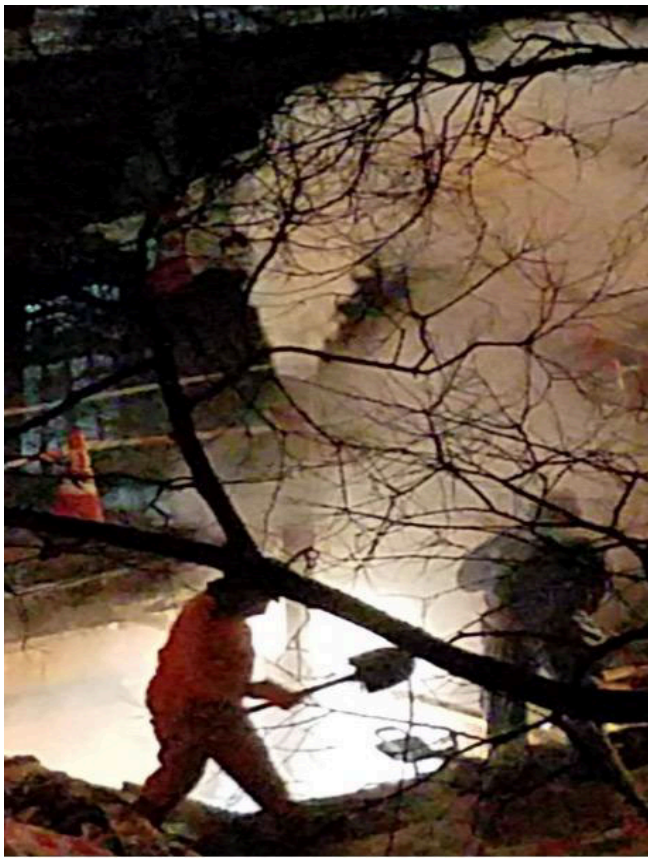
2) LETTING OFF STEAM to PREVENT EXPLOSIONS



On York Ave. ConEd regularly removes manhole covers and installs temporary chimneys to let off underground steam **to avoid potential explosions on our overtaxed heating grid.**

The most recent was installed right in front of MSK's main hospital - one block north of the proposed Pavilion site. April 28, 2024

.



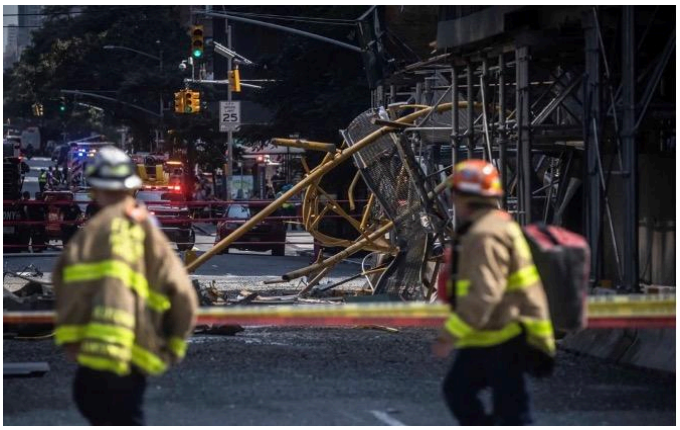
ConEd workers opening a large piece of York Ave. to let off high pressure steam.

ConEd regularly releases a build up of steam by opening large portions of York Avenue during the night.

Question: *Has anyone considered how* ***two massive bedrock blasting projects happening simultaneously*** *(MSK Pavilion & Blood Center)* ***just one block from each other*** *might impact the stability of the surrounding buildings, the electric, gas & steam grids, the air quality and the fragile, aging infrastructure in general?*

3) Cranes & Drains





Crane Accidents

Crane accidents are rare, but they do happen.
This crane fire and collapse in Hell's Kitchen on 7/26/23 injured 11 people. The accident occured just a few weeks after MSK's Task Force meetings concluded.

Another omen?

During the construction phase of the Pavilion it is assumed a large crane will be looming high over PS 183, the 5-story tenement buildings on 66th St., Rockefeller University and Research Labs, and MSK's main hospital posing an unlikely, but potential risk of collapse.

Inadequate Drainage

Workers repairing shallow drain at NW corner of 66th & York during the night.

Whenever there are heavy rains, this drain backs up and has been opened several times.

We are concerned that the drain won't be able to handle the increased demand for drainage this project would create.



E) Air Quality and Noise / Venting

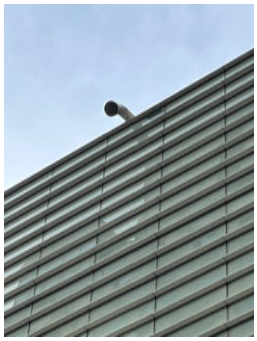


Photo from MSK's design plan that indicates fresh air intake from York Avenue and **exhaust air outlet onto 66th Street,** at all levels, including street level.

The impact of noise and potentially toxic air would fall on residents of 66th Street and students at PS 183.

This is not acceptable. MSK must rethink its venting plans. Exhaust venting pointed at 66th Street must not be below the highest mechanical level of the hospital.

Currently, residents and students on 66th Street are subjected to the noise and potentially toxic air being emitted by some of MSK's ventilation systems. Most notable are the high decibel vibrations coming from the two sources pictured below.



Pipe on MSK's main hospital (67th St. bet 1st & York) emitting a very loud horn like sound, some sort or pressure release, which occurs every 15 minutes or so and reverberates for several minutes.
Residents have reported being awakened during the night when the horn blows.



Vents inside the entrance to MSK's parking garage on 66th St. between 1st & York.
The constant loud hum of these vents has been endured by residents of 66th St. for decades.

It is imperative that whatever building is approved take into consideration the impact of venting on neighbors and ensure vents are NOT pointed at the historic buildings on 66th Street.

Exhaust venting needs to occur as high as possible toward York Ave and/or 67th Street where buildings are sealed and windows cannot be opened.

F) SPOKEN TESTIMONY: MAY 8, 2024 LAND USE HEARING

(Incomplete - includes what was gathered prior to the hearing)

My name is **Camille Granato**. I live at the corner of 69th and 1st. I've lived on the upper east for 32 years. I am a cancer survivor thanks to the excellent care I received from the doctors, nurses and staff at New York - Presbyterian Hospital in 1996. Today I am still cancer free and am grateful for the excellent care I received. And for years I was a volunteer at MSK. That being said, **I am opposed to MSK's current proposal**.

I have watched as this once vibrant residential neighborhood has slowly been taken over by ever expanding hospitals. Tower after tower going up, robbing us of clean air, green space and sunlight. If approved, this latest proposal would make MKS the tallest hospital in the world at 594 feet. This is outrageous! I can no longer stand by and watch. Hospital row has gone too far.

All of the area hospitals treat cancer. Even Hospital for Special Surgery has a team of oncologists treating bone cancers. It is glaringly obvious that this 'large scale community facility' is not for our community.

MSK has many satellite hospitals in the tri-state area. Wouldn't it make more sense to expand those hospitals to serve patients closer to home than expect them to come to the most densely populated neighborhood in the United States? I happen to live here, so when I was going through cancer treatment, NY Hospital was the perfect place for me. But I can't imagine how much unnecessary stress patients and their families from New Jersey, Long Island, Westchester and beyond are having to deal with.

Where there's a will there's a way. If MSK really cares about its patients and about being a good neighbor on the Upper East Side, they should scale this hospital expansion way back and build in neighborhoods where they are actually needed.

*My name is **Patricia Hogan** and I live in Brooklyn. My husband underwent major abdominal surgery at MSK in December of 2020. He is still alive, but it has been a constant struggle ever since.*

I learned of this hearing from my friend who lives on 66th Street and who I stayed with while my husband was in the hospital. I'm writing today as his caregiver to emphasize how very stressful it has been coming into Manhattan for his surgery, treatments and follow ups. Dealing with traffic and a near impossible parking situation has added tremendous stress at this vulnerable time in our lives.

Even now, 3 years later, he isn't strong enough to take the subway, so we have no choice but to drive in. And once congestion pricing starts, not only will it be more expensive to come in, but I've heard that the parking crisis is expected to escalate north of 60th Street.

I know I'm not alone, and can speak for patients and caregivers all over the tri-state area, if you are planning to expand MSK, please do so in a location or locations that are truly accessible to your patients. I ask this in the interest of the best possible solution for myself, my husband and no doubt, countless other patients and their families. It's enough to be dealing with cancer. Coming to Manhattan just adds to the nightmare.

My name is **Jane Griffin**. I have lived across from the project site on 66th st, for the past sixty years,- Here we are again….in this ever more congested corner of Manhattan where residential life seems to be vanishing and fast becoming an industrial neighborhood….I say here we are again - as this is not the first time that we as a community have tried to maintain the residential feel of the area - so we are here to suggest that there can be alternatives to this mammoth sized , taller than all the other east side skyscrapers, no setback from the street and therefore so inappropriate in this time on our planet when the environment is of such concern…..

Several years ago we were able to convince MSK to somewhat reduce their footprint - and add some local amenities such as improvements to St Catherine's park. And some improvements to the 68th street subway station. However the huge numbers of vehicles driven by patients medical and all staff only continued to increase - double parked and blocking 66th street……and of course with the proposed demolition, construction and general increase in numbers …..it's hard not to imagine the worst is on the way - public transportation will be stretched to its limit.

I speak as a retired physician who worked most of my career in a city hospital in Elmhurst. While the disparity between the two institutions is enormous in many aspects, it is not hard to wonder why patients already compromised to some degree, would have to travel distances to be brought to a place where they can receive the best treatment - so - why here and not where there are hospital satellites in less congested areas??

They are many other reasons to contest this building project which my neighbors will speak to - but I would put in my plea to rethink - and to consider the present fragile state of our planet - and indeed the fragile state of the people who are affected in their daily lives by the congestion, noise, traffic and more……..Thank you for listening.

My name is **Lisa Barnhart** and I have lived on East 66th Street for over 30 years. I am not opposed to MSK expanding because there is an obvious need, but I am very much opposed to the height and bulk of the building being proposed.

I also want to make sure that we are not going to be subjected to any noise or toxic air coming from the building's venting systems. I live directly across from MSK's parking garage where there is a very loud droning sound coming from a row of vents just inside the entrance to the garage. It never lets up and disturbs my sleep.

There is also another very strange sound like a horn blowing. It happens every 15 minutes or so and lasts several minutes. At night when the city quiets down it is especially loud. I recently found out from a neighbor that it is coming from what looks like an exhaust pipe attached to MSK's main hospital on 67th Street.

So whatever gets built, I think it is very important that there are no vents facing the apartment buildings on 66th Street. I want to be able to open my window and not feel like I'm living in next to a factory.

Good evening. I am **Dr. Rachel George** and I live at 400 East 67th Street, The Laurel, which is on this block, at the corner of 67th and First Avenue. I am a building unit owner, and board member. I am a former attending dentist at Columbia Presbyterian and faculty in the department of Oral Radiology. I moved to this street almost 15 years ago for several reasons. I love the community, St. Catherine's Park, the Riverwalk, and dog parks. I am a member of the hospital communities, including Rockefeller University and my son went to Nursery School in Payson House. I love the incredible access to both world-class medical facilities and a world-class scientific community.
I have several concerns about this project.

1. I would like to request the proposed building height be reduced by at least 250 feet and include setbacks as appropriate. The building height appears grossly out of context. My building is 328 feet, and the tallest building in the neighborhood is 424 feet. The applicable height and setback regulations would require setbacks at 85' and limit the building height to around 350'. As my eleven-year-old son said, "it just doesn't fit in." We want to co-exist with MSK, not just be in its shadow.
2. Between my building and this new pavilion is the Rockefeller Research Lab building. I would like to request that this lot NOT be re-zoned to R9. What assurances can be made that that site will not also be redeveloped in the future?
3. I would like to ask that MSK enter into a "Community Benefits Agreement." This could include, but not be limited to pre-construction and mid-construction meetings, site monitoring (with results available for review), review of the building façade and appearance, traffic concerns, parking and noise issues, and green building requirements. I would like to suggest MSK give back to the neighborhood with some benefits for all, like communal space.

In summary I ask today that MSK:

1. Reduce the building height by 250 Feet and add setbacks.
2. Not re-zone the Rockefeller Lab to R9.
3. Enter a "Community Benefits Agreement" with our community and its groups.
4. Ensure a direct line of communication for the community to allow for concerns to get immediate attention.

My name is **Laura Jackson** and I have been following these proceedings since the first task force meeting last April. I am opposed to the MSK Pavilion as currently proposed.

MSK has emphasized how essential this project is in preparing for a predicted increase in cancer cases. But what I don't understand is why the burden of providing treatment for these future patients should fall mainly on MSK and our neighborhood. There are, in fact, at least four dozen hospitals in the tri-state area that treat cancer.

This ambitious project, with an estimated cost of a billion dollars, comes at a time when MSK has reported increasingly negative operating income for the past five recorded years and a net loss of 108 million dollars in 2022. On top of that MSK has been laying off employees and is scheduled to auction off hundreds of pieces from its art collection next Thursday.

Some, but not all, of the cost of this project would come from generous philanthropists. But how much additional debt would MKS be taking on to finance this project? Is this really a sound investment?

On the cover page of our testimony packet is an image prepared by George Janes in Google Earth. That image alone should be enough to convince at least half of CB8's members that this building, as proposed, does not belong here. The height and bulk of this outrageous structure is simply not acceptable in an historic residential neighborhood.

I am **Yasmina Palumbo,** a PS 183 family member and resident of East 66th Street. I'm here to testify against MSK's unnecessary mega project that will negatively impact our lives for years to come, taking away our sunlight, and polluting our environment with noise, dust particles, chemicals and odors associated with maintenance of such a massive building.
Over the years, though MSK's mission is noble, they have been terrible neighbors to 66th street residents. Our block has been treated as the service entrance for all things noisy, intrusive, and inconvenient to MSK.
Life living across from MSK has meant regularly being awoken weekday mornings by honking horns from cars jockeying to get into their parking garage, and shouting matches from drivers vying for precious parking spots. It's also meant going to bed early once a week because their dumpsters get hauled away Fridays at the crack of dawn, sometimes as early as 5:30 am.
It's meant being woken up to the sound of a highly pressurized refrigerant service regularly scheduled after midnight. Why after midnight? I don't know. But it's so loud that the workers on the job wear ear protection while all we can do is close our windows.
Most recently, this past Friday May 3rd, MSK scheduled overnight Scaffolding work from 6 pm to 6 am, so that we were kept up the entire night by the sound of clanging metal poles and hammering wood until dawn. And it's not the first time this has happened. MSK also scheduled overnight scaffolding work this past Thanksgiving Eve, without justification, from 6pm until 6am, effectively ruining Thanksgiving Day for all the hardworking families who simply need some rest.
With such a poor track record of consideration for families on the block, we have no expectation that MSK will suddenly become better neighbors in a larger building. To the contrary, we foresee more imposition on our lives as the building scales up, and are frankly concerned about the impact this will have on our health. As yet, we have not received any assurances that overnight work will be avoided, or that venting of harmful odors and chemicals will not face 66th street. For all these reasons we cannot support this project.

I live in one of the most environmentally responsible buildings on the east side - a landmarked light and air tenement, two blocks from the project site, built in 1915. My name is **Kaitlin Griffin**. Ironically and by contrast, this building proposal is shockingly irresponsible and even anti-environmental.

How is it that a scientific institution is so unaware or so excused from the urgencies of climate change that it could even think to build such a horrifying structure? Is the cancer crusade this delusional? The realities of climate change are so palpable one must wonder how it is that such mega glass and steel structures that spew sound, exhaust, enormous waste and contribute to the heat island effect are even still part of our currency.

I am one of the few local residents who continue to return to these public hearings to state opposition to specialized hospital expansions that eat away at the fabric of domestic life. The presumption that this expansion is an appropriate size for an 'academic institution' as stated in the so called zoning meeting on April 24 seems to me a baseless claim, an arbitrary reach for Big is Better, no matter if it is a quote from the Dept of City Planning.

The issue before us is about whether this application exhibits sensible, rational, enlightened urban planning principles - and if it does not, how can it be made to do so. Our city desperately needs to adhere to more humane planning principals - now more than ever.

The spectacle of hospital buildings up and down York is so absent of green you would never know these were places of healing. Perhaps they are not. Woe be to York Avenue and all those who live on and walk this once quiet boulevard should this project be realized.

To Reach Us email [redacted]

From: [redacted]
To: [redacted]
Cc: [redacted]
Subject: [EXTERNAL] MSK Pavilion Comments
Date: Monday, July 8, 2024 2:17:18 PM
Attachments: [redacted]

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July 8, 2024

Stephanie Shellooe, Director
Environmental Assessment and Review Division
NYC Department of City Planning
[redacted]

RE: Comments on MSK Pavilion
DEIS CEQR No.: 23DCP118M

Dear Ms. Shellooe,
I am writing on behalf of a growing group of citizens opposed to MSK's Pavilion as currently proposed and have attached two alternative compromise scenarios which Friends of the Upper East Side, CIVITAS, Carnegie Hill Neighbors, parents of Public School 183 and the community at large have all agreed upon.

MSK claims that *the Reduced Height Alternative* (Chapter 17 of MSK's DEIS) *would fail to meet the needs of MSKCC and the anticipated demand of the community it serves* and therefore offered no alternatives.

MSK claims that this expansion is necessary to meet the needs of an *estimated* increase in cancer cases in NYC from 40K to 60K per year.

I would like to offer a few thoughts in response:

1. MSK bases its *projection* on a 2021 CDC study which states in its intro and conclusion that *projecting cancer incidence can help the cancer control community plan and evaluate prevention strategies aimed at reducing the growing number of cancer cases.* MSK is doing precisely the opposite, exploiting the data to make the case that this grossly out-of-scale Pavilion is necessary to deal with a future increase in cancer. There has never been any mention of cancer prevention in MSK's presentations.

2. MSK is not the only cancer care institution in NYC. There are dozens of hospitals in the tri-state area that treat cancer, including top-rated hospitals on the Upper East Side such as Mt. Sinai and NY-

Presbyterian Hospital-Columbia and Cornell. The burden of treatment does NOT fall on MSK. The Pavilion as proposed would serve MSK's ambitions far more than a local community that is not calling for it.

Twenty eight operating rooms and two hundred six patient rooms for an uncertain and distant 2050 appear to be arbitrary numbers that could be adjusted to fit a smaller profile building.

3. CEQR requires that alternatives be considered that would avoid or reduce the potential significant adverse impacts. Stained glass windows aside, it is simple common sense that every conceivable adverse environmental impact would be reduced in a lower profile building, including a shorter construction period, reduced impacts on commonly shared utilities and infrastructure, traffic and parking, shadows and on and on.

Though many in the community would like to hold MSK to nothing more than as-of-right, a growing coalition of neighbors, along with the UES's top three civic organizations are ready and willing to offer a compromise.

Please note that the Sloan and Scholars buildings are still standing on the development site, but have been fully emptied and work began today to install fencing and barriers in preparation for demolition.

I thank you in advance for considering these comments and this draft of massing alternatives in your analysis of MSK's application.

With respect,
Laura Jackson
32 year resident of East 66th Street
[redacted] (mobile)

George M. Janes

& Associates

[redacted]

Tel: [redacted]

[redacted]

MSK Alternatives Massing Study

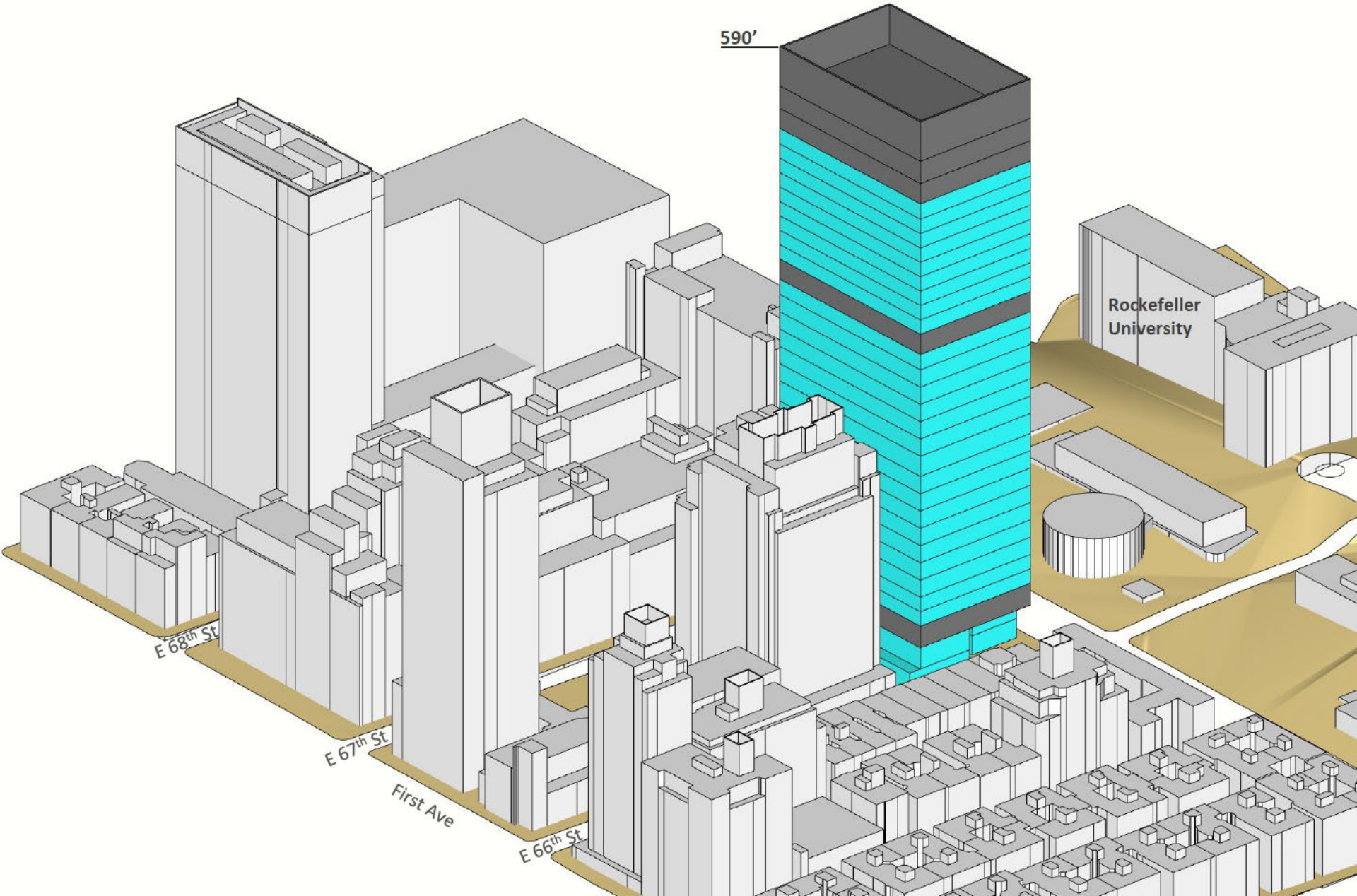
D R A F T

7/3/2024

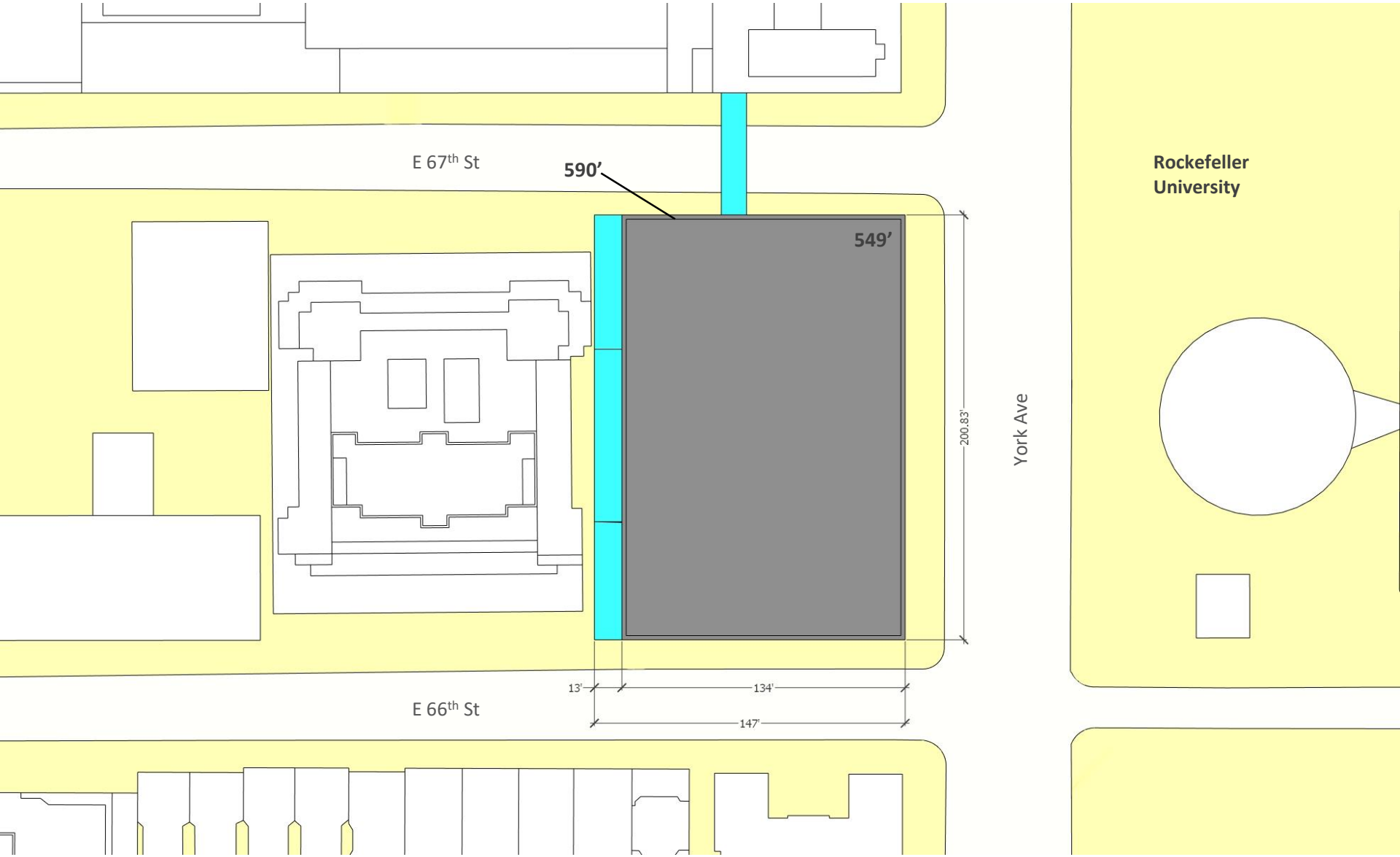
The following massing study includes:

- The current MSK proposal
- The 2001 MSK proposal
- Alternative 1: 2001 MSK proposal modified to shift tower toward York and E. 67th Street
- Alternative 2: Proposed building with 50’ building spacing with 430 E. 67th Street

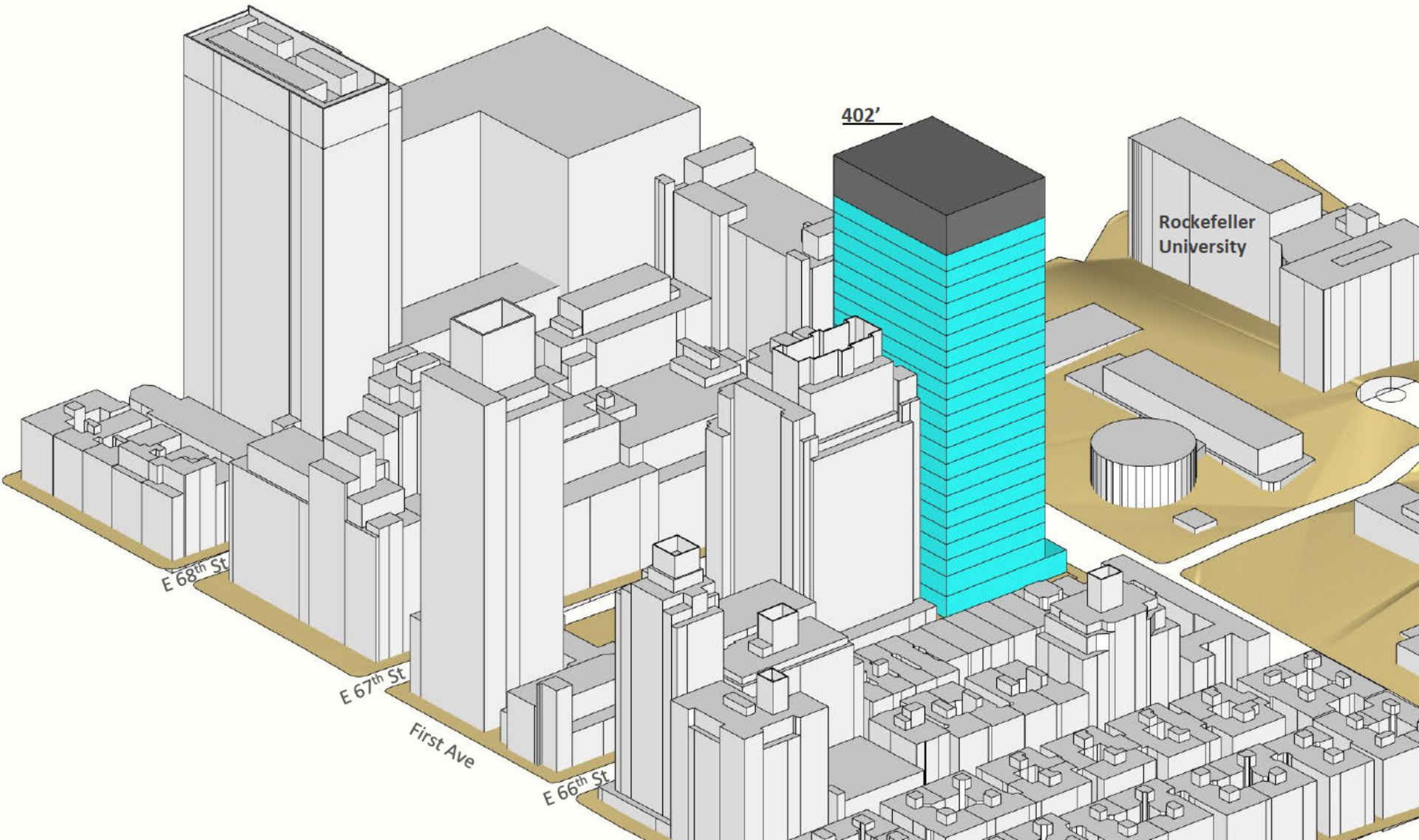
Proposed building



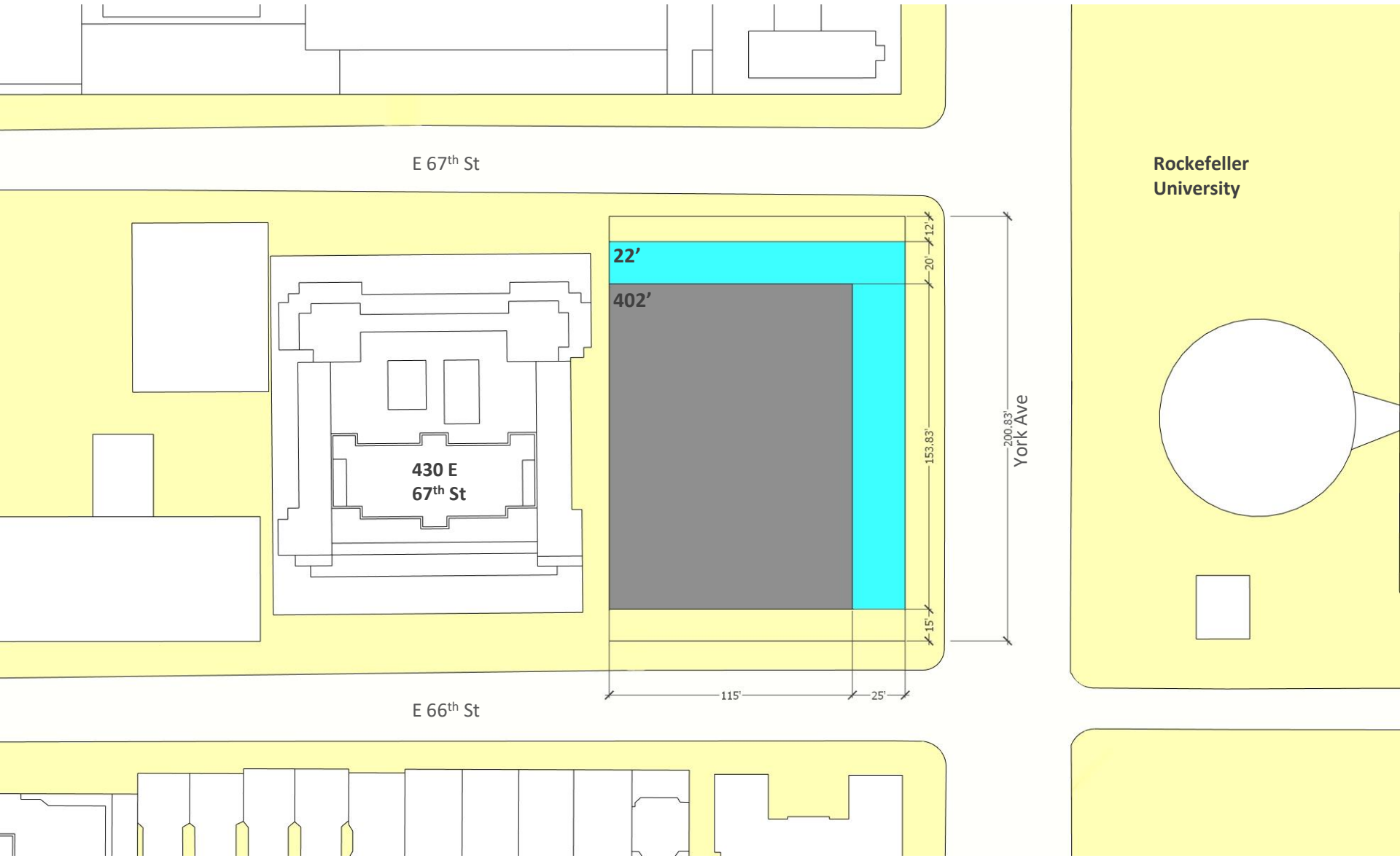
Proposed building plan



2001 MSK proposal

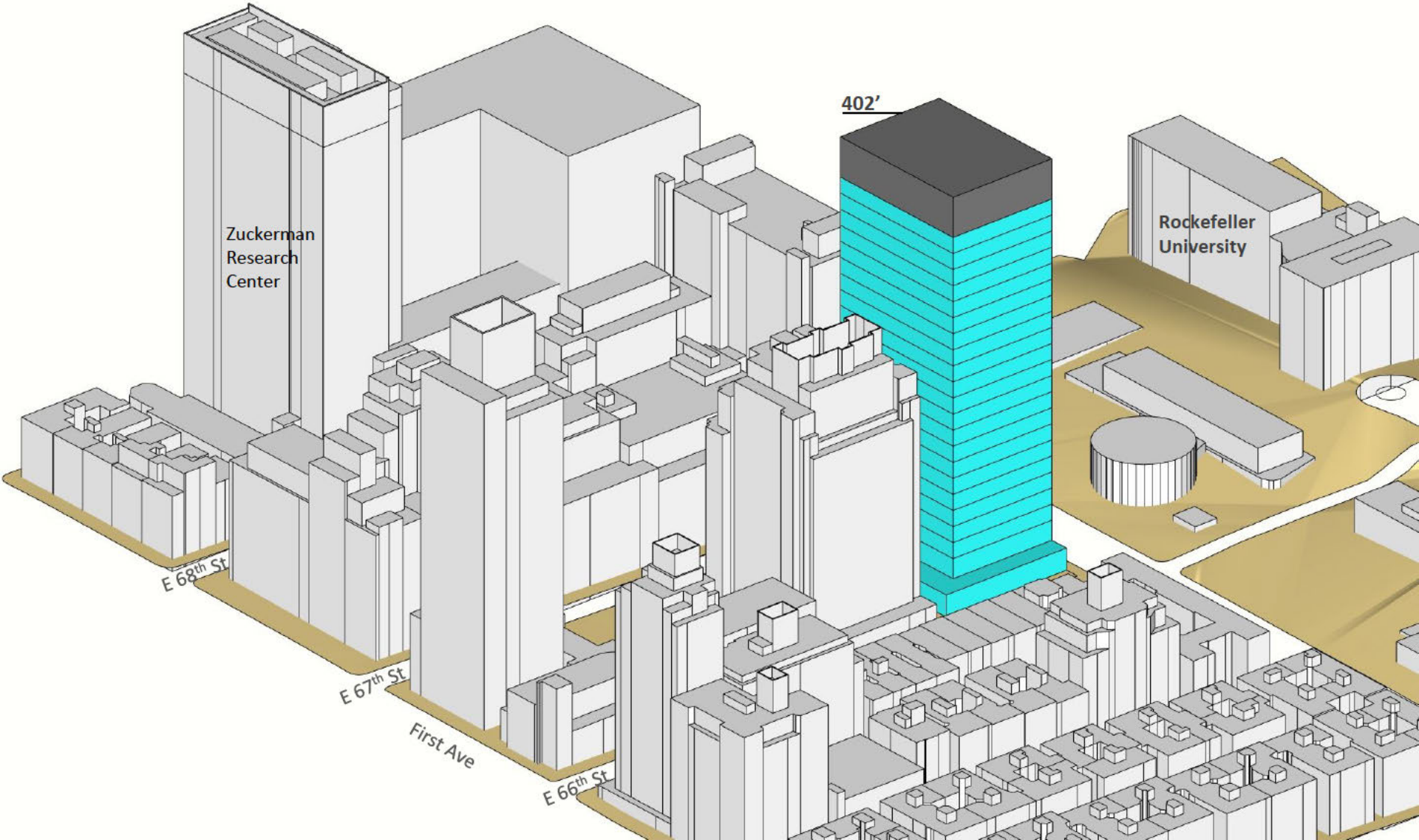


2001 MSK proposal plan

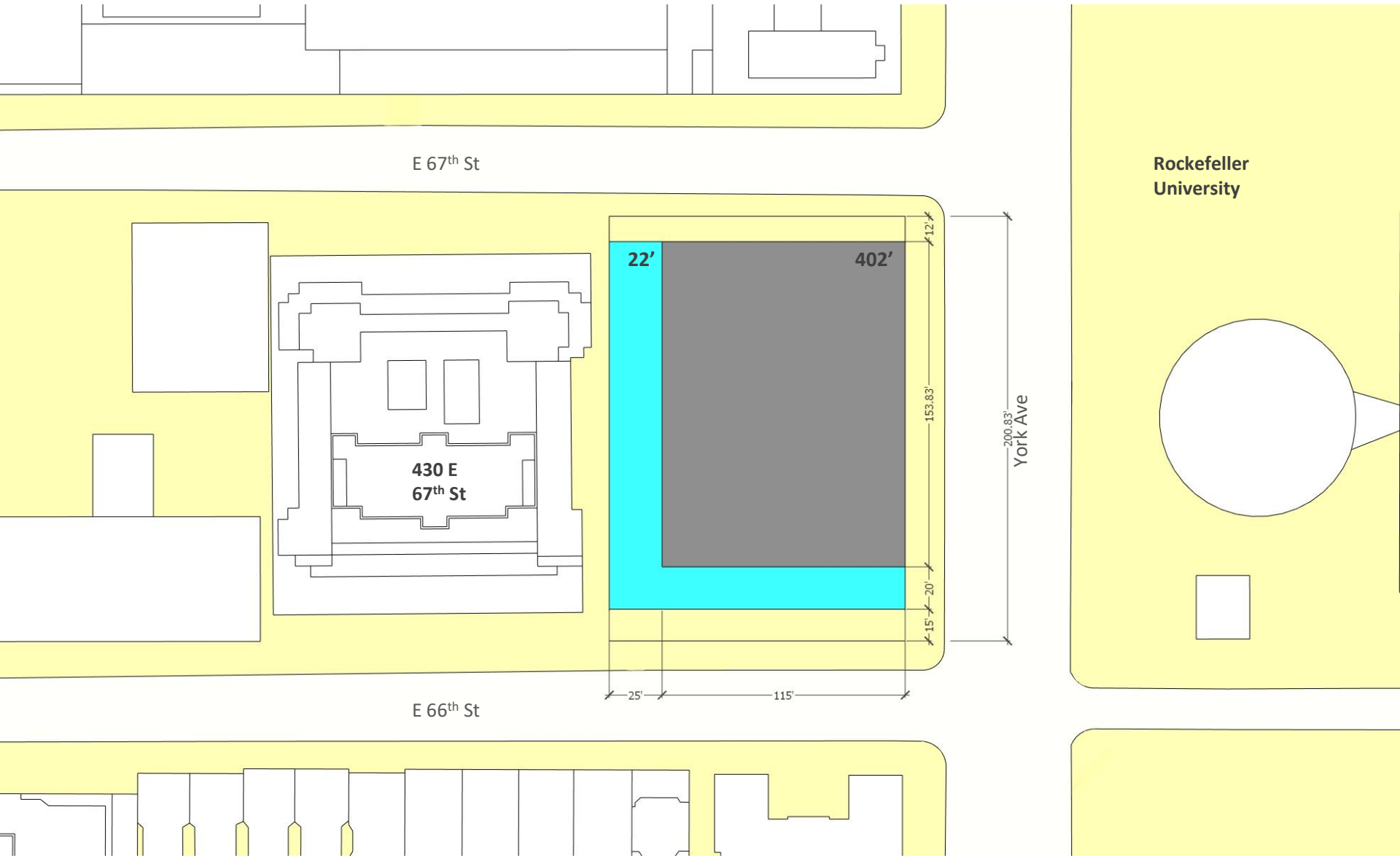


Alt 1) 2001 MSK proposal modified to shift tower toward East 67th St.

Keep the size of the tower the same as the 2001 proposal, but shift it to the north and east, closer to the MSK campus. Height similar to MSK's Zuckerman Research Center

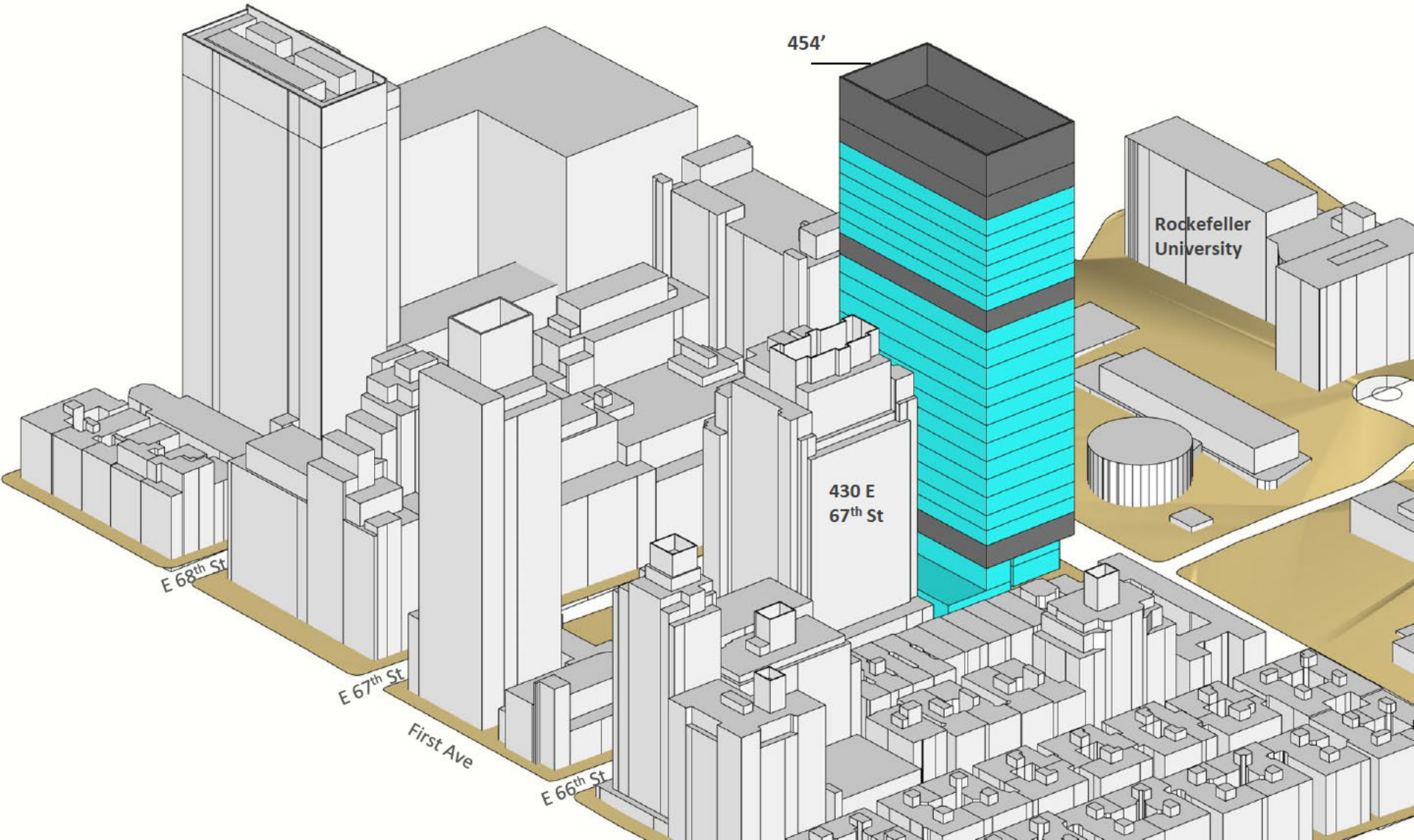


Alt 1) 2001 MSK proposal modified to shift tower toward East 67th St. plan

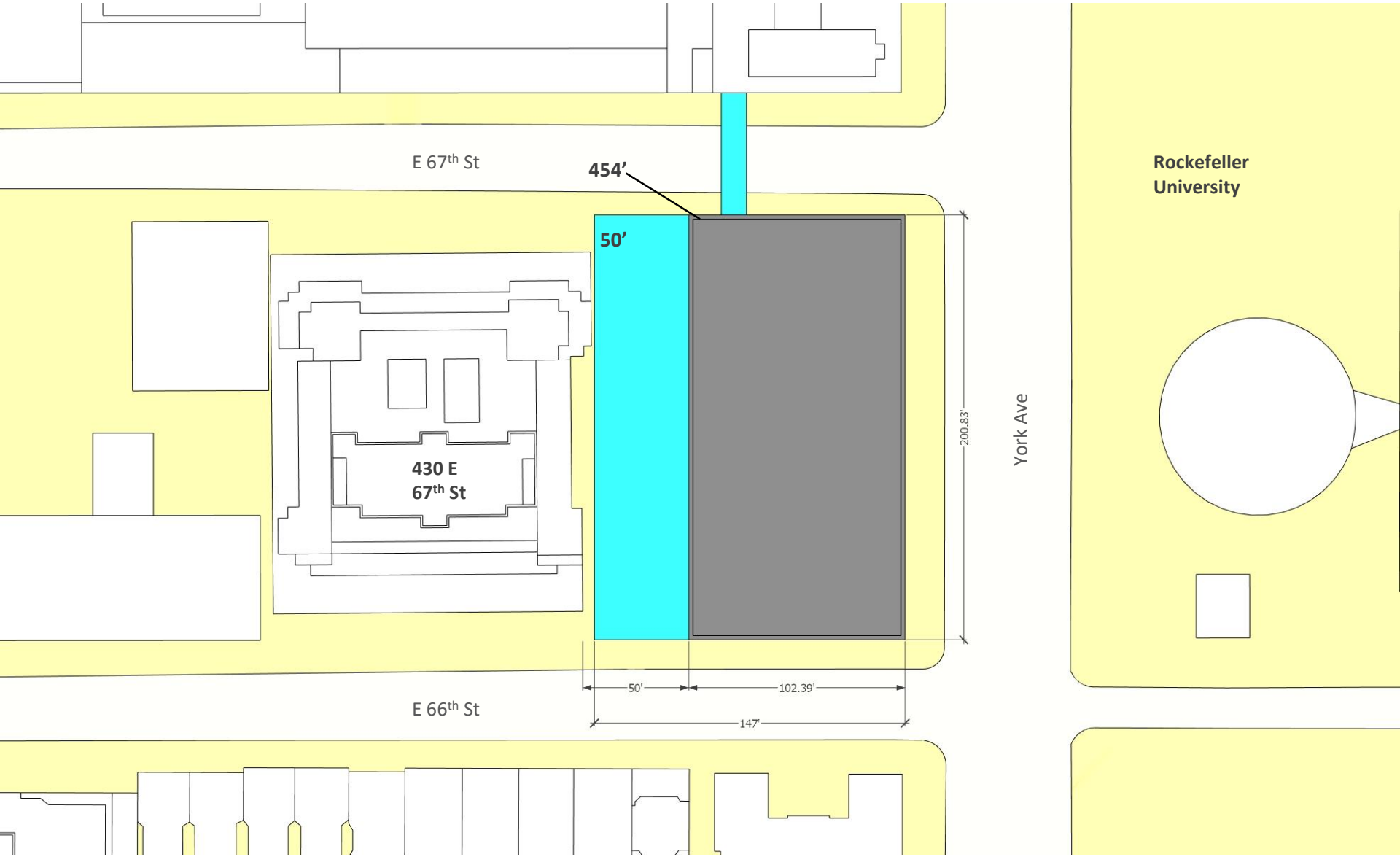


Alt 2) Proposed building with 50’ building spacing with 430 E 67th St.

Creates a space between the hospital and 430 East 67th Street and increases height by ~50 feet from Alt 1



Alt 2) Proposed building with 50’ building spacing with 430 E 67th St. plan



George M. Janes

& Associates

[redacted]

Tel: [redacted]

[redacted]

MSK Alternatives Massing Study

D R A F T

7/3/2024

From: [redacted]
To: [redacted]
Subject: [redacted] comments on MSK DEIS
Date: Monday, July 8, 2024 11:15:11 AM
Attachments: [redacted]

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Please find attached comments on the DEIS for the MSK Pavilion.

Thank you,

George Janes

--
George M. Janes, AICP
George M. Janes & Associates
Office: [redacted] / Mobile: [redacted]
email: [redacted]
Web: [redacted]

GEORGE M.
JANES &
ASSOCIATES

[redacted]

T: [redacted]
E: [redacted]

July 8, 2024

Stephanie Shellooe, Director
Environmental Assessment and Review Division
NYC Department of City Planning
[redacted]

RE: Comments on MSK Pavilion
DEIS CEQR No.: 23DCP118M

Dear Ms. Shellooe:

These are my comments on the DEIS for the MSK Pavilion (MSK). These comments were prepared at the direction of Friends of the Upper East Side and focus on three issues: zoning, urban design and transportation. They are not exhaustive.

Land Use, Zoning and Public Policy



The DEIS states that the "Proposed Project would be compatible with existing land use in the surrounding area and would not result in any significant adverse impacts to land use, zoning, or public policy"[1] and it finds consistency with the City's plans (OneNYC). It does not, however, examine the action's consistency with the New York City Zoning Resolution and its policy objectives.

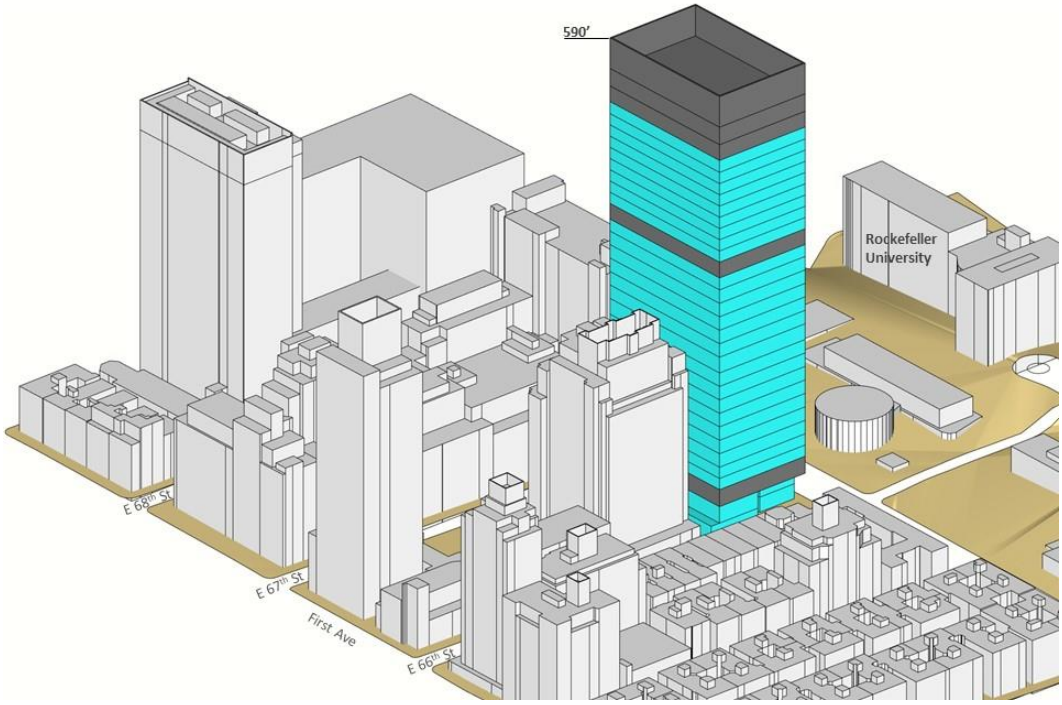
As you know, New York City does not have a Comprehensive Plan. Instead, the City uses the Zoning Resolution as its comprehensive plan. As you also know, the City of New York adopted its Zoning Resolution in 1916, in large part because of the form of 120 Broadway, also known as the Equitable Building. The Equitable Building was designed and developed to rise without setback approximately 501 feet. The building form darkened the streets and prompted the City to undertake the development and adoption of the nation's first zoning code, which required tall

[1] Page 2-1.

buildings to setback after rising a certain distance based upon the width of the street it faced and the district in which it was located.

The 1961 Zoning Resolution also included this requirement that buildings setback from the street after reaching a certain height and instituted the concept of sky exposure planes to ensure that tall buildings would still provide access to the sky and the light it provides. As zoning modernized and contextual districts and special purpose zoning districts were developed with different building envelopes, they all still incorporated setbacks, sky exposure planes and/or coverage limitations to ensure that buildings do not darken streets, which is consistent with the one of the main policy objectives of the Zoning Resolution: to make sure buildings are designed so that they do not overly darken the street.

The MSK proposal is exceptional compared to *all development* in New York City since the development of the Equitable Building. It is proposed to rise without setback to 590 feet:



Model of the proposed development in context, created by GMJ&A based on the DEIS proposal

The height proposed for the new MSK building is nearly 100 feet taller than the Equitable Building rises without setback. We have over 100 years of land use policy that directs building form to provide light and air to the streets. While zoning permits some districts to have smaller setbacks and higher heights than others, all high density zoning districts require some mechanism, typically a setback from the street, to allow light to reach the street. This proposal breaks with those 100+ years of land use policy.

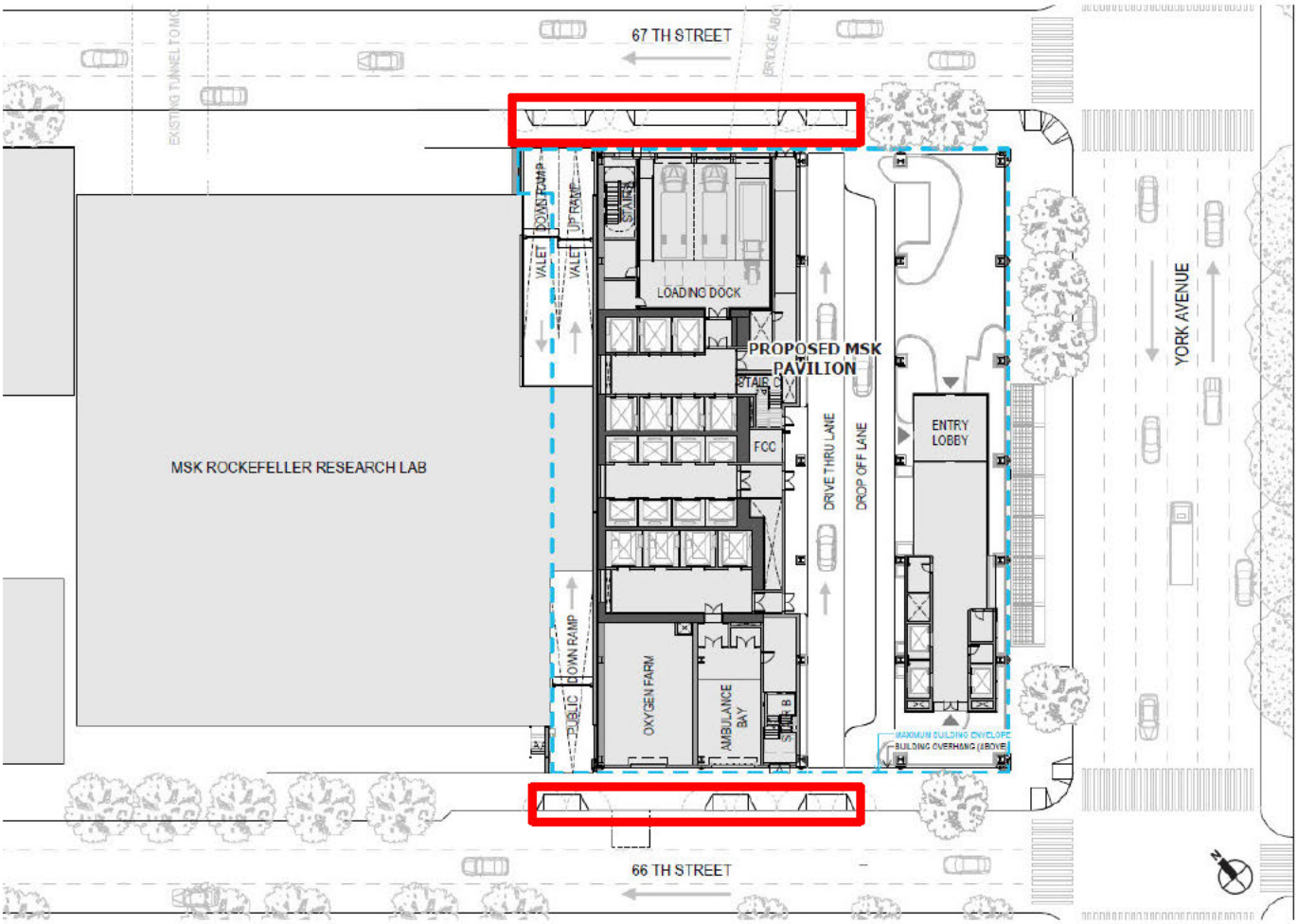
If the City's Zoning Resolution also functions as the City's Comprehensive Plan, the FEIS must analyze how this proposal is consistent with the 100+ years of land use policy embodied by that resolution.

Urban Design and Visual Resources

The CEQR Technical Manual states: "A building's size, shape, orientation, height, setbacks, lot coverage, density, placement and use on the zoning lot and block; the orientation of active uses; and pedestrian and vehicular entrances all play major roles in the vitality of the streetscape." The DEIS finds that the proposed project will "not result in significant adverse impacts to urban design," and "would not adversely impact the pedestrian experience."[2]

The data and analysis provided in the chapter does not support an assertion that there would be no adverse impact on the pedestrian experience. As the Technical Manual states, vehicular entrances play a major role in the vitality of the streetscape. The vehicular entrances proposed on this site are exceptional and yet ignored in the urban design analysis and its impact on pedestrians. The following is a detail of Figure 7-22, which has the proposed curb cuts for vehicular access highlighted in red.

[2] Page 7-2



Detail of Figure 7-22 with curb cuts highlighted in red. Also note that at the ground level most of the streetwall is setback far from York Avenue

This one development has *six* curb cuts, two of which over oversized and one of which is approximately 30 feet wide to accommodate a three-truck loading berth. Indeed, most of the East 67th Street sidewalk becomes a driveway in the proposed action. Yet, the DEIS states that the action "would not adversely impact the pedestrian experience." How is that possible? The DEIS conducts no analysis on the impact these six curb cuts would have on the pedestrian experience and simply makes an assertion that there will be no impact. Assertions need to be supported by data and analysis and this chapter simply makes an assertion unsupported by data.

The FEIS needs to explain to disclose the actual impact on the pedestrian experience using data and analysis. If significant impacts are disclosed, it should discuss a mitigation program.

Transportation

The traffic analysis in the DEIS has a serious error. The FEIS must redo the analysis to determine if there is a significant impact on traffic. If there is a significant impact, then the impact must be mitigated to the extent practicable.

The error regards the assumptions the DEIS makes in the No Action scenario. It assumes that the trip generation and mode splits for the existing development is that of a residential apartment building, but it is not.[3] While people live in the existing development, it is occupied as a community facility known as a "non-profit hospital staff dwelling."[4] The occupancy of this building is limited to people who work for, or otherwise have a connection to, the hospital. In short, nearly everyone who lives in this building will not be traveling to Midtown or another destination to work; they are walking across the street.

Or, perhaps they are walking to the community facility offices that this section claims are a part of the existing development, which the traffic analysis categorizes as a commercial office, which is also wrong. Simply, the assumptions made regarding the no action alternative will vastly overstate trips by all modes other than walking. Virtually the only people who would be taking the subway, bus, car or taxi in their journey to work would be the building staff (e.g. doormen, porters, etc.).

Yet, the following shows the trip generation and mode split assumed by No Action Conditions on Table 10-3:

[3] As stated in page 10-6, "Residential: The daily person trip rate and temporal and directional distributions are from the CEQR Technical Manual. Modal splits are from the U.S. Census American Community Survey (ACS) 2017–2019 Journey-to-Work (JTW) Data for New York Census Tracts 106.02, 110, 116, 118, 124, and 126. Vehicle occupancies are from the JTW data and the 2017 Greater East Midtown Rezoning FEIS. The delivery trip rate and temporal distributions are from the CEQR Technical Manual. The directional distribution is based on NYCDOT trip generation surveys."

[4] The Scope of Work says that "Sloan" and "Scholars" are separate buildings. They are not. According to the certificate of occupancy, the two buildings on the lot are the parking garage and a single hospital staff dwelling with 334 units.

Table 10-3

Trip Generation Summary – No Action Condition

Program	Peak Hour	In/Out	Person Trip										Vehicle Trip				
			Auto	Taxi	Ambulette	Subway	Railroad	Bus	Ferry	Bicycle	Walk	Total	Auto	Taxi	Ambulette	Delivery	Total
Residential 355 DU	AM	In	5	4	0	25	0	5	0	1	20	60	4	12	0	1	17
		Out	17	13	0	88	0	17	0	4	72	211	14	12	0	1	27
		Total	22	17	0	113	0	22	0	5	92	271	18	24	0	2	44
	Midday	In	7	5	0	34	0	7	0	2	28	83	6	8	0	1	15
		Out	7	5	0	34	0	7	0	2	28	83	6	8	0	1	15
		Total	14	10	0	68	0	14	0	4	56	166	12	16	0	2	30
	PM	In	12	9	0	64	0	12	0	3	52	152	10	10	0	0	20
		Out	8	6	0	39	0	8	0	2	32	95	7	10	0	0	17
		Total	20	15	0	103	0	20	0	5	84	247	17	20	0	0	37
Office 45,039 GSF	AM	In	15	2	0	37	6	11	0	1	15	87	13	1	0	1	15
		Out	2	0	0	6	1	2	0	0	2	13	2	1	0	1	4
		Total	17	2	0	43	7	13	0	1	17	100	15	2	0	2	19
	Midday	In	1	1	0	3	0	3	0	0	38	46	1	2	0	1	4
		Out	1	1	0	3	0	3	0	0	36	44	1	2	0	1	4
		Total	2	2	0	6	0	6	0	0	74	90	2	4	0	2	8
	PM	In	2	0	0	6	1	2	0	0	2	13	2	1	0	0	3
		Out	12	2	0	30	5	9	0	1	12	71	11	1	0	0	12
		Total	14	2	0	36	6	11	0	1	14	84	13	2	0	0	15
Total	AM	In	20	6	0	62	6	16	0	2	35	147	17	13	0	2	32
		Out	19	13	0	94	1	19	0	4	74	224	16	13	0	2	31
		Total	39	19	0	156	7	35	0	6	109	371	33	26	0	4	63
	Midday	In	8	6	0	37	0	10	0	2	66	129	7	10	0	2	19
		Out	8	6	0	37	0	10	0	2	64	127	7	10	0	2	19
		Total	16	12	0	74	0	20	0	4	130	256	14	20	0	4	38
	PM	In	14	9	0	70	1	14	0	3	54	165	12	11	0	0	23
		Out	20	8	0	69	5	17	0	3	44	166	18	11	0	0	29
		Total	34	17	0	139	6	31	0	6	98	331	30	22	0	0	52

Table 10-3, showing No Action Trip Generation and Mode Split. The "Walk" column should be the majority of all trips

Non-profit hospital staff dwellings, by their very nature, must show that the vast majority of all trips occurring are to the hospital that owns the building. Occupancy is limited to people who have connections with the hospital.

The consequence of this error is that the Net Incremental Trips, Table 10-5, which is the difference between the No Action table and the With Action table, is completely wrong:

Table 10-5

Trip Generation Summary – Net Incremental Trips

Program	Peak Hour	In/Out	Person Trip										Vehicle Trip				
			Auto	Taxi	Ambulette	Subway	Railroad	Bus	Ferry	Bicycle	Walk	Total	Auto	Taxi	Ambulette	Delivery	Total
Total	AM	In	59	6	0	114	23	37	1	-2	41	279	50	-4	0	7	53
		Out	-15	-13	0	-86	0	-17	0	-4	-70	-205	-12	-4	0	7	-9
		Total	44	-7	0	28	23	20	1	-6	-29	74	38	-8	0	14	44
	Midday	In	12	0	1	-27	0	-1	0	-2	26	9	4	-5	1	6	6
		Out	3	-2	1	-31	0	-6	0	-2	83	46	-1	-5	1	6	1
		Total	15	-2	2	-58	0	-7	0	-4	109	55	3	-10	2	12	7
	PM	In	11	-4	1	-35	3	0	0	-3	-35	-62	7	2	1	4	14
		Out	59	5	1	99	22	35	1	-3	30	249	47	2	1	4	54
		Total	70	1	2	64	25	35	1	-6	-5	187	54	4	2	8	68

Table 10-5: Net Incremental Trips cannot be accurate since Table 10-3 is developed using incorrect assumptions on No Action trip generation

If most of the trips under No Action conditions were properly characterized as walk trips, then the Net Incremental Trips should show a sharp decrease in walk trips and an increase in all other trips, which it doesn't. The FEIS needs to properly characterize the travel demand behavior of the Scholars building, redo Net Incremental Trips and reassess impacts on transportation.

Other assumptions

The size of the hospital staff dwelling inexplicably increased between the DSOW (308 units) and the FSOW (355 units.) Neither of these numbers match the 334 units shown on the Certificate of Occupancy. The FEIS needs to explain why this basic input on the no action scenario changed. Further, it is unclear exactly where 45,039 gsf of "hospital administrative office space" that is generating trips is located. The building's Certificate of Occupancy shows a small office use, but the offices shown there only have a maximum capacity of 18 persons, which is far too small for the 45,039 GSF claimed. The Certificate of Occupancy has large areas for a library, nurse lounge and classroom space, which together can permit up to 277 people, but none of these spaces are included as such on the transportation analysis.

It appears that all this largely passive non-dwelling space designed to serve the people living in the building was classified, incorrectly, as office space for the purpose of the DEIS's transportation analysis. The trip generation assumptions for commercial office space compared to the actual use of the existing building would be dramatically different. The FEIS needs to include a revised analysis which uses a No Action proposal that matches the legal use of the building, which would be unchanged in No Action conditions. The legal use of the building is what is described in the Certificate of Occupancy. To do otherwise would understate the potential for impacts, which the FEIS must not do.

Neighborhood Character

It is worth noting that the DEIS acknowledges that the buildings being replaced are community facility buildings, stating: "The Proposed Project would be consistent with the existing character of the neighborhood, particularly in that it would not result in a substantial change in use on the Development Site but rather replace two existing MSKCC community facility buildings . . ."[5]

The DEIS needs to be internally consistent and accurate. The existing development on the site is a community facility as stated in Chapter 15, which has different trip generation rates as assumed in Chapter 10. The DEIS cannot claim the development is a community facility in one chapter and then incorrectly calculate trip generation by characterizing it as an apartment and commercial office in another chapter.

[5] Page 15-2.

Close
Thank you for your attention to these comments and questions. Please feel free to contact me should you have any questions at [redacted].

Sincerely,



George M. Janes, AICP
George M. Janes & Associates

Attachment: Certificate of Occupancy Block 1461, lot 21

B Form 54 (Rev 8/85)

THE CITY OF NEW YORK

DEPARTMENT OF BUILDINGS

ALT# 423/84

CERTIFICATE OF OCCUPANCY

BOROUGH MANHATTAN DATE: FEB 26 1990 NO. 3-712

This certificate supersedes C O No. 92196T ZONING DISTRICT R8 & R10

THIS CERTIFIES that the ~~new~~ altered ~~existing~~ building—premises located at 1231-1241 York Avenue AKA 436-438 East 67th Street Block 1461 Lot 21

CONFORMS SUBSTANTIALLY TO THE APPROVED PLANS AND SPECIFICATIONS AND TO THE REQUIREMENTS OF ALL APPLICABLE LAWS, RULES, AND REGULATIONS FOR THE USES AND OCCUPANCIES SPECIFIED HEREIN

433-45 East 66th Street

PERMISSIBLE USE AND OCCUPANCY

STORY	LIVE LOAD LBS PER SQ FT	MAXIMUM NO OF PERSONS PERMITTED	ZONING DWELLING OR ROOMING UNITS	BUILDING CODE HABITABLE ROOMS	ZONING USE GROUP	BUILDING CODE OCCUPANCY GROUP	DESCRIPTION OF USE
Sub-Cellar	O.G.				3	B2	Att. acc. parking for 58 cars
					3	D2	sump pump room
					3	B2	storage
Cellar	100				3	B2	Attendant parking for 29 cars
					3	B2	maintenance locker
					3	D2	mechanical rooms
					3	D2	meter rooms
					3	B2	storage
					3	D2	telephone room
					3	B2	refuse room
		3			3	E	offices
					3		laundry room
1st Floor	100				3		Lobby
					3	B2	mail room
		66			3	G	library
		120			3	F4	nurse lounge
		15			3	E	offices
		25			3	G	class room
Mezzanine	100	66			3	G	Library
2nd Floor	40		16	27	3	J2	Non-profit hospital dwelling
3-19th Floors	40		17	27	3	J2	Non-profit hospital dwelling
20th Floor	40		17	27	3	J2	Non-profit hospital dwelling
21st Floor	40		9	15	3	J2	Non-profit hospital dwelling
22nd Floor	40		3	11	3	J2	Non-profit hospital dwelling

(CONTINUED)

OPEN SPACE USES _____

(SPECIFY—PARKING SPACES, LOADING BERTHS, OTHER USES, NONE)

NO CHANGES OF USE OR OCCUPANCY SHALL BE MADE UNLESS A NEW AMENDED CERTIFICATE OF OCCUPANCY IS OBTAINED

M.G.

THIS CERTIFICATE OF OCCUPANCY IS ISSUED SUBJECT TO FURTHER LIMITATIONS, CONDITIONS AND SPECIFICATIONS NOTED ON THE REVERSE SIDE.

BOROUGH SUPERINTENDENT COMMISSIONER

☐ ORIGINAL ☐ OFFICE COPY—DEPARTMENT OF BUILDINGS ☐ COPY

B Form 54 (Back) (Rev. 8-82)

THAT THE ZONING LOT ON WHICH THE PREMISES IS LOCATED IS BOUNDED AS FOLLOWS:

BEGINNING at a point on the North side of East 66th Street
distant 0 feet from the corner formed by the intersection of East 66th Street and York Avenue
running thence North 200' 10" feet; thence West 300' feet;
thence South 200' 10" feet; thence East 300' feet;
thence ..... feet; thence ..... feet;
thence ..... feet; thence ..... feet;
to the point or place of beginning.

~~XXXX~~ ALT. No. 423/84 DATE OF COMPLETION 1/9/90 CONSTRUCTION CLASSIFICATION CL 1 Fireproof

BUILDING OCCUPANCY GROUP CLASSIFICATION	HEIGHT	STORIES.	FEET
CL A MD, J-2	23	232' 0"	

THE FOLLOWING FIRE DETECTION AND EXTINGUISHING SYSTEMS ARE REQUIRED AND WERE INSTALLED IN COMPLIANCE WITH APPLICABLE LAWS.

	YES	NO		YES	NO
STANDPIPE SYSTEM			AUTOMATIC SPRINKLER SYSTEM		
YARD HYDRANT SYSTEM					
STANDPIPE FIRE TELEPHONE AND SIGNALLING SYSTEM					
SMOKE DETECTOR					
FIRE ALARM AND SIGNAL SYSTEM					

STORM DRAINAGE DISCHARGES INTO:
A) STORM SEWER ☐ B) COMBINED SEWER ☐ C) PRIVATE SEWAGE DISPOSAL SYSTEM ☐

SANITARY DRAINAGE DISCHARGES INTO:
A) SANITARY SEWER ☐ B) COMBINED SEWER ☐ C) PRIVATE SEWAGE DISPOSAL SYSTEM ☐

LIMITATIONS ON RESTRICTIONS:
BOARD OF STANDARDS AND APPEALS CAL. NO. _____
CITY PLANNING COMMISSION CAL. NO. _____
OTHERS:

From: [redacted]
To:
Subject: Comments re: C 240237 ZMM - MSK Pavilion
Date: Tuesday, July 2, 2024 4:39:13 PM

Re. Project: **C 240237 ZMM - MSK Pavilion**

Submitted by:

Name: **Charisma McDuffie**
Zip: **11213**

I represent: **Myself|Other**

Details for "I Represent": **I am an MSK Patient**

My Comments:

Vote: I am **in favor**

Have you previously submitted comments on this project? **No**
If yes, are you now submitting new information?

I have attended or will attend the City Planning Commission's Public hearing on this project: **No**

Additional Comments:
Dear City Planning Commission, My name is Charisma McDuffie, and I'm reaching out to share the importance of Memorial Sloan Kettering and why I support MSK's plans to build a new cancer care Pavilion on its Upper East Side main campus. I was diagnosed with Stage 3, Triple Negative Breast Cancer at 28. Experiencing something as difficult as cancer at such a young age, I was grateful for the exceptional services, care, and resources MSK provided. Treatment was a long process, but MSK doctors prepared me for it and made sure I knew and understood every step along the way. I didn't have to question myself or worry because I knew I was in the best care. I am grateful that MSK has given me information that I am able to use myself and share with others. Knowledge is power and you should be able to clearly speak on and understand your medical conditions. I am pleased to support MSK's Pavilion project that will allow even more people to access MSK's incredible care. Thank you, Charisma McDuffie

From: [redacted]
To: [redacted]
Subject: [EXTERNAL] MSK Pavilion Comments
Date: Monday, July 8, 2024 10:30:29 PM

Some people who received this message don't often get email from [redacted]. Learn why this is important

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July 8, 2024

NYC Department of City Planning
[redacted]
Via email: [redacted]

RE: Comments on MSK Pavilion
DEIS CEQR No.: 23DCP118M

Dear Honorable Commissioners Garodnick, Gold, Kirmani-Frye, Dovek, Crowell, Knuckles, Benjamin, Marin, Osorio, Bozorg, Rampershed, Cerullo III, Goodridge,

Under the scope of work, the applicant is required to truthfully complete TASK 1 Project Description and Task 2 Land Use, Zoning and Public Policy. The applicant MSK is required to disclose any development sites within the 400 foot periphery.

In their DEIS as submitted, they omit the Blood Center building located at 310 East 67th St. aka 326 East 67th Street, block 1441, lot 40 zoning C2-7 as a development site. This building is scheduled to be 233 ft tall midblock with gross floor area of 146,388 square feet.

The applicant omits the development site at 1215 First Ave. also known as 1209-1213 First Avenue zoned as C1-9, block 1440, lot 23 with 25 feet of frontage on the avenue, 100 feet lot depth with a gross floor area of 19,835 square feet.

St. Catherines Park, NYC park ID# M079 represents 1.38 acres of open public space. The applicant fails to note starting January 2024, for a period of a year and a half, this public park will be closed for renovation with a 10 million dollar budget as per the NYjC Parks Dept website July 3, 2024. It is crucial for the DOCP to know that the largest component of the required DEIS open space analysis shows St. Catherine's Park as the single largest park within 400 feet available for public use. Because it will be closed for at least a year and a half, the

total acreage and total acres of passive open space should not be included in the applicant's analysis.

In summary the applicant has not disclosed as required in their final scope of work CEQR No. 23DCP118M two large scale development sites scheduled for construction simultaneous to construction of the 600 foot Pavilion located at 1233 York Ave.

In the 150 pages of the final scope of work, in order to receive the rezoning and variance that the applicant requests of you, there is not one elevation, street level view or rendering of the south side of the proposed 600 foot Pavilion located at 1233 York Ave. The street view we are referring to that is omitted is on the north side of East 66th Street between York and First Avenues facing ten 50 ft. residential 5-story walk ups. There are 547 residential units on the south side of East 66th St. that will be directly impacted. Residents who to date have not seen a street level rendering. Nor has Community Board 8 which has been reviewing the drawings for nearly 2 years. Nor has Manhattan Borough President. Nor has the DOCP.

On May 8, 2024 when CB8 voted to approve with stipulations (23 yes, 11 no), the applicant presented in their site plan overview a Clean Bay with a curb cut. Not until their DEIS submission was it revealed that this is an ambulance bay surviving a 24/7 working hospital with 28 operating rooms and 2008 beds.

The Oxygen Farm in the DEIS submission is shown to be under the perimeter of the 600 ft tower. By federal EPA safety regulations, the oxygen farm must be a separate building, separated by 50 feet from any combustible material. On the applicant's DEIS there is an active driveway with gas powered cars directly adjacent. Similarly, the 3 lanes of East 66th are 30 feet in distance from the oxygen tank.

On June 19, 2024, I conducted a site visit and took inventory of all 14 locations listed by the applicant from its Study Area Open Space Inventory Table 4-2. In Chapter 4 of the applicants DEIS Open Space Inventory, they quote a total of 5.28 acres of publicly accessible open space including 2.95 acres of open space for passive recreation. The applicant states that there are 3.77 acres of passive open space to serve a total worker population of 55,342 persons. The actual number is 1.133 acres of passive open space.

These are permanently closed, privately owned public spaces on Table 4-2 which should be removed from their calculation:
Locations #2, #7, #9

The following locations are outside the circumference and should not be included in their calculation:
Locations #1A, #3, #10, #11, #12, #5, #6

Location #13 should be omitted from the applicant's calculation because it is neither a NYC public park, nor a privately owned public space.

And location #8, St. Catherine's Park, as mentioned earlier will be closed for a year and a half.

Once these locations are removed from the applicant's table, the total acres drop to 2.156 versus the 5.28 claimed by the applicant. Total active acres is actually 1.023 acres. The total passive acreage is 1.133 versus the 2.95 acres claimed by the applicant.

The applicant should also omit the privately owned public space behind Trump Palace because it is currently closed.

Based on all of these discrepancies, I respectfully ask the DOCP Commissioners to deny any and all zoning and variance requests by the applicant.

This is the time for public comment and I presenting multiple red flags for the DOCP to investigate further with the applicant. I am prepared to present the back up data and supporting documentation for every claim I have made in this letter.

I regret being unable to deliver the to-scale model of the 600 ft tower in contrast to the 50 ft. residential building across the 35 ft street that I presented at the public hearing on June 26, 2024. I reached out to Commissioner Gail Benjamin who requested the model and intend to deliver it by the end of the week.

Sincerely,
Nathaniel [redacted]
[redacted]
Mobile: [redacted]
Email: [redacted]

Please note: To protect my privacy, I prefer that only my first name be published and that my phone and email be redacted. The Commissioners, however, are at liberty to contact me.

From: [redacted]
To:
Subject: [EXTERNAL] Planned MSK pavilion
Date: Monday, June 24, 2024 9:25:48 AM

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Dear Ms. Shellooe:

As a parent of two children who attend P.S. 183 and a resident of East 66th Street in Manhattan, I'm writing to express concern about the proposed MSKCC pavilion that is working its way through the ULURP process. While MSK's goal of treating the projected increase in cancer cases is commendable, there must be a balance between what benefits MSK and their patients and what benefits the community in which MSK is located. A 594-foot-tall building that will take six years to construct and loom over the school, casting a shadow onto the schoolyard -- the only outdoor space where the children play -- and extend to the church on 1st Avenue would be grossly out of proportion with the rest of this residential neighborhood.

Having read part of MSK's draft environmental impact statement, I'm most concerned about the release of toxins, including asbestos and lead-based paint, in such close proximity to the school during demolition of the existing building. P.S. 183 is an elementary school that goes from pre-K to 5th grade and its students' health and well-being are of equal importance to that of MSK's future patients.

Additionally, in terms of the "alternatives" section of the DEIS, it appears that MSK views this project as a zero-sum game -- either they build the pavilion how they want it or not at all. In my view, treating some of the projected new cancer cases in a "lower-profile" structure (as CB8 called it in its conditioned approval of the rezoning) would be far better than none at all. MSK is not the only hospital in the city to treat cancer patients, and not even the only one on the Upper East Side to do so. Their "my way or the highway" approach only stands to benefit MSK and its stakeholders; if they can't consider what is also good for their neighbors and their project goes forward as planned, it will set a terrible precedent for the Upper East Side and New York City in general.

Sincerely,
Anat Rosenberg

From: [redacted]
To:
Subject: Comments re: C 240237 ZMM - MSK Pavilion
Date: Wednesday, June 26, 2024 10:00:27 AM

Re. Project: **C 240237 ZMM - MSK Pavilion**

Submitted by:

Name: **Anat Rosenberg**
Zip: **10065**

I represent: **Myself**

Details for “I Represent”:

My Comments:

Vote: I am **opposed**

Have you previously submitted comments on this project? **No**
If yes, are you now submitting new information?

I have attended or will attend the City Planning Commission's Public hearing on this project: **No**

Additional Comments:
As a parent of two children who attend P.S. 183 and a resident of East 66th Street in Manhattan, I'm writing to express concern about the proposed MSKCC pavilion that is working its way through the ULURP process. While MSK's goal of treating the projected increase in cancer cases is commendable, there must be a balance between what benefits MSK and their patients and what benefits the community in which MSK is located. A 594-foot-tall building that will take six years to construct and loom over the school, casting a shadow onto the schoolyard -- the only outdoor space where the children play -- and extend to the church on 1st Avenue would be grossly out of proportion with the rest of this residential neighborhood. Having read part of MSK's draft environmental impact statement, I'm most concerned about the release of toxins, including asbestos and lead-based paint, in such close proximity to the school during demolition of the existing building. P.S. 183 is an elementary school that goes from pre-K to 5th grade and its students' health and well-being are of equal importance to that of MSK's future patients. Additionally, in terms of the "alternatives" section of the DEIS, it appears that MSK views this project as a zero-sum game -- either they build the pavilion how they want it or not at all. In my view, treating some of the projected new cancer cases in a "lower-profile" structure (as CB8 called it in its conditioned approval of the rezoning) would be far better than none at all. MSK is not the only hospital in the city to treat cancer patients, and not even the only one on the Upper East Side to do so. Their "my way or

the highway" approach only stands to benefit MSK and its stakeholders; if they can't consider what is also good for their neighbors and their project goes forward as planned, it will set a terrible precedent for the Upper East Side and New York City in general.

From: [redacted]
To:
Subject: Comments re: C 240237 ZMM - MSK Pavilion
Date: Wednesday, June 26, 2024 2:16:10 PM

Re. Project: **C 240237 ZMM - MSK Pavilion**

Submitted by:

Name: **Anat Rosenberg**
Zip: **10065**

I represent: **Myself**

Details for “I Represent”:

My Comments:

Vote: I am **opposed**

Have you previously submitted comments on this project? **Yes**
If yes, are you now submitting new information? **Yes**

I have attended or will attend the City Planning Commission's Public hearing on this project: **Yes**

Additional Comments:
Thank you again for allowing me to testify during this hearing. I just wanted to remark on something that Shelly Friedman noted during his presentation, in which he said Community Board 8 approved the rezoning for the pavilion. That is true, but with the condition that MSK's design meet "the needs of MSK to care for the projected increase in cancer patients in a lower profile structure than currently proposed." CB8 also recommended the following: That given the extraordinary benefit afforded to MSK as a result of these proposed modifications to the zoning map and text amendments, that MSK enter into a community benefits agreement with the City, acceptable to the Councilmember of Council District 5, based upon input of local residents of Community District 8 and Manhattan Community Board 8 regarding improvements and enhancements to community infrastructure, including the esplanade, the local parks, local schools and the immediately adjacent residents and other items to be agreed upon. Thus far, MSK has yet to show how it plans to lower the profile of the pavilion or meet the needs of the community.

From: [redacted]
To:
Subject: Comments re: C 240237 ZMM - MSK Pavilion
Date: Tuesday, July 2, 2024 4:46:51 PM

Re. Project: **C 240237 ZMM - MSK Pavilion**

Submitted by:

Name: **Amy Speck**
Zip: **11509**

I represent: **Myself**

Details for "I Represent": **I am an MSK patient**

My Comments:

Vote: I am **in favor**

Have you previously submitted comments on this project? **No**
If yes, are you now submitting new information?

I have attended or will attend the City Planning Commission's Public hearing on this project: **No**

Additional Comments:
Dear City Planning Commission, My name is Amy Speck and I appreciate the opportunity to share my strong support for the proposed MSK Pavilion. In 2023, I was diagnosed with spinal nerve sheath tumors. I was told by surgeons outside of MSK that robotic surgery would not be possible, so to hear from MSK surgeons Dr. Ori Barzilai and Dr. Alvin Goh that it was not only possible, but recommended, significantly improved my prognosis, my mindset, and ultimately my overall wellbeing. At every step of the journey, I felt confident that I was receiving the best possible care. And as scared as I was, the opportunity to participate in a procedure so innovative was exciting to me and cast the experience in a new light. The most valuable part of my experience at MSK was that I always felt cared for as a person. I never felt like a medical experiment. I left the hospital the same day as my surgery and was on my feet the next day! Only a few days later I was taking short walks to see the ocean. I'm back in action now. I'm able to do yoga, play soccer, and take short runs around my neighborhood. I feel so much lighter and freer. Thanks to MSK, I feel like myself again. Building the new MSK Pavilion will allow MSK to make more patients feel like themselves again. That is why I'm proud to support this project. Thank you, Amy Speck

TRANSCRIPT

CITY OF NEW YORK

DEPARTMENT OF CITY PLANNING

----------X

DEIS PUBLIC HEARING

RE: MSK PAVILION

----------X

NYC DCP

120 Broadway

New York, NY

JUNE 26, 2024

11:43 A.M.

B E F O R E:

KENNETH KNUCKLES,

THE ACTING CHAIR

APPEARANCES:

COMMISSIONERS:

Kenneth Knuckles, Acting chair

Gail Benjamin

Juan Camilo Osorio

Alfred Cerullo III

Anthony Crowell

Joseph Douek

David Gold

Leah Goodridge

Rasmia Kirmani-Frye

Orlando Marin

Raj Rampershad

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Robert Masters.....15

Matthew Carmody

Shelly Friedman

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Roger McClean

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P R O C E E D I N G S

MS. AVILA: Borough of Manhattan, Calendar numbers 24, 25, 26, 27, and 28, MSK Pavilion; CD 8, Calendar number 24, C 240237 ZMM, Calendar number 25, N 240238 ZRM, Calendar number 26, C 240235 ZSM, Calendar number 25, C 240236 GFM, a public hearing in the matter of applications for a zoning map and zoning text amendments, special permit, and revocable consent concerning MSK Pavilion notice.

A public hearing is being held by the City Planning Commission in conjunction with the above ULURP actions to receive -- to receive comments related to a Draft Environmental Impact Statement. This hearing is being held pursuant to the State Environmental Quality Review Act and the City Environmental Quality Review. And I'll just note we have a 10-minute team; I'll call them up right now.

We have a 10-minute team consisting of Nicole Grogan, Amy Spec (phonetic), Anne Locke, Laura Ardizzone, Roger McLean, Justin Boyer, Robert Masters, Matthew Carmody, Shelly Friedman, Jeffrey Drebin, Selvin Vickers, and

that's it.

VICE CHAIR KNUCKLES: I think you're Shelly Friedman, right?

MR. FRIEDMAN: I believe I still am -- I still am, Mr. Vice Chairman. Good morning -- good afternoon, Mr. Vice Chairman and members of the Commission. Shelly Friedman, land use counsel to the applicant, Memorial Sloan Kettering Cancer Center. We have a few minutes, so we're going to provide selected topics of our application but our entire team is here and available to answer any questions you have on any aspect of the application.

I do want to start -- I do want to start by showing the Commission this graphic. The graphic is taken from the 2001 community FEIS for an application to create the large scale that is the subject of today's hearing primarily. That graphic shows, in the green, the proposed building at the time for the -- for the Zuckerman Research Center on 69th Street, that was considered Phase 1 of the previous application.

And in the blue, Phase 2, was to be what was known and discussed as a new hospital

building. These two buildings were to be facilitated by the creation of a large scale over MSK, three blocks. And the application was essentially the rezoning of the three mid-blocks from R8 to R9 and various large-scale tools to facilitate the distribution of floor area throughout the large scale and to facilitate the height and setback and bulk waivers required for the Zuckerman building.

This graphic was in the Commissioner's briefing books for the public hearing of September 12th, 2001, and obviously was never seen by the Commission because there was no hearing on that -- on that day. In fact, City Planning's ULURP pipeline did not come back online until late October which left us with about 60 days to complete 110 days of ULURP as the Vice Chairman and Commissioner Benjamin probably recall.

We were asked for that reason, and also because the City Planning Commission was at that point spearheading the redevelopment of Lower Manhattan, to bifurcate our application and to go forward with the Phase 1 building, which was ready to go, and come back at another time on the Phase 2

building, which is somewhat more theoretical, massing for an approved envelope.

We agreed to do that, and the Commission in its report recognized our voluntary withdrawal of the -- of the -- what was necessary for the Phase 2 building that would've been one of the mid-block upzonings from R8 to R9, which happens to be the upzoning that we're discussing here today. And the redistribution of floor area, which we are all discussing -- which we are also discussing here today.

In the Commission's report, it recognized our actions with some appreciation and indicated that when we were ready to come back, the Commission would be ready to pick up the discussion where we left off with regard to -- with regard to Phase 2.

Today's hearing is the resumption of that -- of that discussion. And the pavilion, which you'll hear about, is that building, which we had proposed pretty much in the same form in 2001, and are now back to discuss with the Commission with regard to a new set of large scale -- large scale tools and returning to the upzoning of the

Southern block from R8 to R9, the new feature is a bridge that will connect from the new building back to Memorial Hospital.

I will go back into these zoning actions later. But we do think that the -- what the Commission heard in its review session was so thorough and so accurate that we're not going to go through each and every slide and every action unless the Commission has questions regarding them.

So without that, I'd like to now introduce Dr. Selvin Vickers, who is the President and CEO of Memorial Sloan Kettering Cancer Center.

Dr. Vickers?

MR. VICKERS: Thank you, Shelly. Good morning, Commissioners. Good morning, particularly, Vice Chair Knuckles.

VICE CHAIR KNUCKLES: Good morning, sir.

MR. VICKERS: Great opportunity for me to come and speak a little bit about this proposal. A little about myself besides having the titles you've mentioned, I'm a pancreatic cancer surgeon and also help disparities researchers. So it's an honor to serve in this role, and it's a

privilege actually to be before you today to speak about this.

Memorial is a place that's uniquely committed to one mission, and that's something that makes it quite distinct, and that's the mission of ending cancer for life. Probably more significantly than that, Memorial is a unique place in the American landscape of healthcare that's in New York City that's committed to cancer cure for all people in New York City, independent of income, location, and zip code.

In addition, the challenge we face is that cancer rates are rising with nearly 2 million new diagnoses in the upcoming years. And in fact, that number will approach well over 50,000 in several years in New York City. And so our preparation and need is driven by the fact that 60 people over 65, 10,000 a day are reaching that number, whereas the highest instance of cancer. So driven by baby boomers, aging out to 65, the incident of cancers at the highest point in that level, we face a significant both challenge and need to be able to provide that care to all individuals.

In addition to that fact, we've been committed and grown even more so to have this cancer care really across underserved communities. Over the last year before I got here, our leadership team had worked with the leaders in Albany to really drive all New York-managed Medicaid Corporations to negotiate with us. And we've done that. Through that negotiations, our Medicaid visits have gone up by 65 percent since nearly 80 percent of all of them now can have contracts with this.

That's important because there are a few places that almost on a quarterly basis innovate new care paradigms for treating cancer. Memorial is one of those places. It's having those individuals having the chance to access those clinical trials, access that novel therapy.

As people get older and therapies become more innovative, it doesn't remove the complexity of giving that therapy. And for us, the clinical facility for inpatient care that we serve in is 50 years old, and it's a world that we know that we're seeing the tsunami come and we need both the best and most significant inpatient clinical

spaces to take care of the patients who will -- we face and see with cancer with the novel yet complex therapies that they were required.

And so that's the evolution of us and our commitment to move forward now with the Pavilion because we see the need coming, a renewed -- a renewed commitment to the citizens of New York City for this care and a renewed commitment to still lead the world in innovative therapy, whether it's immunotherapy, precision oncology, where we have led, we still want to do that, and even more committed to those of all walks of life having access to it.

So that's the drive for us towards this new pavilion because we know it's a need and we see that challenge of all the cancer cases that are coming toward us very soon.

VICE CHAIR KNUCKLES: Questions?

COMMISSIONER BENJAMIN: Yeah. Thank you for the work you do, first of all. I think it is very important, and as one of those people you mentioned, the over 65, I particularly thank you. My question though is, in this new building, can you give us an idea how much of the

space will be devoted to direct patient care and how much will be devoted to research or to other activities? How much of it may be devoted to ambulatory care versus inpatient care? And what will happen to the program in the existing building?

MR. VICKERS: So Jeff -- I'll let Jeff speak to that, but I think you'll hear very clearly that it will be largely dedicated to inpatient care and translational research.

MR. DREBIN: Thank you to the Commissioners and to the --

VICE CHAIR KNUCKLES: Let me -- let me just intervene for a second. Because I -- maybe I should have how -- did you have other speakers that you wanted to present before we --

MR. VICKERS: We do. We do.

VICE CHAIR KNUCKLES: -- before we go into questions? Why don't we hold our questions then?

COMMISSIONER BENJAMIN: Okay.

VICE CHAIR KNUCKLES: And continue your presentation.

MR. VICKERS: So let me introduce

Dr. Jeff Drebin. He's --

VICE CHAIR KNUCKLES: Please, please. And why don't we restore back to where we were? I think we had about, what? Two minutes? At least three minutes. Why don't we go back at least three minutes? Sorry, go ahead.

MR. VICKERS: So both your speakers are going to be surgeons. Dr. Jeff Drebin is our head of surgery, and he's also our pancreatic cancer surgeon as well.

VICE CHAIR KNUCKLES: Right, okay.

MR. DREBIN: Thank you -- thank you to the commissioners. And I'll be brief. Could we move the slide forward? Do you have it, Shelly? Thank you.

So this just is a graphic from the CBC on cancer incidents, and it actually comes to your question about people over 65. On that graph, you can see cancer rates by age, from the youngest, which is under 50, to over 70 on the far right-hand side, the light blue is now, the dark blue is what's going to happen in the future. And what you can see is it's going up across age ranges, although it's most significant for the older

patients. And we know that there are 40,000 cancer cases in New York this year, there will be 60,000 by 2050; a 50 percent increase. One out of three women and one out of two men will get cancer in their lifetime.

So there is an epidemic, an avalanche, a tsunami, you can pick your adjective. There's a lot of cancer coming, and it's to be ready for that that we're asking for this pavilion for a new facility.

Every bed in the pavilion is an inpatient bed. There are operating rooms, there are treatment rooms. There are no outpatient facilities, there are no doctor's offices. Right now, there's not even a flower shop. Every square -- every bit of square footage is dedicated to providing incremental operating rooms, incremental scanners and test centers, and incremental beds including regular beds and ICU beds for the patient need that we see coming so that we can be ready as these incidents rates continue to rise.

In order to not use up our time, I'm going to introduce Laura Ardizzone -- oh, okay. Let me introduce Rob Masters, one of our designers.

MR. MASTERS: Good afternoon, everyone. Thanks for having us. I just wanted to spend a little bit of time talking about the impact that the clinical program that has been expressed and the oncoming need that's -- that has been discussed, how that manifests itself in the -- in the building that we're proposing.

And specifically to the point about what's in the pavilion. The diagram that's on the screen is ultimately demonstrating what we have in the building. The green areas are the perioperative spaces or the operating rooms and the interventional radiology rooms. The patient beds are up at the top. The yellow floors are clinical support spaces for lab, pharmacy, sterile supply. All of these spaces are driving clinical need on the inpatient side of the hospital and creating that incremental expansion that Dr. Drebin spoke about.

The gray floors are the mechanical floors, the infrastructure required to support those spaces and to be able to provide the level of inpatient care necessary to perform surgery, to provide the recovery, and the inpatient space

necessary to serve the patients. That's really ultimately what's driving the height of the building is really the clinical spaces necessary.

VICE CHAIR KNUCKLES: Why don't you continue and tell us further about the uses within this? Go on.

MR. MASTERS: Sure. I can just -- I'll briefly summarize further what the slides were indicating. What we wanted to show was what that above-ceiling space for the mechanical infrastructure for the structural requirements of the building does to what that building stack looks like. So still the same stacking of perioperative spaces of the inpatient floors, but showing not only the gray floors, the dedicated mechanical floors, but the space above that drives the mechanical systems, the medical gas delivery systems, and also the structural systems required to provide the vibration isolation in the structure in the building.

We've restacked all of those spaces to show what the impact on the overall height of the building really is. So the same green space for ORs, the same blue space for beds,

the yellow space for the clinical support, but all of that gray space stacked on top, the intermediate above ceiling spaces on each floor and the dedicated mechanical space, represent over half of the overall height of the building. And that's necessary to provide the code-required infrastructure necessary to support our ORs, our procedure spaces, and the inpatient beds. Okay. Thank you.

MR. FRIEDMAN: Okay, thank you. Mr. Vice Chairman, it's your call, we were asked to also have some representation of the proposed building. The -- we are asking for the approval of the zoning envelope, but we have an illustrative building and we were asked to put in some renderings. They'll only take two minutes to be able to provide those to you if you wish to see them now.

VICE CHAIR KNUCKLES: Okay. Why don't -- well, would the Commission like to see the renderings?

COMMISSIONER BENJAMIN: Yes.

VICE CHAIR KNUCKLES: Proceed.

MR. BOYER: Good morning. I'm

going to show you how the stacking diagram that Rob just shared manifests itself as architecture. If I can get --

VICE CHAIR KNUCKLES: Introduce yourself.

MR. BOYER: My apologies. I'm Justin Boyer. I'm with Foster and Partners. I'm one of the architects working on the project in conjunction with CanonDesign and AAI. Shelly -- okay, here we go.

We have a skyline view taken from the East River looking west, and you can see how the Pavilion as an architectural form kind of fits into the context of the Upper East Side in juxtaposition with the Midtown skyscrapers beyond. We're trying to create something that is noble, elegant, and timeless, and it changes with the daylighting conditions over the course of the day. We do not want to create a loud building. It's essentially a machine for healing; is our -- is our kind of nickname for the project. It's really been designed from the inside out to the right size, all of the clinical support spaces, the patient rooms, and the operating theaters.

Here you see an early rendering of what the building can look like from the exterior. We elected to express the structure of the building. You can see the vertical column lines on the facade as well as the lines of the floor plates to give it a bit of texture and devoid of a kind of sheer plane on each building elevation.

We also have a kind of very subtle frit pattern on the glazing, which we can elaborate on in further slides, but that helps to unify the bulk of the tower so that our patient floors, our operating floors, and mechanical zones are all blended into one composition.

It also goes a very long way into reducing our energy use because we're reducing the amount of solar heat gain to such a degree. We were able to eliminate a number of mechanical equipment from our baseline project design. And in essence, we were achieving an energy use intensity rating of 125 kBTU per square foot, which likely makes us the best-performing hospital envelope in the country.

In contrast, other recent buildings in the Upper East Side that are also

hospitals are usually in the 200 to 250 kBTU range. So we're about half of that. We're very proud of that fact.

Here's an image at the base of the building. You can see the two-story connector bridge on the top right. It's important to stress that the new pavilion project cannot be a standalone building. It's really part of the larger organism of the main campus. And because of that bridge and the connections below grade, we're able to leverage and expand on the capacities that exist, both in the Memorial Hospital building and the Rockefeller Research Labs, as well as other adjacent buildings.

At the lower two levels, we've really pulled the facade in from the outline of the property line rather, and that allows us to give more space back to the public realm where we've created a planted and landscaped garden. We're trying to create a very serene and welcoming environment for all patients and guests arriving on site as well as building staff and to create a kind of very lively streetscape along York Avenue.

If we were to walk forward, you

would see this, we were -- we've really compressed the ground floor footprint of the building again in order to maximize the amount of public realm. And you can see the benches that have been designed to pop standards as well as some of the landscaping.

In the far background, you can see where we may be able to introduce artwork on the main core and part of our kind of internal drop-off drive-through where we're bringing anyone arriving on site via car onto our site to exchange their car with a valet. And that's intended to really minimize any traffic disruptions on the major public streets. I think next we have you, Shelly.

MR. FRIEDMAN: Okay. These are the zoning actions, Mr. Vice Chairman. We can defer on those if you want to get into questions. We appreciate your patience.

VICE CHAIR KNUCKLES: Right. Okay. We'll open it up for questions.

Commissioner Benjamin?

COMMISSIONER BENJAMIN: Hi. I can re-ask my question from before. What will happen to the existing building and how will that -- the uses in that building change as a result of

building the new building?

MR. FRIEDMAN: The existing building, Memorial Hospital, will remain, and it will remain as a clinical inpatient --

COMMISSIONER BENJAMIN: Right.

MR. FRIEDMAN: -- facility. Over time there will be conversions from double-bedded rooms to single-bedded rooms, which is the -- which is the standard now. All of the -- all rooms in the new building will be single bedded. So there will be a conversion over time to single-bedded rooms. But presently, the intention is that Memorial Hospital will remain Memorial Hospital and provide the complete spectrum of care that's now providing.

COMMISSIONER BENJAMIN: So you won't be shifting any of the uses -- other than by depopulating the in-care units, you won't be shifting any of the operating rooms or any of the other activities that would take place that are currently taking place. They're not going into the new building; there will only be new activities in the new building?

MR. FRIEDMAN: That is correct.

The important thing to understand about the main campus is the main campus is comprised of many buildings that are providing diagnostic treatment and care and patients are going back and forth among those buildings. In this building, they'll be serviced primarily by the bridge to access the diagnostic equipment on the main campus, but there'll be no major shift to the uses in Memorial Hospital.

COMMISSIONER BENJAMIN: Okay. And if you could give us a brief idea of what the bridge looks like -- would -- the proposed bridge would look like?

MR. FRIEDMAN: I'm trying my -- there we are. That is the -- that is the bridge. The bridge has been -- is filed at the Department of Transportation of revocable consent as part of our zoning actions. As part of their procedures, we were asked to proceed to the Public Design Commission for preliminary conceptual approval, which we have in their report. They referred to the design as elegant.

And that's as far as we can take it until we have defined walls for the hospital

building at which point we'll go back to DOT to continue the revocable consent process. But the structural drawings and the like have all been submitted and reviewed by revocable consent staff.

COMMISSIONER BENJAMIN: And what's the elevation at the lowest point of the bridge?

MR. FRIEDMAN: It is 70 feet, I believe.

MR. MASTERS: 75 feet above the street.

MR. FRIEDMAN: 75 feet above the street bed.

COMMISSIONER BENJAMIN: Thank you.

VICE CHAIR KNUCKLES: You're very welcome. Other questions?

Commissioner Osorio?

COMMISSIONER OSORIO: Thank you, Vice Chair. Thank you for the presentation. I'm wondering if you can briefly address the comments that you received from the Community Board.

MR. FRIEDMAN: The resolution from Community Board 8 was the -- was the product of a two-year outreach. We met with them starting in 2023 and held five task force meetings under one of

their committees that was open to the public and attended each of the meetings focused on a particular aspect; environmental aspect, the programmatic need, the architecture and design, the zoning actions and the like.

That resolution was actually drafted in the summer of '23. I think there was a concern at that time about -- you know, about the height of the building, primarily in relationship to the zoning actions. I think that we've been able to respond to them throughout, but the height is, as Rob -- as Rob described it, driven by the mechanical spaces required for 28 operating rooms and the accompanying beds because that's all that's in this building; it's 28 ORs and the necessary beds to accommodate those 28 ORs.

We are very pleased with the -- with the -- with the resolution. We think it was thoughtful. They engaged with us throughout and we were -- we were happy to be part of that -- happy to be part of that process. If there's a particular aspect of the -- of the resolution you'd like to discuss, we'd be happy to get into that with you.

COMMISSIONER OSORIO: Yes. Thank you very much. That's really useful. I do have a specific question and what it has to do with the sustainable measurements -- measures that are being implied. I mean, clearly based on the DEIS you're going above and beyond what Local Law 97 requires in terms of carbon emissions, but I'm really -- I would love to hear a little bit more in terms of how the plan is going to work out. I know that you're stating you're not going to be using fossil, fuel-related energy, but I'm wondering, so where is the energy? What type -- where is that coming from? There is some indication of solar; I want to understand a little bit how much, and sort like I understand what percentage of the total energy would be actually created on-site.

In addition, I also wanted to know, given the relationship of this building with the block, how much of that infrastructure investment is actually helping us build a little bit of economy -- of an economy of scale, and how much of that is actually contributing to like the neighbors?

MR. FRIEDMAN: I'm going to refer

-- thank you for the question. I'm going to ask Justin Boyer from Foster and Partners to come back to respond to it.

COMMISSIONER OSORIO: Thank you.

MR. BOYER: So I think MSK is already committed before the introduction of the Pavilion project to fully electrifying the main campus. And that process is underway in consent with the requirements of Local Law 97 and the New York State Energy Conservation Code. And as part of that, this is an all-electric building in terms of our mechanical plant. There's no energy generated directly on site via photovoltaics or other means. So it's an all-electric building.

And as the New York City grid electrifies, that is our kind of path to eventual net zero operations. The project itself has yet to negotiate its power procurement agreement. So the focus of these early stages of design have been driving down energy use as part of the base building and corn shell design through heat recovery, the use of air source heat pumps and the mechanical systems, and really improving the thermal performance of the building envelope.

That's where we are at this kind of schematic DD level of design, but there's no power generated immediately on the site around the campus as far as I'm aware.

COMMISSIONER OSORIO: No, thank you. That is -- that answers my question. I'm also asking the question -- well, first of all, in the -- in the spirit of responding to one of the specific points that the Community Board made, but also given the reputation on the trajectory of your firm, you know, this is an exciting project. What you're talking about is unprecedented. What are you -- what you're hearing from me is a little bit of skepticism in terms of how quickly it will be going to be able to clean the energy matrix so that the energy that you consume is a hundred percent clean. So, I appreciate your clarification there in terms of like you're working on mechanisms to secure clean energy --

MR. BOYER: Right.

COMMISSIONER OSORIO: -- to fully fulfill that statement.

MR. BOYER: To that end, we do a ton of research on onsite power generation. It's

very difficult for a hospital typology or cancer treatment building to cover the load demand on on-site. And very few projects can, even if they're commercial office spaces. Much of the buildings that claim to be net zero operational emissions are because of how they're sourcing power through the grid.

So we know there are state-funded projects underway that will eventually get us to a greener grid in New York City and in New York State and this is in line with those goals. So that -- like I had said, the goal was to really drive down the total amount of energy use per year in the building given the demand. There were very few opportunities to generate enough power insights having a meaningful impact. So MSK and the team really focused their investment on the building envelope and the mechanical design and making it as efficient as possible.

COMMISSIONER OSORIO: Okay. Just one quick, quick, quick additional follow-up question. In terms of the potential sources of energy that you are exploring right now, it -- by any chance, are you considering any type of

hydrogen or green hydrogen or any, sort of like potential alternative towards that? You know, is -- my understanding is, you know, complies with the definition of clean energy in terms of greenhouse gases, but is detrimental to respiratory reductions in particular matter and so forth, which I was really interested, and thank you for the comment about sort of like the increasing levels of cancer and which I would love to hear more about as well, although I recognize it's sort of like a more of a tangential issue here. But it help us understand, or help me understand a little bit whether, like, what are you aiming for really when you are a -- considering alternative sources of energy?

MR. BOYER: I think that really gets into the weeds on what will MSK's ultimate power procurement agreement be with Con Edison or the local utility, and whether that's going to include hydropower or more traditional sources, right? Since there's no power generated on-site, we have less control over that. It's really about the programs that are offered on an annual basis for power procurement. So it's something we've definitely taken on board and will be negotiated in

the future, I think when we get further along in the construction process.

COMMISSIONER OSORIO: Okay. Thank you. Fair enough. One last question though, if you don't mind. There's another point in the community board's statement about the way in which the façade, the amount of reflection and glare potentially that could be generated from it. Can you speak about that?

MR. BOYER: Sure. We from the outset wanted to avoid a building that was -- it was mirror-like, and its impression. So by expressing the structure and incorporating this ceramic frit application, it's going to go a long way to reducing the solar heat gain, but also the experience reflectivity of the facade. So that will capture light and reflect the atmospheric conditions in the daylight across the time of day.

We're also sourcing solar control coatings. They're going to have less than 30 percent exterior reflectivity. Usually, once you get north of 40, 50 percent, you get a more mirror-like building that you might see in midtown or lower Manhattan. So the general glazing is

going to have far lower exterior reflectance than you might see around the city. That will create a more timeless building and less kind of trendy of the moment appearance.

In addition to those coatings, we also have a bird-friendly coating in conjunction with Local Law 15 to make the glazing more visible to migrating birds. There's a third coating that's kind of reflecting a lot of the interior temperature back into the building, so we're not losing that energy through the glazing. So there's been a lot of study and development of the exterior facade to make it extremely high-performing.

The last thing I'll note is we are -- MSK did invest in triple-glazed glass. So essentially you have three panes of glass in every window. That's a very high-performing system. That's what ultimately allowed us to eliminate an entire air handling unit and reduce our energy consumption. So I don't know if I fully addressed the question, but I just wanted speak to all the different treatments that have been incorporated into the design.

COMMISSIONER OSORIO: No, thank

you. This is fascinating. One quick follow-up question. Can I do?

VICE CHAIR KNUCKLES: Mm-hmm (affirmative).

COMMISSIONER OSORIO: Thank you. I'll finish with this. How much of this is actually sourced in New York?

MR. BOYER: Of the construction materials?

COMMISSIONER OSORIO: Of the -- yeah, for the facade and the window treatments and et cetera. Are the -- are these supply chains -- where does the -- where are these supply chains for this type of design?

MR. BOYER: We're -- so we have yet to procure any of the material or, you know, source any -- we haven't awarded this scope yet. We're still early in the design phase. We are looking at North American supply chains wherever possible, not just for the facade, but for most of the interior scope fit and finishes. And the goal is to try and source things either within a 500-mile radius in compliance with our lead requirements or as close as possible. We've had

several conversations with the institution about sourcing as much as we can domestically and then to buy American essentially where possible.

COMMISSIONER OSORIO: Thank you. I appreciate that.

VICE CHAIR KNUCKLES: Okay. Before I get to you, Commissioner Benjamin. I just wanted to ask with regard to the site for the new building, there's no demolition required for that; that site is vacant at this point or is it demolition?

MR. FRIEDMAN: The site is currently occupied by two community facilities; group three, not-for-profit staff dwellings. And those buildings are mixed-use. They have also contained administrative offices for MSK. They go back to the 1970s, they will be demolished and the footprint of the pavilion will be built on the footprint of those two buildings presently vacant and ready -- and ready for demolition.

VICE CHAIR KNUCKLES: Mm-hmm (affirmative). What do you project to be the construction time for the -- for the building?

MR. FRIEDMAN: Our builder for the

environmental review is 2030. So we're looking at a six-year -- a six-year in total construction project.

VICE CHAIR KNUCKLES: Thank you.

Commissioner Benjamin?

COMMISSIONER BENJAMIN: Just following up on Ken's question, I understand that the contract employees who are currently on site are going to be moved to something on Roosevelt Island. Could you tell me a little bit about what that something is? And --

MR. FRIEDMAN: Memorial Sloan Kettering has contract housing for approximately 1300 units. Of those -- of those units, upward of 90 percent are held -- are occupied by trainees, including residents and fellows who are getting their training at MSK. Those units have been phased out of the -- in those two buildings have been phased out of service and have -- that's been occurring over the last two or three years. There is adequate inventory in the MSK contract housing inventory, which -- but for about 40 units it owns. It's not in the market, it's not in the rental market. And it will be -- it -- all those --

currently in those two buildings who require new housing have been -- have been offered in place. So there's no -- there's nobody that's going out into the general -- into the general real estate market here as a result of this project.

To your question about Roosevelt Island, several years ago on a separate -- on a separate track, Memorial Sloan Kettering entered into a -- into an agreement to purchase up to 200 units in a building that's going to be built by, I believe, related on Roosevelt Island. And it will use those units for fellows -- for fellows housing when they -- when they come online. But that's not -- that's not what we're talking about here because these contract employees are basically trainees and the like, who are -- who are -- who are not slated necessarily for Roosevelt Island. That's part of Roosevelt -- MSK's longest strategic growth plan for its contract housing inventory.

COMMISSIONER BENJAMIN: So it's not inducing new development on Roosevelt Island, it's already committed to that development?

MR. FRIEDMAN: That is correct.

COMMISSIONER BENJAMIN: And this

is not nurses' housing used for recruitment, it is mainly other medical-type stuff, but not recruitment nursing housing?

MR. FRIEDMAN: That is correct.

COMMISSIONER BENJAMIN: Okay.

VICE CHAIR KNUCKLES: Other questions? Commissioner Marin?

COMMISSIONER MARIN: Thank you. Thank you to everyone who has presented so far. I -- you mentioned something that's pretty interesting and lends towards the height of the building, which is the mechanical space and the mechanical plenums required for every floor. So that was very, very helpful. Thank you. You also mentioned the trend of going to single bedroom -- single bedded rooms. Can you talk about the size of the double-bedded rooms existing currently today, the projected size of the single-bedded rooms, and what that trend is and why? Because that also adds to the mass of the building and the size of the building?

MR. FRIEDMAN: Yes. Happy to. Dr. Drebin?

MR. DREBIN: So the single beds

have been a standard for a number of years for hospitals. Among other reasons, as we learned during COVID, having patients with an infection in the next bed is not a good thing and many of our patients are immunocompromised. So the goal of single beds is not just a cancer center requirement, it's a current standard for all hospitals. That being said I'm going to let Rob come and talk about the specific square footage. They're not palatial, but they're adequate in the -- in the new building.

MR. MASTERS: Thank you. As Dr. Drebin noted, single-bedded patient rooms were ultimately introduced into National Health Code in 2010 by the Facility Guidelines Institute. They were adopted as the New York State Health Code in -- later that year. So it is a requirement in the City, if you're building -- in the State and in the City, if you're building new beds, that they must be single-bedded rooms. The square footage of the rooms that we're building are ultimately just north of the minimum standard for area, but more importantly, clear floor space in the -- in the room. So the room for the patient bed and the

clear space around that bed to accommodate medical equipment and the care team.

So 200 square feet is a minimum clear floor area for an intensive care patient bedroom. Our patient rooms are tracking at about 203 square feet of clear floor area. So we're just above that standard. We've taken a very similar approach to the operating rooms as well even though the level of care delivered in those rooms is significantly advanced and will accommodate technologies like robotic surgery, which is occurring on campus today. And these rooms are being designed to accommodate going forward.

As it relates to the existing multi-bedded rooms, and the existing complement of bedrooms at MSK is predominantly two-bedded rooms. Those rooms generally track a square footage of about a hundred square feet per patient bed in the room. And then there's additional clear space in the middle where the staff would ultimately access. So the room square footage is generally in the 230 to 240 square foot range accommodating two patients today.

So that was -- that was the

standard when the -- when the building was constructed. But clearly, since that time you know, the medical advancements and the code requirements that follow them have advanced and brought us to current standards.

COMMISSIONER MARIN: Thank you very much. I appreciate it.

MR. MASTERS: Absolutely.

VICE CHAIR KNUCKLES: Other questions?

Commissioner Osorio?

COMMISSIONER OSORIO: Thank you, Vice Chair. Thanks again so much for addressing the questions. I wanted to ask whether there's anything that you want to add to the -- towards the DEIS so far that has been identified as unavoidable impact. I'm particularly interested in the -- (unintelligible) analysis and I think that specifically, you've identified a potential alternative way to mitigate the impacts on the church. But I'm wondering if you can speak more generally about the results of that.

MR. FREIDMAN: Well, the SEQRA handbook governs how one goes about identifying

these shadows. And in our case, we do cast a shadow temporarily on churches stained glass windows. We're talking about time periods in -- of an hour or two. But -- and on some days, on some months, but still it's been flagged as a -- as a significant adverse impact.

We have met with the church; we will continue to meet with them. We have some ideas about how to augment the lost light attribute of these windows are not being blocked. It's simply a diminishment of sunlight. So we will -- we will be working with them with -- there are a number of tools in the toolbox for making that situation right. It'll basically be up to the church whether they want to proceed with it or not, but we are going to make a strong effort and that will be reported in full in the Final Environmental Impact Statement.

COMMISSIONER OSORIO: Thank you.

VICE CHAIR KNUCKLES: All right, any other questions for the team?

(No response)

VICE CHAIR KNUCKLES: Thank you, sir.

MR. FRIEDMAN: Thank you so much, commissioners.

VICE CHAIR KNUCKLES: Do we have other speakers on this item?

MS. AVILA: Yes. And I'll just note Nicole Grogan and Amy Spec were called out as applicant teams. They're actually members of the public, so we'll call their names during the public testimony.

VICE CHAIR KNUCKLES: Mm-hmm (affirmative).

MS. AVILA: Okay. Our first speaker from the public is Zeynep Turan on Zoom.

VICE CHAIR KNUCKLES: Okay.

MS. AVILA: We're going to promote.

MS. TURAN: Good afternoon, Vice Chair and Commissioners.

VICE CHAIR KNUCKLES: Good afternoon.

MS. TURAN: My name is Zeynep Turan speaking on behalf of Friends of the Upper East Side; an organization that has worked to preserve architectural history, livability, and

sense of the place of the Upper East Side over 40 years.

Friends support MSK's important mission, but we have significant concerns about the proposed pavilion's height and bulk and its impact on neighborhood character and livability. And we think that MSK could achieve its goals with a more contextual building that remains in conversation with its neighbors.

First, the proposal projects an expansion of service, 28 operating rooms, and 206 patient beds with a staggering 903,000 square foot floor area. Is there really justification what -- for this massive expansion of lower area, especially as cancer care is reported as moving towards outpatient facilities and medication?

In addition, seen through an equity lens, MSK could bring their world-renowned cancer care to underserved New Yorkers by instead building satellite medical facilities in places such as places lacking such services, for instance, Staten Island, which has some of the highest cancer rates in the city.

Furthermore, the proposed almost

600-foot-tall pavilion with only 30 stories would be a massive tower rising directly from the sidewalk with no setbacks. A throwback to pre-zoning regulation building form, soaring above even the tall medical towers further along York Avenue. From a zoning and land use perspective, the massive upzoning and amendments required before such could be built would send a troubling signal to developers about what is permissible in the Upper East Side, and with respect to institutional expansion across the city.

We are also concerned about the broad-ranging environmental ramifications from impacts on transportation, traffic, neighborhood character, and the disruptions of a projected six-year construction. A tower or such a massive tower would destroy the carefully calibrated balance in the surrounding area, created by the tenement buildings across the street, a historic church, a school, and community spaces including St. Catherine's Park; the only major open space in the area.

All the -- all of these were built with a direct emphasis on human-scale development

and community-oriented planning, which would be appended by this massively outsized tower. At almost 600 feet, the MSK Pavilion is set to be the tallest hospital building in New York City well over 100 feet taller than the second tallest medical tower, MSK's David A. Koch Center on 74th Street.

Friends urges the Department of City Planning to carefully consider the potential negative impacts of this current proposal on the livability and life quality of the neighboring community and to urge MSK to revise its plans to ensure a project with a significant height reduction and an appropriate setback on the 1st Avenue side that integrates harmoniously with our existing community.

Thank you, Commissioners.

VICE CHAIR KNUCKLES: Thank you. Questions?

(No response).

VICE CHAIR KNUCKLES: Thank you.

MS. AVILA: Okay. Our next speaker is Nathaniel Siegel, in person.

MR. SIEGEL: Thank you. Just

going to take me a moment to set up. Bear with me. I want everybody to be able to see. Okay. Jump out in my presentation. Once they start, I bring the whole thing down to a (unintelligible) scale. I may in order not close (unintelligible) anybody but (unintelligible).

(Unintelligible cross-talk.)

MR. SIEGEL: Almost ready. Garage is here. Hi (unintelligible). Ambulance entry, the ambulance entry marking. All right. I noticed the way the camera's set up. So with your permission, I'm just going to turn the mic and I'm going to go through the presentation real quick.

MS. AVILA: Just speak into the microphone.

MR. SIEGEL: Yeah, I'll speak into the mic. Thank you, commissioners, for allowing me this time to present. I am a resident of this neighborhood for over 30 years.

VICE CHAIR KNUCKLES: What is your name, sir?

MR. SIEGEL: My name is Nathaniel. I live on East 67th Street. I live in the buildings that you see there. There's a block of

ten, five-story walkups. These are all to scale. That is what a 10-foot-six-floor walkup looks like (indicating). So the scale for this drawing is that little red figure is a six-foot person and each of those floors is a 10-foot floor. So just picture a typical, you know, five-story walk up. That entire block is 547 housing units.

What you're seeing running across when you were looking at the mechanicals for the building and the stacking, the first three levels of mechanicals will be expelling the heat and the energy when they, "Flush out," and clean the air in the building for those 28 operating rooms. And it just happens to align with the height of those fifth-floor walkups. So when you look at the bands that they show with those first three levels above the entrance plaza, those are a 22 -- 66-foot high-HVAC unit that's blowing down on the residences.

The little white exhibit you see on the side there is something called an oxygen farm. If you go to East 67th Street, you'll see that the Memorial Sloan Kettering requires oxygen, nitrogen, and other chemicals for what they do. In

the oxygen farm, you have an oxygen tank and a nitrogen tank and it needs to be refilled repeatedly. The federal guideline for that is it cannot be within 50 feet of a combustible material. In the design that you've been shown, and it's been submitted, it runs parallel to the entrance to a parking garage where cars line up constantly. So you have cars within feet of a combustible material.

You'll also look, if you go to 67th Street, the oxygen farm that's located there, is either removed from the -- removed from their building and it's a setback. In the designs you've been shown, there is no setback. It is under the eve of this building. And because you're the Department of City Planning, you know how curtain wall and cement works. And so there's a potential for fire.

I have more comments about the open space and I'd be happy to share those but I think the most crucial thing is the scale to the neighborhood.

VICE CHAIR KNUCKLES: Thank you. Questions for --

MR. SIEGEL: Nathaniel.

VICE CHAIR KNUCKLES: -- Mr. Nathaniel? Thank you, sir.

COMMISSIONER GOODRIDGE: Wait, I'm sorry.

VICE CHAIR KNUCKLES: Wait a minute. You have a question?

COMMISSIONER GOODRIDGE: Can you explain a bit more about when you're talking about the combustible material? I got --

MR. SIEGEL: So one of the things that's interesting to me about the environmental -- I'm sorry, I'm dry mouth because I don't have water in here and I'm trying to keep it short.

So one of the things that interests me in the Draft Environmental Impact Statement is always talking about things like, was there a gas tank in the basement before you built this building? But it doesn't talk about the use. And as we go forward with the city of youth -- city of (unintelligible) and we talk about putting huge buildings next to small buildings, we have to think about what is that building going to be.

So just as earlier you said, you

know, this is going to be a grocery store, and one of the things you're really alluding to is there's going to be food and rats and, you know, things like that. Well, this, because it's a cancer hospital requires all these chemicals.

These aren't chemicals you're going to find during the one-year demolition. These are chemicals they use daily and get refilled daily. There's a really expensive condo on the corner of 67th Street that has a state-of-the-art building. Those people can't sleep once a week as they refill their existing chemicals to do the work they do. They're now shifting all of that to our block, but it's not, as I said, they're not shifting it; it's additional.

But what I'm fascinated about is as they're presenting this as additional, they have survey markings on their existing buildings. And what I'm afraid of is that the applicant is going to do what they did in 2001. They were able to tear down a church, a rectory, and put up a 400-foot research tower. And then the next building they put up in the neighborhood was on 2nd Avenue, which is the breast cancer center. And

when they notified the community, they put AOR; no community review. We can build up to 400 feet without any input. And what I'm afraid of with this is you're giving them 600 feet and they're looking to tear down that whole block between North Avenue and 1st Avenue.

And when we talk about shade and darkness, you've got -- you've got the area behind the public school. The church is beyond the school. The playground will be in darkness. Does I answer your question? I'm sorry.

COMMISSIONER GOODRIDGE: Of course. Thank you. That was very clear. Oh, sorry. Thank you. It was very clear.

Anyone else have any questions?

VICE CHAIR KNUCKLES: Well, yeah, we do. Do you -- are you done?

COMMISSIONER GOODRIDGE: I'm done.

VICE CHAIR KNUCKLES: Okay. Commissioner Benjamin?

COMMISSIONER BENJAMIN: Yes. I was wondering if you could provide us with --

MR. SIEGEL: What; this survey?

COMMISSIONER BENJAMIN: -- in a

form that --

MR. SIEGEL: I know --

COMMISSIONER BENJAMIN: -- we can take with us and study.

MR. SIEGEL: I'm going to leave it with you. I'm serious.

COMMISSIONER CERULLO, III: Some pictures.

MR. SIEGEL: I'm serious.

COMMISSIONER CERULLO, III: Yeah, I took some pictures that I --

MR. SIEGEL: I have two copies of it.

(Unintelligible cross-talk).

MR. SIEGEL: But the most important -- the most important part to see is this is the true distance of the street.

COMMISSIONER BENJAMIN: Got it. Okay. Thank you. Okay.

MR. SIEGEL: But like I could -- I mean I could put on a piece of paper, it doesn't -- I have it on white paper. Yes. I'll give you one on white paper.

COMMISSIONER BENJAMIN: Thank you.

And in terms of your concerns about what -- or I just want to make sure I understand your concern about if these approvals are granted, which would include amending the restrictive declaration and would limit the building to that which is approved, that's the only building they could take to the Building Department? They couldn't --

MR. SIEGEL: Well, I believe that's the way they framed it, but what I'm more concerned about is this; they are doing a rezoning. You asked who's in it and whether the building had already been demolished. What there is there is an empty building for doctors. That's how it was used. And it was zoned residential. You were changing the use of an entire avenue to effectively a commercial use. This is going to be a hospital 24/7.

And what you're also seeing is that there's an ambulance bay on the East 66th Street side. To date, two years, and we've never seen a street-level elevation from 66th Street. You won't find it anywhere in this packet. And that's -- to me, speaks volumes. Why aren't they sharing with the immediate neighbors what the

street-level view will be?

COMMISSIONER BENJAMIN: Okay, thank you very much.

VICE CHAIR KNUCKLES: All right. Other questions for the speaker?

(No response).

VICE CHAIR KNUCKLES: Thank you, sir.

MR. SIEGEL: Can I say one thing about the open space?

VICE CHAIR KNUCKLES: No --

MR. SIEGEL: It'll take two seconds.

VICE CHAIR KNUCKLES: No, you got -- no, you got three minutes you can submit in writing --

MR. SIEGEL: Okay.

VICE CHAIR KNUCKLES: -- anything you want to, pertaining to this matter.

MR. SIEGEL: Sure. Thank you so much.

VICE CHAIR KNUCKLES: Thank you.

MS. AVILA: Okay.

VICE CHAIR KNUCKLES: Do we -- do

we have other speakers?

MS. AVILA: Yes, we have other speakers. Our next speaker is going to be Anat Rosenberg on Zoom. So I'll go ahead and promote her.

VICE CHAIR KNUCKLES: All right.

MS. AVILA: Anat, you should be able to unmute.

MS. ROSENBERG: Hi. Yep. Can you hear me?

VICE CHAIR KNUCKLES: Yes, we can.

MS. ROSENBERG: Okay. Thank you so much for the opportunity to speak before you. Just as a side note, this has been fascinating just to watch sort of the whole process. So my name is Anat Rosenberg. Like Nathaniel, I am also a resident of East 66th Street, although I live a little bit further up between 1st Avenue New York.

My children who are 7 and 10 years old both attend PS 183, which is separated from the proposed construction site by one research building. And so as Nathaniel mentioned, you know, the ambulance bay, the oxygen farm, all of those things that are sort of concern are basically like

several feet away from the kids' school. This is an elementary school that serves about 500 kids from pre-K through fifth grade.

I guess what I wanted to say is that you know, as the daughter of a retired surgical oncologist, I recognize and appreciate the need for world-class cancer care and treatment now and also into the future. At the same time, you know, as a parent whose kids attend the school, I'm gravely concerned about both the demolition as well as the construction of the new site and the height of it specifically and also the length of the construction. Six years means that kids who are going into pre-K now will be affected by this construction for nearly their entire time at PS 183. And this is also, you know, going to affect students who have already had learning disruptions from the pandemic.

You know, I'm not an expert on these matters, but I did, you know, glance at the Draft Environmental Impact Statement and I was kind of shocked to see how little the school was actually mentioned. Even in terms of the shadows issue, it really only relates to the church, which

is on the corner of 1st Avenue, but the school is between this building or the proposed building and the church. The schoolyard on East 67th Street, which is the only outdoor space where these kids play during the day, will have a shadow cast on it while they have recess.

You know, so that's not to mention all the issues in terms of noise, construction, potential toxins that are released during demolition in terms of asbestos or lead-based paint because the building is from the 70s.

So, you know, I guess my point is that I feel like Nathaniel was saying there needs to be a balance between what's good for MSK and its patients and its stakeholders and what's good for the surrounding community that this building is supposed to be in. You know, it's a residential neighborhood with lots of children and like I said, my main concern is really about the school. You know, the kids line up to go into the school both from New York and First Avenues.

So I just, you know, I would like for MSK to really engage the school more than it has up to this point.

MS. AVILA: Time.

MS. ROSENBERG: And just very quickly --

VICE CHAIR KNUCKLES: Thank you.

MS. ROSENBERG: -- I just wanted to say that in terms of the community board resolution, the community board resolution said that they approve the rezoning, but--

MS. AVILA: Time.

VICE CHAIR KNUCKLES: Thank you, ma'am. Thank you. Your time is up. You of course may submit any additional comments you have in writing. Let me see if there are -- there are questions.

(No response).

VICE CHAIR KNUCKLES: There are none. Thank you for your testimony.

Next speaker?

MS. AVILA: Our next speaker is Eliot Nerenberg.

VICE CHAIR KNUCKLES: Okay.

MS. AVILA: Promoting in Zoom.

MR. NERENBERG: Hi, can you hear me?

VICE CHAIR KNUCKLES: Yes.

MR. NERENBERG: Thank you. Thank you, Commissioners. Good afternoon. My name is Eliot Nerenberg. Memorial Sloan Kettering saved my life and I proudly support MSK's proposed pavilion building to build a new cancer center on its east side main campus.

In April of 2017, I was diagnosed with stage four melanoma, which is a serious form of skin cancer metastasized in my spine, my ribs, my pelvis, and my (unintelligible). At that time, of course, I was terrified and consumed with hopelessness. With no idea where to turn for help, I was guided to MSK by trusted friends, many of whom were doctors.

When I first met with my oncologist, Dr. Paul Chapman, I felt like a weight had been lifted off my shoulders. He spent two, four hours with me during the initial consultation. When I asked him how can he afford to spend that much time with me, he said that every patient deserves respect. He made me feel like a human being and not just another case in his office.

Dr. Chapman explained to me that

given the then-recent advancements in immunotherapy treatments for melanoma, that I had a 70 percent chance of survival and I finally felt there was hope.

The sense of compassion I felt from Dr. Chapman is present everywhere at MSK; from the receptionist who got to know your name at the front desk, to my nurses, I was treated with the utmost care and warmth. I really felt I was treated as part of their family. Today, I'm proud to say I'm cancer-free.

I also can say firsthand that if it wasn't for the care and treatment I received at MSK, I would not be here today. And I know I'm not alone. Building a new pavilion facility will allow MSK to save more lives like mine today and in the future. It will ensure that the next generation of cancer patients can walk into MSK's doors and feel the same sense of relief and hope that I did.

It's for this reason and for the thousands of cancer patients now and in the future and their families in all of our communities and I live in Manhattan, they're proud to support MSK. I thank you for your time.

VICE CHAIR KNUCKLES: Thank you, Mr. Nerenberg.

Questions?

(No response).

VICE CHAIR KNUCKLES: Thank you. Next speaker?

MS. AVILA: Okay. Next, we'll have Kate Niehaus who's on Zoom.

MS. NIEHAUS: Good afternoon. My name is Kate --

VICE CHAIR KNUCKLES: Good afternoon.

MS. NIEHAUS: My name is Kate Niehaus and I live a short walk from MSK. I have made that walk many, many times. I was first diagnosed with cancer 30 years ago and since then I've been treated a total of four times with three different types of cancer. MSK is an amazing place. A world-class institution that's right in my Upper East Side neighborhood. I think of it as the cancer brain trust and I feel so lucky to have MSK so close to me.

Like so many others, I've come to rely on MSK for unmatched cancer care. But cancer

is increasing and additional space is needed to accommodate the increased number of patients that MSK will be required to treat. Additional operating rooms, patient beds, and space for advanced clinical intervention are needed. Everyone should be afforded the opportunity to receive the very best cancer care available. That care is at MSK.

I strongly believe that the pavilion will ensure that MSK has what it needs to continue providing world-class cancer care to every New Yorker who needs it. Thank you.

VICE CHAIR KNUCKLES: Thank you.

Questions for Ms. Niehaus?

(No response).

VICE CHAIR KNUCKLES: Thank you.

MS. AVILA: Okay. Next in Zoom, we have Virginia Wettlaufer. And I'll just note I do not see Virginia Wettlaufer in the Zoom room.

VICE CHAIR KNUCKLES: Okay.

MS. AVILA: So we'll move on to -- oh, I see a hand up. That might be Virginia. Virginia, you should be able to unmute. Virginia?

MS. WETTLAUFER: Yes.

VICE CHAIR KNUCKLES: We can hear you.

MS. AVILA: Are you Wettlaufer?

MS. WETTLAUFER: Yes.

MS. AVILA: Okay. You can testify. You have up to three minutes.

MS. WETTLAUFER: Hi. My name is Virginia Wettlaufer Thomasson, and I have been a resident of New York City for the last 21 years. Over a decade ago, I was a healthy, successful 31-year-old New Yorker, when I was diagnosed with triple-positive stage three breast cancer. My family was in Buffalo. My young adult life was in New York City, and the questions of where to be treated and cared for became real. Even with these challenges, my family and I had no doubt Memorial Sloan Kettering was the right choice. My team and I crafted a plan to attack my cancer, a plan that unfortunately meant I would never be able to carry a baby. The chemo would cause irreversible damage to my eggs that would make carrying a pregnancy impossible. My life was changing before my eyes. At this traumatic moment, MSK became my safe haven.

In January of 2013, after

radiation treatment at the main campus, I was informed by one of the nurses that my doctor needed to see me. I entered an exam room to find a full of rose petals and my now husband down on his knee saying, "This place saved your life. You are the love of my life. Will you marry me?" 10 years later, my husband and I have two beautiful children born via gestational carrier, and I reside blocks away from MSK on the Upper East Side. I spend much of my time volunteering throughout the various MSK facilities, talking to patients and helping navigate the complexities of processing their life changes.

The message I've taken away from my journey was to always make someone else's tomorrow better than my yesterday. It is with that affirmation that I wholeheartedly support MSK's proposed new pavilion to ensure the next generation of patients receive the same quality of cancer care that I did, if not better. Thank you so much for taking the time to listen.

VICE CHAIR KNUCKLES: Thank you. Questions?

(No response).

VICE CHAIR KNUCKLES: Thank you. Next speaker?

MS. AVILA: Okay. Next speaker is Kieran Healy on Zoom and we're promoting.

MR. HEALY: Hi there. Can you hear me?

VICE CHAIR KNUCKLES: Yes.

MS. AVILA: Yes.

MR. HEALY: Hi. Good afternoon. My name is Kieran Healey. I am here today to tell you how MSK saved my life and why I proudly support MSK's new cancer care pavilion. When I was diagnosed with stage 4 non-Hodgkin's lymphoma, MSK saved my life with expert science chemotherapy in a just plain and simple. I remember the care shown by MSK employees while I was in treatment. I was treated with compassion from the doctors down to the staff, bringing my food and particularly all the nurses. And that gave me confidence to take on cancer without fear. If I could send every person with cancer to MSK for their treatment, I would. And that's why I support MSK's Pavilion project. This new facility will ensure that people who are diagnosed with cancer can walk into MSK doors and

experience the same level of care and compassion that I had and that's it. Thank you.

VICE CHAIR KNUCKLES: Thank you. I don't see any questions.

MS. AVILA: Okay. Our next speaker is Irene Joyce Dimatulac on Zoom.

MS. DIMATULAC: Hi. Hello.

VICE CHAIR CHEN: Hello.

MS. DIMATULAC: Can you hear me? Hi, good afternoon.

VICE CHAIR KNUCKLES: We can.

MS. DIMATULAC: Perfect. All right. Hello. My name is Irene Dimatulac and I'm here to share Memorial Sloan Kettering's personal impact on my life and voice my support in favor of the MSK Pavilion.

In March 2020, at the onsite of this citywide lockdown, I began my treatment for stage II of osteosarcoma, which consisted of a total of six weeks' cycles of chemotherapy and major surgeries, including total knee replacement and a partial femur replacement.

Spending day in and day out in MSK on the pediatric floor as a 25-year-old young

adult, had the potential to be very isolating, especially in the midst of COVID. My MSK team became my family and provided my parents and I whatever support we needed.

As a native New Yorker from Brooklyn with restricted mobility at the time, MSK's Central Manhattan location and convenient location for every treatment and diagnostic measure I needed, brought immense relief to me and my family. Both my team and the facility itself showed me as a patient that I was, without a doubt, first in their minds.

Now three years into my survivorship, I continue to cherish the time my nurses and medical team spent with me just to laugh and talk about shows we were binging and dreams about plans after COVID.

COMMISSIONER BENJAMIN: Sorry.

MS. DIMATULAC: It's all right. I hope that wasn't me.

COMMISSIONER BENJAMIN: No, it was me.

MS. DIMATULAC: Okay. Yeah, and talk about dreams we had after COVID. MSK's

professional expertise and personal care contribute greatly to who I am today. MSK's Pavilion will allow more people to receive the same quality of personal care and just care and quality care that I did. Thank you for your time.

VICE CHAIR KNUCKLES: Thank you. I see no questions.

MS. AVILA: Okay. Our next speaker is Mary Pat Simunovich, who is calling in. So we'll allow to talk.

Mary Pat, you should be able to unmute on Zoom. Mary Pat, we see the phone icon is unmuted. You should be able to proceed. Mary Pat, you should be able to proceed.

I'll try calling in Mary Pat, but we can move on to the next speaker for the meantime.

VICE CHAIR KNUCKLES: Okay.

MS. AVILA: Okay. Next speaker, Marcos Ramirez who is in Zoom. I do not see the name Marcos Ramirez in Zoom. Okay. The next speaker will be Nicole Grogan on Zoom. I do see Nicole. I'll promote her.

MS. GROGAN: Good afternoon. My

name is Nicole Grogan and I've lived in Yorkville for more than 25 years. I sincerely appreciate the opportunity to speak with you all on the importance of Memorial Sloan Kettering and their new pavilion on the Upper East Side.

I was diagnosed with breast cancer at age 44. At the time, I was a busy mom and wife to my 10-year-old son, my husband Jim, active in my community and working full-time. My world immediately stopped and I contacted MSK because I knew they would develop a plan that would give me the best odds of survival.

My treatment over 10 months was comprehensive and included not only multiple surgeries, chemotherapy, and radiation, but also included social services and the opportunity to participate in groundbreaking research studies such as the effectiveness of exercise during chemotherapy. All of this happened at MSK in Manhattan. Their care was exceptional because they have the research, cutting-edge treatment, and a culture of treating the whole person and their specific needs.

Fast forward nearly seven years

from my diagnosis, I'm living a healthy full life with my husband, my teenage son, and family, and we are eternally grateful for the care that we received at MSK in Manhattan.

As a patient and a caregiver to my mother who was also treated at MSK Manhattan for lung cancer, I have seen firsthand how intense cancer treatment can be. The need for high-quality cancer care is urgent and it is not something that can be scheduled for a more convenient time. I do not see any negative residential impacts by MSK's plan. The new MSK pavilion is absolutely essential as it will allow for more patients to receive the exceptional care that I had the benefit from. Thank you, all for your time.

VICE CHAIR KNUCKLES: Thank you. Any questions for the speaker?

(No response).

VICE CHAIR KNUCKLES: Thank you.

MS. AVILA: Okay. I'll just note we have been joined by Mary Pat via the phone. Again, Mary Pat, you should be able to unmute and zoom on the phone.

MS. SIMUNOVICH: Good afternoon.

Thank you, all --

VICE CHAIR KNUCKLES: Good afternoon.

MS. SIMUNOVICH: -- for the -- thank you for the second opportunity to speak to you today on the -- on the importance of Memorial's Sloan Kettering. I moved to the Upper East Side about 30 years ago and my husband and I currently reside on York Avenue about 20 blocks north of MSK's main campus.

My relationship with MSK started in 1999 as I began volunteering at the hospital every night. For more than 18 years, I saw the amazing work of MSK firsthand among the pediatric patients and their families whom I was privileged to serve. I witnessed the extraordinary dedication and professional compassion of the nurses and doctors and the desire of each and every MSK employee to make the awful experience of pediatric cancer better for these children.

I also witnessed this sense of dedication and compassion firsthand as a caregiver for my beloved father. My dad was the center of our large family. He was healthy and vibrant as

could be. We thought him invincible until a very rare and aggressive cancer struck four years ago. Immediately, he was lucky to begin treatment at MSK and spent the next three months in and out of the hospital. As a family, we once again saw the extraordinary compassion and dedication of the doctors and staff, a fact which my father often complimented them on throughout his care.

In less than 90 days after his diagnosis, my family and I were gathered as he began to decline. The ICU doctors and nurses did everything possible to make this difficult time easier for all of us, paying particular attention to my grieving mother. We had the hard privilege of holding my father's hands and one another as he passed away. My father's death left a huge hole in our hearts, but he is now at peace. And so are we knowing that we and Memorial Sloan Kettering did all we could for my beloved dad.

We support Memorial Sloan Kettering and their pursuit of the pavilion so that all families in their toughest battles can experience the same care that my family was afforded. Thank you so much for your time.

VICE CHAIR KNUCKLES: Thank you for your testimony.

Next speaker?

MS. AVILA: Okay. Next speaker is going to be Amy Spec on Zoom. And it looks like Amy has left the Zoom room. We'll do one last call for Amy Spec and Marcus Ramirez in Zoom. I do not see those names.

VICE CHAIR KNUCKLES: All righty. Are there any further speakers, Madam Secretary?

MS. AVILA: No, Vice Chair.

VICE CHAIR KNUCKLES: All right. Is there anyone else present who would like to speak on this item today?

MS. AVILA: Oh, we have one speaker. Okay.

MS. ARDIZZONE: Afternoon?

VICE CHAIR KNUCKLES: Good afternoon.

MS. ARDIZZONE: Good afternoon. Thank you so much for this opportunity. My name is Laura. I'm a nurse.

VICE CHAIR KNUCKLES: Yeah.

MS. ARDIZZONE: Okay. All right.

Good afternoon. And thank you so much for this opportunity. My name is Laura Ardizzone and I'm a nurse. I'm a Roosevelt Island resident and I'm the Clinical Director of Nurse Anesthesia Services at Memorial Sloan Kettering, which is a team of specialized, advanced trained nurses who help keep you safe during anesthesia. It was so powerful to listen to all those patient stories and this is why we do this.

Having spent the last 20 years of my career at MSK, I'm a clinician on the frontline fighting against cancer. But over the past 20 years, I've seen a change in patients we're treating every day. There are simply more patients, younger patients, and patients who require more advanced cancer care.

When you combine the increasing acuity that Dr. Drebin, our chairman of surgery, talked about, with the expected volume of increasing cases over the years, the result is that our current facility is simply not equipped for the volume of patients nor the complexity of the care that they need and procedures in the future.

There are multiple nursing

colleagues, including myself on the design team. We've worked to ensure that every aspect of this new pavilion will provide a more cohesive and supportive care model for our patient populations and their families.

When you're treating cancer, every second counts, and especially when it comes to acute care for very sick patients, it's critical that all the resources are close together, which is many -- one of the many reasons why it's impossible for the new pavilion to be somewhere else or in another borough anywhere other than right here on our main campus. And why the bridge linking the patient floors between the older building and the new building is critical.

With the pavilion as part of our main campus on York Avenue, we won't have to recreate patient services. They can be linked to our in-house blood bank, our ICU care, our lab resources, our radiation oncology treatments. All these are within close proximity. It ensures that our patients can still access groundbreaking cell therapies, advanced imaging, and are situated at main campus. And that can't be replicated in other

places. At the same time, their families will have access to the support and services that they need that are still at the main campus. Thank you for your time.

VICE CHAIR KNUCKLES: Thank you. Questions for the speaker?

(No response).

VICE CHAIR KNUCKLES: Thank you very much. Madam Secretary, is there anyone else present who would like to speak on this item?

MS. AVILA: I do not have any other speakers on this item.

VICE CHAIR KNUCKLES: No other?

MS. AVILA: No other speakers.

VICE CHAIR KNUCKLES: All right. Before I close the hearing, then I want to state that the record on this matter will remain open through Monday, July 8th at 5:00 p.m. to receive written comments on the DEIS, the Draft Environmental Impact Statement.

If there are no further speakers, the hearing is closed.

(Whereupon, the hearing was concluded.)

STATE OF NEW YORK)

SS.

COUNTY OF NEW YORK)

I, MARC RUSSO, a Shorthand (Stenotype) Reporter and Notary Public within and for the State of New York, do hereby certify that the foregoing pages 1 through 78, taken at the time and place aforesaid, is a true and correct transcription of my shorthand notes.

IN WITNESS WHEREOF, I have hereunto set my name this 9th day of July, 2024.



MARC RUSSO

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